

BOARD MEETING

Title	Thames Valley Cancer Alliance (TVCA) Update and 2025/26 Planning		
Paper Date:	03 March 2025	Board Meeting Date:	11 March 2025
Purpose:	Discussion / Update	Agenda Item:	08
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Executive Summary

This paper provides the Board with an update on the progress of the Thames Valley Cancer Alliance (TVCA) since transferring to Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) on 01 July 2024 under a hosting agreement. The TVCA are accountable to NHS England SE region and responsible to BOB ICB. At the time of transfer there were significant vacancies in the team including the Director Leadership Team. NHS England SE region had deemed TVCA unassured at the time of transfer regarding staffing, finance and governance.

Notably, TVCA has made progress on staffing resources with the appointment of the Director leadership team and programme managers to deliver cancer improvement. Financial protocols and processes have been implemented, resulting in robust accounting and monitoring of spend. The governance framework and reporting structure has been refreshed and aligns with BOB ICB policy and processes as our employer. NHSE England SE have commended TVCA for the rapid improvement measures introduced and have now deemed TVCA as partially assured.

For funding allocations in 2024/25, significant amounts were given to Trusts and PCNs / GPs to support improvement against the cancer waiting times (CWT) standards including additional capacity within priority and high-volume pathways and key diagnostics. PCNs have undertaken audits to identify patients at high risk of developing cancer, and public awareness campaigns have been delivered, focusing on areas of higher deprivation.

For 2025/26, NHS England have confirmed a 25% reduction in budget allocation for Cancer Alliances. TVCA will be prioritising resources and funding on sustainable improvements to cancer pathway delivery to achieve compliance with the three CWT standards. TVCA will work with our Clinical Quality Groups (CQGs) to develop best practice guidance for pathway delivery and provide staff to work collaboratively in Trusts to review service delivery models and develop improvement plans. Patient and public engagement and health inequalities programmes will be expanded and integrated as core elements of every programme within TVCA. TVCA will continue to integrate our work programmes with those of colleagues in BOB ICB, providing cancer expertise and advise to develop more system level workplans.

Action Required

The Board are asked to note the update from Thames Valley Cancer Alliance

Conflicts of Interest:	No conflict identified
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Date/Name of Committee/ Meeting, Where Last Reviewed:	N/A
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Buckinghamshire, Oxfordshire and Berkshire West (BOB ICB) Thames Valley Cancer Alliance (TVCA) Update

Context

1. Thames Valley Cancer Alliance (TVCA) moved to a hosting agreement with Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) on 01 July 2024.
2. Cancer Alliances are a partnership and collaboration of system partners working together to improve the care, treatment and outcomes for people affected by cancer. There are 20 Cancer Alliances in England and TVCA is one of the four Cancer Alliances serving the SE region.
3. The TVCA geography includes four acute providers (3 in BOB ICB and 1 in Bath and North East Somerset, Swindon and Wiltshire (BSW) ICB). TVCA also work closely with our Primary Care Networks (PCNs), GPs, community and voluntary organisations.
4. We deliver programmes to meet the key ambitions of the NHS England Long Term Plan for cancer: by 2028, 55,000 more people each year will survive their cancer for five years or more; by 2028, 75% of people with cancer will be diagnosed at an early stage (stage one or two). The ambitions will be delivered in a way that:
 - Improves quality of life outcomes
 - Improves patient experience outcomes
 - Reduces variation
 - Reduces inequalities
5. TVCA vision and values reflect those of BOB ICB:
 - Our patients: at the centre of all our work
 - Our services: providing efficient, effective and financially sustainable services
 - Our people: providing services by staff who demonstrate our values and behaviours
 - Our system/ partners: providing seamless integrated care with our partners
6. We deliver programmes to meet the NHS England National Cancer Team annual planning guidance and have funds specifically allocated to us by NHS England to deliver cancer improvement programmes.
7. The TVCA have delegated responsibility from BOB ICB to deliver operational performance against the Cancer Waiting Times (CWT) standards. The CWT standards include the 28; 31- and 62-day standards metrics by which we assess how well Trusts are delivering cancer pathways for patients. TVCA also review the National Cancer Patient Experience Survey (NCPES) results, clinical harm reviews and pathway breach reports to monitor the quality of care being delivered.
8. The TVCA are accountable to NHS England SE region and responsible to BOB ICB. Our TVCA Executive Board has executive representation from all our stakeholder partners including ICBs, Trusts, Primary Care, Voluntary Sector and Region. The Board is responsible for overseeing and informing our strategy, delivery plans, finances and outputs. At the time of the transfer to BOB ICB, TVCA was deemed unassured by NHS England SE region, with specific regard to staffing, financial control and governance processes.

Current position of TVCA

9. The TVCA has now completed recruitment of our director leadership team including the Managing Director, Medical Director and Clinical Lead for Cancer Nursing and AHPs.
10. We have implemented financial protocols and processes to provide oversight and accountability of our spend and to demonstrate sustainable improvement. We have refreshed our meeting structure and governance framework, aligning with BOB ICB policy and processes.
11. In response to the above measures, TVCA has now been awarded partially assured status by NHS England SE region.
12. There are three workstreams for our work: Primary and Community Care; Operational Performance and Pathways; Treatment and Care. We are recruiting Senior Managers who will

work on tumour specific cancer pathways, from prevention, screening, early diagnosis, diagnosis and treatment, palliative and end of life care.

