SWAG Cancer Alliance Board Minutes
Microsoft Teams Virtual Meeting

Present	Title		Representing
Deborah Lee (from 9.40am)	Cancer Alliance Chair and Chief Executive Officer (CEO)	DL	Gloucestershire Hospitals NHS Foundation Trust
Tariq White	Managing Director Cancer Alliance	TW	SWAG Cancer Alliance
Helen Winter	Clinical Director for Secondary Care	HW	SWAG Cancer Alliance
Amelia Randle	Clinical Lead for Out of Hospital Care	AR	SWAG Cancer Alliance
Catherine Zollman	Clinical Lead for Personalised Care and Support	CZ	SWAG Cancer Alliance
Alexendria Vassiliou	Business Support and Communications Officer	AV	SWAG Cancer Alliance
Matthew Bryant	Operational Lead SWAG Cancer Alliance, Chief Operating Officer	MB	SWAG Cancer Alliance/Somerset NHS Foundation Trust
Lisa Hughes		LH	Central and West CSU
Mary Hutton	Accountable Officer & ICS Lead	MH	NHS Gloucestershire CCG
Peter Brindle	Medical Director of Clinical Effectiveness, Chair BNSSG Cancer Board	PB	NHS BNSSG CCG
Robert Woolley	Chief Executive Officer		University Hospitals Bristol & Weston NHS Foundation Trust
James Rimmer	Accountable Officer and Chief Executive	JWR	NHS Somerset CCG
Ulrike Harrower	Consultant in Healthcare Public Health	UH	Public Health England
Victor Barley	Patient Representative	VB	Patient Representative
Andy Jennings	Senior Cancer Commissioner	AJ	NHS BSW CCG
Catherine Thomas	Organisational Development Programme Director	CT	Central and West CSU
Amy Smith	SWAG Clinical Advisory Groups Administrative Coordinator	ASm	SWAG Cancer Alliance Support Service
Rosalie Helps	Urology Clinical Nurse specialist	RH	RUH, Bath
Apologies			
Nigel Burton	Patient Representative	NB	Patient Representative
Mark Smith		MS	Health Education England
Tracey Cox	Chief Executive Officer	TC	NHS BSW CCG
Julia Ross	Chief Executive Officer	JR	NHS BNSSG CCG
Debi Reilly	Director	DR	Health Education England

1. Welcome and Introductions

Matthew Bryant (MB) welcomed all members to this SWAG Cancer Alliance Executive Cancer Board meeting and chaired the meeting until DL arrived. Introductions were given by those in attendance and apologies noted as above.

Notes from previous meeting agreed

Actions- TW gave an update on the three actions that were still open, these were:

Action EB014: Amelia Randle, OOH Clinical Lead, TW and CZ to establish equity of access to cancer support services and charities across the SWAG region. This will now be taken forward as CZ joined the team on 3rd September

Action EB015: MB, TW and HW are to stocktake what is going on in the improvement space to ensure that there is targeted action in every system where performance is poor. Strengthen Clinical Advisory Groups and conversations with clinicians. The stocktake is in hand and will be presented to the Delivery Group on 25th November

Action EB016: MB, TW and HW review good practice checklists to assess if they are in place consistently across the region. This is being collated and will be presented to the Delivery Group on 25th November

DL Joined the meeting

2. Patient Story – Why We Are Here

HW introduced a video that had been produced by one of her patients and concerned the topic of shared decision-making and the importance of embedding genomics into routine care. Board members welcomed the video.

Following the video DL commented on how important it was to involve patients and carers in their care as well as the importance of having the patient at the forefront of our minds as we govern our business at board-level

3. Clinical Director Update

HW gave an update on the areas of work she has been involved in since starting in April. Areas covered included:

- Clinical engagement in developing the Hepatobiliary Rapid diagnostic Service
- Introduction of new Genomic Tests
- Collaboration and engagement and
- Key strategic next steps

The presentation will be circulated with the notes of the meeting

PB raised the issue of clinical variation and asked, 'what is the prospect of different patients getting the same access to care irrespective of their background and knowledge?'. HW responded to say that that is the challenge facing clinicians and highlighted a piece of research soon to be published around access to clinical trials and the variation in this. HW also highlighted a piece of work just started involving AI and clinical trial matching, the aim is to increase uptake into clinical trials and reduce variation in this area.

