

Management Board



Actions of the meeting held on
Wednesday 02 December 2009, 09:30

Yorkshire Cancer Network

Sandal Rugby Club, Milnthorpe Green, Sandal, Wakefield, WF2 7DY

Present:

Ms D Gulliford	Airedale NHS Trust
Dr C Kay	Bradford Teaching Hospitals NHS Foundation Trust
Ms M Neary	
Mrs A Harwood	Calderdale and Huddersfield NHS Foundation Trust
Ms P Middlebrook	Harrogate and District NHS Foundation Trust
Mrs A Craig	Leeds Teaching Hospitals NHS Trust
Ms L McDonald	Macmillan Cancer Support
Mr C Barrett	Mid Yorkshire Hospitals NHS Trust
Ms L Humphrey	
Dr G Haslam	NHS Bradford & Airedale
Mrs J Cawtheray	NHS Calderdale
Mr R Webster (Chair)	
Dr B Jindal	NHS Kirklees
Mrs S Frier	NHS Leeds
Mr N Gray	
Ms A Johnson	NHS North Yorkshire and York
Dr R Markham	
Ms J Feather	Overgate Hospice
Ms M Allinson	User Partnership Group
Mr M Harvey	York Hospitals NHS Foundation Trust
Ms L Marriott	Yorkshire and The Humber SCG
Miss P Atha	Yorkshire Cancer Network
Mr S Duffy	
Mrs C Ferguson	
Mr P Melling	
Dr D Jackson	Yorkshire Cancer Research Network

Apologies

Mr H Butcher, Dr J Dent, Ms L Driver, Dr P Earnshaw, Mr J Harrison, Dr P Selby, Mr B Tinkler, Mrs J Toovey, Ms L Turner, Dr G Wardman

2. Action Log from the last meeting			
Log No	Action	Lead(s)	Deadline
150	Agreed as a true record.	N/A	N/A

3. Matters arising			
3.1 Transfer of pancreatic work to Leeds - update			
Log No	Action	Lead(s)	Deadline
151	<p>► Action 109: LTHT confirmed that pancreatic surgery transferred from Bradford to LTHT with effect from 1st December 2009.</p> <p>The Pancreatic NSSG confirmed good progress on the Standard Operating Procedure for the agreed model.</p> <p>To notify relevant colleagues once SOP is signed-off.</p> <p>Any further issues should be reported back by exception.</p>	S Duffy	19/01/2010
3.2 Excess Treatment Costs - feedback from SCG			
Log No	Action	Lead(s)	Deadline
152	<p>► Action 113/114/118: Feedback from Specialist Commissioning Group (SCG) on the recent Board recommendations in relation to excess treatment costs associated with clinical trials was not available. Concerns were raised in terms of the lack of a robust and timely process.</p> <p>David Jackson welcomed a discussion with relevant commissioners to resolve and agree an appropriate mechanism and forum for these discussions.</p> <p>The Board agreed that a more streamlined process was crucial.</p> <p>To raise under AOB at the next West Yorkshire Commissioning Forum (WYCOM) on 2nd December and propose a Lead Commissioner, Lisa Marriott and David Jackson draft a Concordat for ratification at WYCOM.</p>	L Marriott/D Jackson	06/01/2010
3.3 Lessons Learnt			
Log No	Action	Lead(s)	Deadline
153	<p>► Action 124: Carol Ferguson reminded the Board of the October discussions regarding the review of issues escalated to the Board. A useful discussion took place at the YCN joint Lead Managers and Lead Commissioners meeting in November. A process has been agreed to improve communication to pre-empt escalation in the future. The risk register used by Leeds Locality Group will be shared with other localities.</p> <p>Following the recent reorganisation, clarification on the relationships between the YCN Board, WYCOM and SCG were requested.</p> <p>A meeting with Cathy Edwards is being arranged.</p>	C Ferguson/S Duffy	06/01/2010
154	YCN to circulate risk management register template used by LTHT to Locality Group Chairs.	P Atha	11/12/2009

