

**TRUST LEADS BOARD MEETING**

**Minutes of the meeting held on  
10<sup>th</sup> November 2014, Seminar Room 10, SRFT**

**In attendance:**

<b>Name</b>	<b>Trust</b>
David Shackley	Manchester Cancer
Lisa Galligan-Dawson	Bolton
Jan Smart	Tameside
Julie Fletcher	WWL
Alison McCarthy	PAT
Maggie Parkman	Stockport
Bev Meenan	Stockport
Julie Emerson	Christie/Salford
David Wright	Christie
Louise James	UHSM
Anthony Blower	Christie
Ian Welch	UHSM
Maryna Lewinski	Stockport
Roger Prudham	PAT
Ann Dingle	Mid Cheshire
Melissa Wright	Manchester Cancer
Caroline McCall	Manchester Cancer
Lindsey Wilby	Manchester Cancer
Ram Sundar	WWL
Simon Hargreaves	Bolton
Ann-Marie Francis	PAT
Marie Hosey	Christie
Fiona Noden	WWL
James Leighton	Manchester Cancer
Hodan Noor	Manchester Cancer
Dominic McGaw	SRFT
Jane Ashworth	Manchester Cancer (minute taker)

<b>AGENDA ITEM</b>	<b>ACTION</b>
<b>1. Welcome and introductions</b>	
<b>2. Minutes of the Last Meeting on 28/07/2014</b> The minutes of the last meeting were agreed to be an accurate record.	
<b>3. Palliative Care Pathway Director Presentation</b> Carole Mula, Pathway Clinical Director for Palliative Care gave a presentation outlining the challenges for Palliative Care across Greater Manchester and	

<p>East Cheshire &amp; how to integrate Palliative Care into all the Cancer Pathways within Manchester Cancer. There was acceptance of the need for more cohesive working/ communication between primary and secondary care and the implementation of EPaCCS (Electronic Palliative Care Coordination System) in each organisation would help this.</p> <p>Other agreements included:</p> <ul style="list-style-type: none"> <li>• The metrics for each trust in terms of their palliative care service should be given high visibility especially those relating to the quality standards of the service.</li> <li>• Making EoLC be part of each trusts mandatory training was discussed and this would be left to each organisation</li> <li>• Having palliative care representation within <i>every</i> MDT was not thought to be necessary though some input perhaps from specialist nurses initially in every MDT and then appropriate early onward referral to palliative care was felt to be the best approach in selected patients.</li> </ul> <p>The slides from the presentation are attached as well as the 3 supporting papers.</p> <p>More Care, Less Pathway; A Review Of The Liverpool Care Pathway  <a href="https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/212450/Liverpool_Care_Pathway.pdf">https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/212450/Liverpool_Care_Pathway.pdf</a></p> <p>National care of the Dying Audit Hospitals 2014 – please note each Trust also received an individual report  <a href="https://www.rcplondon.ac.uk/sites/default/files/ncdah_national_report.pdf">https://www.rcplondon.ac.uk/sites/default/files/ncdah_national_report.pdf</a></p> <p>One Chance To Get It Right  <a href="https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/323188/One_chance_to_get_it_right.pdf">https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/323188/One_chance_to_get_it_right.pdf</a></p> <p>The Board thanked Carole for her comprehensive and informative presentation.</p>	
<p><b>4. Manchester Cancer Update</b></p> <p><i>i) Provider Board Annual Report (Paper 2)</i>  The Board agreed the report was a good and detailed account</p> <p><i>ii) National Cancer Patient Experience Survey (Paper 3)</i>  DS introduced the summary of the results of the National Cancer Patient Experience Survey (NCPES) across Manchester Cancer. The Trust Leads Board heard that the core team had worked with a group of people affected by cancer and colleagues at Macmillan to identify eight core questions from the NCPES. These 8 questions were felt to be most representative of the whole experience of diagnosis and treatment, and by concentrating on these, would facilitate meaningful comparison. These 8 questions are described in the accompanying MC Annual Report. DS pointed out that compared with other major conurbations in 2013/14 (latest) data, Manchester Cancer came 1<sup>st</sup> or 2<sup>nd</sup> on the 8 questions.</p> <p>DS informed the board that the most recent Provider Board meeting held on 17/10/2014 decided that each trust would develop an action plan with the aim of improving patient experience. This info together with any pathway-</p>	<p><b>ACTION: JA to attach the 8 questions from the NCPES that MC are focussing on.</b></p>