DL raised the issue of clinical knowledge of what trials are open in hospitals and whether patients could access trials not open in their hospital. HW responded that this was the case,

with some disease sites having a regional approach to recruitment into clinical trials, but this was not universal across all tumour sites but was the ultimate goal.

HW raised the issue of access to early phase trials and the ambition to develop an early phase trials unit over time

PB came back to the issue of variation in outcomes and whether we knew what these were. DL reminded the Board that the Alliance was developing a dashboard that, in time, would highlight this variation and could be cut in different ways so that outcomes for different groups, as well as diseases could be seen e.g. by ethnicity, postcode etc.

AR described the issue of inequalities and how the Alliance was tackling this in relation to Targeted Lung Health Checks and the roving model that is being proposed which target those who have most to gain from the intervention in different areas of the Alliance, rather than focussing on one CCG

DL asked that both HW and AR produce an update on their work for the next Board, so we do not miss the important focus on out of hospital care.

DL raised the issue of communication around the boundaries of Alliances and whether this was established so as not to widen inequalities. AR mentioned the existence of the Southern Alliances Cancer Network which was established during COVID to see if we could get a commonality of approach across the south regions e.g. implantation of qFIT in Primary Care

Action EB020: HW and AR to provide an update for circulation in advance of the next Board meeting

4. SWAG Workforce Strategy

TW introduced the topic and highlighted that the approach being taken was to identify the added value that SWAG could have in this area, given that many people have a formal role in developing the workforce. TW gave an overview of the approach that the CSU had taken in developing the scope of the strategy and advised that the ask of the Board today was to agree the scope of the strategy, as this would then allow the content of the strategy to be developed and then implemented

CT went through the presentation circulated with the meeting papers and highlighted two areas to concentrate on, which were the ambitions of the strategy and scope of the strategy

The ambitions of the strategy were broadly welcomed but there was a comment around mutual aid and the potential for moving of workforce between organisations which needs to be articulated. In addition, RW stated that the ambitions needed to be within a framework which highlighted the added value they would bring e.g. development opportunities which may be there within a Network which are not there as a single Trust or local system.

CZ welcomed the focus on developing staff working within the personalised care arena and highlighted the potential of using digital channels more effectively for the delivery of education

and training. MB highlighted that the ambitions should reference the unique role the alliance could play in each topic and should be jointly owned by the Alliance and the Integrated Care Boards that are being developed.

MB suggested that Board members should be advocates for this work when at People Boards of ICSs. Once the scope is agreed DL suggested getting the ICS workforce leads involved in further development of the strategy.

PB commented that under 'Ways of Working' staff are consulted as to what elements of their role are not adding value and to remove or amend those elements

Action EB021: CSU to reflect comments re: ambitions and amend to highlight the role of the alliance in delivering them for sign-off at the next Board

The proposed 'in scope' elements were agreed (with the addition of the third sector) with the acknowledgement that over time they would have to be prioritised according to resources available. CZ also mentioned that everyone had a role in prevention and that needed to be explicit

5. Delivery Group

DL commented on the extensive nature of the performance report and asked in future for a summary slide setting out what the Board should focus on from the array of information presented and the specific ask of the Board.

MB highlighted four headlines from discussions at the Delivery Group which were:

- Treatment levels low compared to national figures
- Concern around particular tumour sites and SWAG are there to help and facilitate
- Variation in restoration of GP referrals-is this warranted or unwarranted?
- Faster diagnosis standard is now live and is a national priority. SWAG need to improve on this measure

DL asked for an update on the above issues at the next Board

Action EB022: Concentrate on the above four issues at the next Board and any other emerging or new priorities.

TW highlighted the H2 planning guidance in relation to cancer. Initial submissions expected tomorrow

6. Update on Population Health and Inequalities

UH spoke to the attached presentation and invited comments. HW is keen to embed the HEAT Tool into service change going forward and this was welcomed. PB also spoke about the dilemma the BNSSG Health Inequalities group has faced in terms of data. There is national data

available, but this can be out of date, whereas using local data can encourage buy-in but is time consuming to collect. UH agreed and will link in with Vivienne Harrison to discuss further

Date and Time of Next Meeting: Wednesday 12th January 2022, MS Teams virtual meeting, 10:30-12:00