3. Matters arising			
3.4 Peer Review - immediate risks & serious concerns			
Log No	Action	Lead(s)	Deadline
155	<p>► Action 125-128 Sean Duffy referred to the action plan of all immediate risks and serious concerns raised through the internal validation process. The purpose of collating the outcomes into one document is for ease of reference and to enable Locality Groups to fulfil their performance management responsibilities.</p> <p>The document will continue to be updated as we progress through the process. The Board were notified that some concerns have been upgraded by the external assessors following reference against the previous round of peer review. It was also acknowledged that there is an element of subjectivity in terms of level of risk/serious concerns/concerns.</p> <p>Localities were asked to ensure appropriate action plans with Director level leads and timescales were completed.</p>	Locality Groups	08/12/2009
156	The inconsistencies raised previously would be discussed at the Network Peer Review meeting scheduled on 2nd December and at the meeting with the Zonal Peer Review team on 10th December.	YCN Lead Team	10/12/2009
3.5 Sarcoma IOG update			
Log No	Action	Lead(s)	Deadline
157	<p>► Action 134: LTHT were asked to provide an update on the surgical, CNS and administrative appointments required for implementation of the Sarcoma IOG.</p> <p>LTHT reported that the CNS post is progressing, the 0.5 WTE physiotherapist is due to take up their appointment. Discussions are still taking place in terms of the MDT co-ordinator and a further meeting on 23rd December is scheduled to progress the consultant post.</p> <p>LTHT agreed to produce a progress report on the implementation of the 4 IOGs for the January Board.</p>	LTHT	06/01/2010

3. Matters arising			
3.6 Brain & CNS IOG funding update			
Log No	Action	Lead(s)	Deadline
158	<p>► Action 141: NHS Leeds were asked to report back on whether the funding challenge process which took place in July had been formerly endorsed by SCG.</p> <p>It was reported that a paper was submitted and discussed at SCG in November. Year 1 funding is agreed. Year 2 is subject to further discussion. NHS Leeds confirmed funding has been allocated into the baseline figures and requested PCTs check this within their organisation. Rob Webster said the expectation is that this will have been actioned prior to their medium term financial plans being submitted on 1st December.</p> <p>The need for clear lines of accountability between NHS Leeds, YCN and SCG to ensure that issues are agreed and communicated in a timely manner was highlighted.</p> <p>NHS Leeds have established a monthly meeting with YCN, LTHT and SCG to review and monitor agreed outcome measures. An update will be provided at the January Board.</p> <p>It was acknowledged that a robust challenge process took place, despite which there was still confusion around what is covered within the Year 1 funding which is different from the gap analysis and there are discrepancies between the figures NHS Leeds have compared with SCG.</p> <p>Three issues required clarification: 1] to ensure all PCTs have financial plans aligned 2] what has been agreed within the funding in terms of required elements of the MDT for IOG compliance 3] the discrepancies with the figures.</p> <p>LTHT stated they were unable to progress appointments without clarity of the funding in place.</p> <p>PCT commissioners to check with Directors of Finance and confirm their financial planning assumptions to the YCN.</p>	PCT Commissioners	06/01/2010
159	The Chair agreed to discuss with SCG and NHS Leeds as a priority and notify members on the final position.	R Webster/YCN Lead Team	11/12/2010
4. Board Performance Report			
Log No	Action	Lead(s)	Deadline
160	<p>Philip Melling, Information Manager, gave a brief presentation to focus on the main areas within the Board Performance Report. The presentation also incorporated newly published information from the Cancer Reform Strategy 2nd Annual Report, not included in the performance report.</p> <p>Key issues highlighted included the variation in outcomes by PCT for one-year survival for the common cancers across the country and the use of 2ww referrals which shows ~40% cancers come through this system.</p> <p>Local issues were cervical screening turnaround times for results within 2 weeks; breast symptoms showed improvements in case ascertainment since previous report however performance remains challenging, although localities reported confidence in achieving target by December 2009. Despite concerted effort there are still too many breaches within the 62-day target, particularly around inter-trust transfers. Subsequent treatment targets highlighted service pressures, such as skin, colorectal and urology.</p> <p>To review March 2010.</p>	Locality Groups	03/03/2010
161	To circulate Philip Melling's presentation for information.	P Atha	11/12/2009

Management Board : Actions of the meeting held on Wednesday 2nd December 2009 9:30am

