

TRUST LEADS BOARD MEETING

**Minutes of the meeting held on
12th January 2015, Seminar Room 9, SRFT**

In attendance:

Name	Trust
Tom Pharaoh (TP)	Manchester Cancer
Lisa Galligan-Dawson (LG-D)	Bolton
Jan Smart (JS)	Tameside
Catherine Fensom (CF)	Macclesfield
Alison McCarthy (AM)	PAT
Caroline Culverwell (CC)	Stockport
Bev Meenan (BM)	Stockport
Julie Emerson (JE)	Christie/Salford
David Wright (DW)	Christie
Louise James (LJ)	UHSM
Anthony Blower (AB)	Christie
Laura Elliott (LE)	CMFT
Maryna Lewinski (ML)	Stockport
Carol Diver (CD)	Tameside
Ann Dingle (AD)	Mid Cheshire
Melissa Wright (MW)	Manchester Cancer
Pat Jones (PJ)	CMFT
Lindsey Wilby (LW)	Manchester Cancer
Ram Sundar (RS)	WWL
Simon Hargreaves (SH)	Bolton
Kathryn Place (KP)	Wigan
Marie Hosey (MH)	Christie
Fiona Noden (FN)	WWL
James Leighton (JL)	Manchester Cancer
Dominic McGaw (DM)	SRFT
Jalal Kokan (JK)	East Cheshire
Jane Ashworth (JA)	Manchester Cancer (Minutes)

AGENDA ITEM	ACTION
1. Welcome and introductions	
<p>2. Minutes of the last meeting on 10/11/2014</p> <p>AM asked for clarity regarding the statement ‘concern regarding the lack of standardisation’ in the acute oncology update section (p3). TP confirmed that the concern was regarding the coverage of non-surgical oncologists and the variation in commissioning arrangements across the region.</p>	

<p>The minutes were agreed to be an accurate record.</p>	
<p>3. Lung sectorisation</p> <p>TP introduced a paper from the Lung Pathway Board. The Board heard that significant clinical consensus had been achieved on a proposal to consolidate lung cancer MDTs into a 4-sector model. The Board heard that this proposal has the full support and backing of the Provider Board.</p> <p>RS reflected on his experience of the North West Sector MDT, which has been running for a number of years. The Board was supportive of the proposal and agreed that trust cancer management teams had an important role to play in implementing the proposed model. It was noted that discussions were already underway. RS extended an invitation to group members to observe the NW sector MDT.</p>	
<p>4. Videoconferencing across the system</p> <p>TP noted that this subject was discussed at the last meeting but no further action had been taken. He asked the Board to consider whether trusts should be left to address their individual issues or whether a regional piece of work was necessary. ML stated that she felt a regional focus was necessary, particularly with increasing moves towards sectorisation models as in lung.</p> <p>Some possible solutions were mentioned, such as the use of alternative technology or the use of a single system across the region. The Board agreed that it was first necessary to conduct a thorough regional assessment of the current problems, including assessment of the degree to which videoconferencing issues were on trust risk registers. It was suggested that the AV technicians across trusts could be brought together as part of this process. ML suggested that a standard specification of the videoconferencing facilities and support that should be available to all MDTs would also be valuable.</p>	<p>TP to lead thorough assessment of videoconferencing issues and bring update to next meeting</p>
<p>5. Cancer waiting time pathways</p> <p>MH reported to the Board that the Director of Operations Group has asked cancer managers to look at 62-day performance across the region. The Board heard that a named cancer manager had taken responsibility for each of the 5 particularly problematic tumour groups (prostate, lung, head & neck, upper GI and colorectal). It heard that cancer managers would be analysing the last 15-20 breaches across the region and presenting the finding to the relevant Pathway Board and the Director of Operations Group. The Board heard that commissioners were aware that this work was being done.</p> <p>MH and FN also noted that recent data from The Christie showed that increasing numbers of CARP referrals were being received after the agreed threshold of day 42. Board members noted that this was generally the result of pressure on beds and delays to diagnostics prior to referral.</p> <p>MH noted that she had been asked by the Director of Operations Group to collate data on diagnostic turnaround times across the region and that she was still awaiting information from some trusts to allow this to be completed.</p> <p>[NB. UHSM was named as one of these trusts and it has subsequently transpired that the trust had indeed submitted its data]</p>	