<p>level suggestions would be discussed at the Provider Board of Feb 2015.</p> <p><i>iii) User Involvement Update (Paper 4)</i>  DS updated the Board on the ongoing work with Macmillan Cancer Support. An application has been submitted for substantial financial resources to support the development of a Macmillan User Involvement Team within Manchester Cancer.</p> <p><i>iv) Clinical Web Portal (Paper 5)</i>  The Board heard that a CWP Pilot scheme has been signed off by the Provider Board for use for Gynae patients referred to The Christie. Manchester Cancer have created a training link/demonstration for users of the CWP – link attached.</p> <p><i>v) Acute Oncology Update (Paper 6)</i>  DS discussed the update paper on Acute Oncology. He informed The Board that there is concern regarding the lack of standardisation within Acute Oncology. Both the Directors of Operations and the Chief Executives have agreed that a single provider of acute oncology services in Greater Manchester would considerably simplify the process of acute oncology oversight, recruitment and continuing professional development and would facilitate a single set of minimum quality standards across GM. The Christie has in principle agreed to take up the challenge as lead Provider. This idea is to be explored further as a concept by the core team of MC and the commissioners, and will feedback</p>	<p><b>ACTION: JA to attach link to training video</b></p>
<p><b>5. Videoconferencing Across the System</b>  DS noted that there have been several complaints regarding videoconferencing (VC) facilities and the fact that they are quite often not very good and inconsistent during MDT's.</p> <p>DS asked if each trust would ask their SMDT leads about any technical problems with VC, and collate the information to discuss at the next Trust Leads Board –and in the interim, to send any relevant feedback/ info to Tom Pharaoh (TP)</p> <p>David Wright suggested an alternative to videoconferencing maybe the use of an online alternative such as 'Go To Meeting'.</p>	<p><b>ACTION – ALL – to collate VC technical problems and send information to TP</b></p> <p><b>ACTION: Manchester Cancer to investigate.</b></p>
<p><b>6. 5-Minute updates</b></p> <p><i>i) Clinical Leads</i>  ML outlined 3 issues for the Clinical Leads:</p> <ul style="list-style-type: none"> <li>• Ensuring the medium/long term management of patients going through MDT's get the best supportive/palliative care when they go back into their own Trust. Much of this relates to improved communication.</li> <li>• ML suggested that the Trusts develop Protocols with regards to patients having diagnostics closer to home. If the VC issues are not</li> </ul>	

<p>addressed then peripheral sites may become more disengaged.</p> <ul style="list-style-type: none"> <li>• ML suggested that the Trust Cancer Leads meetings are used as a forum to discuss any big operational changes to ensure the trust leads group have oversight of, and can help actively manage' operational issues and changes arising through pathway alterations. DS pointed out that this could be addressed should the Trust Leads Group become an ODN (Operational Delivery Network). Manchester Cancer are to meet with Jenny Scott (NHS England Specialist Commissioning) to discuss further in late Nov 2014.</li> </ul> <p><i>ii) Lead Cancer Nurses</i> Living With &amp; Beyond Cancer is currently a key issue, as such the Lead Cancer Nurses are trying to raise the profile of LW&amp;BC. A Living With &amp; Beyond Cancer and Palliative Care event has been organised at UHSM on 25/11/2014. Please contact Lindsey Wilby (<a href="mailto:Lindsey.wilby@nhs.net">Lindsey.wilby@nhs.net</a>) for more information.</p> <p><i>iii) Cancer Managers</i> MH reported that the Cancer Managers are undertaking an audit of service delivery, currently focussing on the OG Pathway and reporting back to the Director of Operations. The data specifically being analysed is a) referral to test and b) test to final report. It was agreed that the Board would like to see operational data (eg 2WW and 31/62d target data) and that this is best done through the cancer managers group providing data for inclusion in the circulated papers before each Leads Board meeting. In this way, specific pathway or trust issues can receive a wider discussion.</p> <p><i>iv) Director of Operations</i> FN informed the Trust Leads that the Director of Operations are currently focussing on the potential changes in Breast cancer. A meeting is taking place on Friday 14<sup>th</sup> November, at which there is representation from each trust to try to plan a way forward, and discussion of a provisional draft service specification</p> <p><i>v) Allied Health Professionals</i> JE requested that there should be AHP representation on each major tumour pathway board. Currently Lung, OG and Haem Onc are without representation.</p> <p>JE informed the group that there will be an AHP Showcase in Spring/Summer 2015 – all invited.</p>	<p><b>ACTION: Cancer Managers - Data to be shared at the next (and every) Trust Leads Meeting</b></p> <p><b>ACTION – JE to nominate AHP representatives to the Pathway Boards.</b></p> <p><b>ACTION – JE to keep board updated and advise of date when known.</b></p>
<p><b>7. Any other business</b></p> <ul style="list-style-type: none"> <li>• AB re-iterated to the group that the deadline for submissions to the Bowel Cancer Audit is 17/11/2014</li> <li>• DS discussed that the future of the National Cancer Peer Review process is unclear but that we will always need an effective quality assurance mechanism of cancer services in GM</li> <li>• It was agreed that requests between organisations for pathological tumour blocks for validation before entry to a research trial should be seen as a high priority</li> </ul>	

<ul style="list-style-type: none"><li>• It was agreed that having a pathway director presentation of a common cancer or area of concern would be a useful addition to the Board's agenda. The ability to hear from carole Mula today was felt to be very beneficial</li></ul>	
<b>8. Date and Time of Next Meeting</b> Monday 12 <sup>th</sup> January 2015, 9.30am-11am, Seminar Room 9, SRFT	