4. Board Performance Report			
Log No	Action	Lead(s)	Deadline
162	<p>▶ Action 90: Sean Duffy reported that Graham Wardman, Network Public Health Lead has liaised with NHS Leeds and DPH colleagues regarding their successful smoking cessation rates and aims to produce a paper for the Board early in the new year.</p> <p>Smoking cessation item to add to future Board agenda.</p>	G Wardman/P Atha	03/03/2010
163	<p>Delays had been experienced in setting up a 2nd workshop between LTHT and Mid Yorkshire to produce an action plan to help develop their local Upper GI diagnostic MDT and the pilot referral form for lung cancer referrals had also highlighted that further work was necessary at the diagnostic end at Mid Yorkshire.</p> <p>NHS Leeds requested commissioner engagement from NHS Wakefield District in this process.</p> <p>Lisa Marriott to raise at WYCOM meeting.</p>	NHS Leeds/ Wakefield District/ LTHT/ Mid Yorks/ L Marriott	03/03/2010
164	<p>To comply with Peer Review, core members of each MDT are required to undertake the national "Connected" Advanced Communication Skills Training.</p> <p>The Board were informed that 244 senior cancer clinicians have been trained however the current waiting list of 249 (and increasing weekly) remains a challenge. The unknown is how many clinicians have yet to book onto the course.</p> <p>An update and action plan was requested for the next meeting.</p>	J Toovey	06/01/2010
5. Locality Groups quarterly feedback			
5.1 Airedale and Bradford			
Log No	Action	Lead(s)	Deadline
165	<p>Georgina Haslam reported:</p> <ul style="list-style-type: none"> ■ Lung pathways: Work underway and pleased with progress to date. ■ Maximum 2ww for all breast patients by Dec 2009: Airedale achieving target. Bradford confident in achieving from January 2010. Writing out to GP practices to explain the 2ww targets and impact on secondary care and importance of referring on fast-track referral form. Georgina Haslam enquired whether all breast symptomatic patients should be referred on 2ww referral form and was interested in other localities views. Marion Allinson informed the Board that the YCN Patient Information Group are working on generic 2ww letter for patients explaining Government guidelines. It was acknowledged that this would be beneficial for roll-out across the Network. ■ SPC Priorities: No significant change to that reported in September. ■ Peer Review: Airedale: Urology CNS workload - action plan in place. May be further serious concerns in Breast and Lung. <p>To continue to progress through Locality Group.</p>	Airedale & Bradford Locality	03/03/2010

5. Locality Groups quarterly feedback			
5.1 Airedale and Bradford			
Log No	Action	Lead(s)	Deadline
166	<p>Georgina Haslam reported that the integrated primary and secondary care dermatology service within Bradford & Airedale would be a non-compliant service. The 14 GPwSIs performing excisions do not regularly attend MDTs. Network involvement was requested to gain agreement and resolution on the service.</p> <p>She reported that the service was safe, audited and GPwSIs were appraised regularly by consultants.</p> <p>Reassurance of the governance arrangements and implications, along with a greater understanding of the service model, was requested.</p> <p>Sean Duffy to meet with relevant colleagues to review and agree appropriate governance arrangements along with recommendations on how this is managed in terms of IOG compliance.</p>	S Duffy/ C Kay/ G Haslam	06/01/2010
5.2 Calderdale and Huddersfield			
Log No	Action	Lead(s)	Deadline
167	<p>Janet Cawtheray reported:</p> <ul style="list-style-type: none"> ■ Lung pathways: Work progressing on action plans to improve current state. Lead clinician for lung appointment pending (Richard Heaton acting on temporary basis). Appointed CNS to fill vacancy. Internal meeting scheduled to look at reconfiguration and implementation plan. YCN support requested. ■ Maximum 2ww for all breast patients by Dec 2009: From 7 December breast symptomatic patients will refer into the direct booking system within 2 week period only - this will be closely monitored. Letters to GPs have also been sent. Reported reasonable confidence in achieving target. ■ SPC Priorities: Red for SPC and Psychology. Task & finish group in place to address gaps in service. Bert Jindal referred to psychological services available in primary care and meetings planned to look at how service will work. ■ Peer Review: No immediate risks for C&H. External validation upgraded 2 "concerns" to "serious concerns" regarding MDT attendance at Breast & Lung. Table will be updated to reflect this. <p>Other issues; keeping close eye on 2ww and subsequent treatment. A request was made for a twin-track approach to diagnostic services to ensure appropriate follow-up.</p> <p>To continue to progress through Locality Group.</p>	Calderdale & Huddersfield Locality	03/03/2010
168	<p>YCN to provide additional support to C&H with lung pathway work.</p> <p>June Toovey to liaise with Bert Jindal re psychology support services in primary care</p>	YCN Lead Team	On-going