<p>6. 5-minute updates</p> <p><i>i) Clinical Leads</i> ML noted that the group had discussed concerns around 3-trust pathways and suggested that virtual clinics would be an option for speeding up the pathway that Pathway Boards should consider.</p> <p>ML also noted that the Clinical Leads had discussed the issues raised by the pilot of the Clinical Web Portal in gynaecology. There was discussion of these issues and JL updated the Board on the progress of the pilot. The Board agreed that the lessons of the pilot should be learned before further rollout.</p> <p>ML asked for an update on discussions regarding Manchester Cancer becoming an Operational Delivery Network. TP stated that there were no developments but that a clarified position from commissioners was expected before the next meeting of the Provider Board in late February.</p> <p><i>ii) Lead Cancer Nurses</i> BN noted that the Lead Cancer Nurses Group had been sharing good practise following the NCPES survey results.</p> <p>BM reported that the findings from the CNS census funded by Macmillan were available. The Board heard that the key message from the report is that CNS numbers have increased over the last 2 years but not enough to keep pace with the increase in cancer diagnosis. It heard that the report also looked at age bandings and concluded that this is an ageing workforce.</p> <p>The Board heard that the Lead Nurses Group had discussed the living with and beyond cancer agenda within Manchester Cancer and the need to ensure that there is sufficient nursing representation on Pathway Boards.</p> <p><i>iii) Cancer Managers</i> Covered under item 5.</p> <p><i>iv) Director of Operations</i> Covered under item 5. FN reiterated that the Director of Operations Group was in a position to support all professional groups and Pathway Boards to improve cancer services.</p> <p><i>v) Allied Health Professionals</i> JE informed the group that an AHP study day had been arranged with various speakers and that the AHP page was now up and running on the Manchester Cancer website. The Board heard that the AHP group is currently working with Macmillan on the MCIP project.</p>	<p>BM to distribute CNS census report</p>
<p>7. Manchester Cancer update</p> <p><i>i) National Cancer Patient Experience Survey</i> TP noted that this had been discussed last time but that a clear action for trusts to share their action plans had not been recorded.</p>	<p>TP to ask Lead Cancer Nurses in each trust to share patient experience</p>

<p><i>ii) Provider Board Annual Report</i> TP informed the Board that a Provider Board annual report had been published along with an accessible version for those outside the NHS.</p> <p><i>iii) Provider Board Priorities for 2015/16</i> TP presented a draft paper outlining the Manchester Cancer Provider Board's priorities and key drivers for 2015/16. There was a discussion of the document and it was suggested that the emphasis on living with and beyond cancer be increased and that a commitment to support peer review be included.</p> <p><i>iv) User Involvement Update</i> The Board heard that Manchester Cancer has been successful in its bid to Macmillan for a user involvement team. The Board heard that the team will comprise up to 4 x band 6 User Involvement Managers to support the Pathway Boards and a band 8a User Involvement Lead. It heard that advertisements would be out shortly.</p>	<p>action plan</p> <p>TP to take comments into account in revision of priorities paper</p>
<p>8. Discussion of issues emerging from updates and agreement of actions This discussion took place during the course of updates.</p>	
<p>9. Any other business It was noted that there has not been any official word with regards to the future of the National Cancer Peer Review process. TP suggested that trust continue to make preparations as before until a decision is announced.</p>	
<p>10. Date and time of next meeting Thursday 12th March 2015, 2.30pm-4pm, Humphrey Booth Lecture Theatre 2, SRFT</p>	