13. The TVCA has 14 Clinical Quality Groups (CQGs) which include representatives from Trusts and Primary Care who provide senior clinical expertise and leadership to our work. These groups review data including CWT, screening uptake, stage at diagnosis, treatment outcomes etc. to inform which programmes and projects should be prioritised. They provide clinical leadership and oversight to develop clinical protocols and guidance, and review delivery of cancer pathways between and across Trusts.
14. Our newly recruited Senior Managers will work on tumour specific pathways including breast, gynaecology, urology, lung, colorectal and skin. This will enable more targeted projects which focus on the specific challenges within each of the pathways. For example, extension of the bowel screening programme for colorectal, implementation of breast pain pathways, diagnostic capacity within the gynaecology pathway, expansion of the lung screening programme.
15. We have a Patient and Public Group (PPG) which meets quarterly to provide advice, support and input to our programmes. The Chair of the PPG is also a member of the TVCA Executive Board.
16. We have a health inequalities lead and work collaboratively with the BOB ICB team and local organisations to deliver public engagement and advice. A particular area of focus is on screening in areas of high deprivation and low uptake.
17. TVCA continues to prioritise funding allocations to deliver improvement in cancer performance and pathway delivery. Throughout 2024/25, over half of TVCA budget has been allocated to Trusts to support pathway delivery for urology, head and neck, gynaecology, breast, skin, upper and lower gastro-intestinal cancers, and to increase diagnostic capacity in endoscopy and radiology. Funds have also been allocated to specialist working groups to support improvement initiatives in highly specialised pathways/ services with lower volumes of patients. These funds have provided short term capacity whilst further detailed work is undertaken to identify root causes of challenges. Funds have also been given to PCNs/ GP practices to undertake audits to identify people at high risk of cancer and for public awareness in areas of high deprivation.
18. Cancer performance against the CWT standards remains challenged in all Trusts. Whilst performance against the 28-day standard is mostly compliant; performance on the 31-day and 62-day standard is below the required standard.

Plans for 2025/26

19. NHS England have confirmed a 25% reduction in Cancer Alliance's place-based funding for 2025/26. In mitigation, we will continue to review financial spend and operate with tight budget control to maximise impact on cancer performance as our main priority. We have reviewed our internal operating model and adjusted staffing and delivery programmes to ensure resources and budget are directed towards programmes that will have the biggest impact on CWT performance and care for patients.
20. We will continue to build our organisational structure and processes to further align and integrate with BOB ICB. We will strengthen our collaboration with our healthcare partners to drive performance improvements by providing clinical and operational expertise, working at a system level to inform and implement evidence based, best practice. We will invest time and training for our Senior Managers to strengthen our programme delivery, working with other Cancer Alliances and NHS England cancer teams to share and learn from peer support and appropriate check and challenge.
21. We will continue to develop our governance, financial and quality functions to operate safely, efficiently and within fiscal resources.
22. A key priority for TVCA is supporting Trusts in improving delivery of cancer pathways. The TVCA Director team and Senior Managers will work with clinical and operational teams at each Trust to review referral numbers, capacity within outpatients and diagnostics, and access to

treatment. We aim to review pathways and audit against best practice guidance, identify challenges, bottlenecks and support development of improvement plans. We will ensure Trusts are delivering best practice timed pathways which denote the steps in the pathway and the ideal timeframe for delivery. The Clinical Quality Groups (CQGs) will be essential in developing best practice clinical protocols and guidance to support this work.

23. We are embedding health inequalities and patient and public engagement in all our projects. This will involve identification of deprivation or other protected characteristics, where they may be having an adverse impact on the outcomes for people. Patient and carer feedback will be sought at all stages, to inform and influence our next actions.
24. We will continue to work with community partners and the SE screening network in delivering health and cancer education, raising awareness of cancer risk factors in populations and promoting uptake of breast, gynaecology, colorectal and lung cancer screening. We are working with GPs and PCNs to undertake audits and case finding reviews, to identify people at higher risk of developing cancer and direct them to appropriate pathways.
25. The pathway Senior Managers will deliver specific projects to implement targeted improvement e.g. breast pain pathways, biopsy pathways for prostate cancer etc.
26. We are working to deliver the Aspirant Cancer Career and Education Development programme. This is a programme that supports aspiring cancer nurses and allied health professionals (AHPs), providing guidance on the knowledge, skills and capabilities required by those who care for people living with cancer in generalist and specialist cancer services and roles as part of the multi-professional teams.
27. We are working with specialist networks to provide cancer expertise to address wider workforce challenges, with a particular focus on oncology provision and treatment.
28. We will work with speciality networks to improve diagnostic capacity and delivery for endoscopy, pathology and radiology. Our Senior Manager for Diagnostics will work in Trusts to review services and pathways and deliver local improvement initiatives. We also work with Operational Delivery Networks (ODNs) to review pathways across our geography e.g. radiotherapy network, children, teenagers and young adults etc.
29. We have several specialist working groups which bring together clinical and operational experts to deliver specific programmes for the benefit of patients e.g. systemic anti-cancer treatment (chemotherapy), psychological care, personalised care.

Asks of the Board or of members present

30. The ICB Board is asked to note the update on progress within TVCA and our plans for 2025/26.