5. Locality Groups quarterly feedback			
5.3 Harrogate and York			
Log No	Action	Lead(s)	Deadline
169	<p>Bob Markham reported:</p> <p>HARROGATE:</p> <ul style="list-style-type: none"> ■ Lung pathways: Weekly video-conferencing to accommodate surgical and clinical oncology input into MDT improving. Looking at support for CNS. ■ Maximum 2ww for all breast patients by Dec 2009: New nurse-led clinics implemented for patients with family history. Confident on achieving target. ■ SPC Priorities: No significant change to that reported in September. ■ Peer Review: Breast: data reporting issues resolved. Urology: work is in hand to support CNS. One further concern was raised; cover arrangements for Breast MDT - no immediate resolution at present. <p>YORK:</p> <ul style="list-style-type: none"> ■ Lung pathways: Improved communication links with Hull going very well. Clerical support for CNS expected in Jan 2010. ■ Maximum 2ww for all breast patients by Dec 2009: Reported currently achieving target. ■ SPC Priorities: No significant change to that reported in September. ■ Peer Review: UGI: locality group addressing interface issues between local and specialist HPB and pancreatic MDTs. New CNS post appointed. Combined clerical support for UGI/Lung is in hand. Video conferences issues resolved. <p>To continue to progress through Locality Group.</p>	Harrogate & York Locality	03/03/2010
170	<p>Sean Duffy raised the issue of York providing an outreach consultant to support the Scarborough skin service which would be highlighted as an immediate risk within Peer Review. This is a cross-boundary issue which raises concerns of governance and patient risk.</p> <p>NHS North Yorkshire & York acknowledged the issue, concerns have been put forward to Scarborough. The Board asked for resolution.</p> <p>Annabel Johnson agreed to action.</p>	A Johnson	03/03/2010

5. Locality Groups quarterly feedback			
5.4 Leeds			
Log No	Action	Lead(s)	Deadline
171	<p>Sandra Frier reported:</p> <ul style="list-style-type: none"> ■ Lung pathways: Surgical capacity issue escalated. NHS Leeds received assurance that lung breaches would be minimised. Continue to be reviewed monthly. In terms of 62-day targets, LTHT are working towards a 54-day pathway for all MDTs from January 2010. Any key risks will be identified by then. ■ Maximum 2ww for all breast patients by Dec 2009: New consultant in post from November 2009. Expect Q4 (March 2010) before target achieved. ■ SPC Priorities: Draft bereavement strategy produced and work is progressing. ■ Peer Review: Outcomes will be discussed at forthcoming Locality Group. ■ Any other issues: The Board were advised that a Lean project is taking place on Pathology services. Aspiration will be a 7 day turnaround time by May 2010. <p>SALT: Medium to long term plans in place. Need short term resolution. A plea was made to other localities if any SALTs were available to carry out additional work. Ongoing discussion at Locality Group.</p> <p>To continue to progress through Locality Group.</p>	Leeds Locality	03/03/2010
172	NHS Leeds and LTHT to discuss and feedback to other localities on late referrals in lung pathways.	NHS Leeds/LTHT	03/03/2010
173	To ensure inter-Trust transfer issues arising from current pathway remodelling are resolved and understood by scoping what is happening now and impact on other organisations.	LTHT/YCN Lead Team	On-going
5.5 Mid Yorkshire			
Log No	Action	Lead(s)	Deadline
174	<p>No-one in attendance from Mid Yorkshire Locality Group.</p> <p>Update to be circulated with action log.</p>	Mid Yorkshire Locality	03/03/2010
6. Any Other Business			
Log No	Action	Lead(s)	Deadline
175	<p>Lorraine McDonald, Macmillan, announced funding for an 18 month project, appointing two 0.6 WTEs, one post looking at learning disabilities and second post BME needs with Colin Sloane, User Involvement Facilitator. The project will involve a gap analysis which will inform the Board where the development needs are.</p> <p>Commissioners were asked to inform their localities.</p>	Commissioners	11/12/2009
176	<p>The Board were informed of Barry Tinkler's recently diagnosed illness and expressed appreciation for his long standing contribution to the Network.</p> <p>Rob Webster agreed to write to Barry Tinkler on behalf of the Board.</p>	R Webster	TBC

6. Any Other Business			
Log No	Action	Lead(s)	Deadline
177	Rob Webster referred to the on going issue and need for clarity around decision-making between the YCN Board, WYCOM and SCG. WYCOM are currently working on this. Decision-making to be added to January agenda.	R Webster	06/01/2010

Date of Next Meeting(s)

Wednesday 6th January 2010 9:30am
Sandal Rugby Club, Milnthorpe Green, Sandal, Wakefield, WF2 7DY

Wednesday 3rd February 2010 9:30am
Sandal Rugby Club, Milnthorpe Green, Sandal, Wakefield, WF2 7DY

Wednesday 3rd March 2010 9:30am
Sandal Rugby Club, Milnthorpe Green, Sandal, Wakefield, WF2 7DY

Wednesday 7th April 2010 9:30am
Sandal Rugby Club, Milnthorpe Green, Sandal, Wakefield, WF2 7DY

Wednesday 5th May 2010 9:30am
Sandal Rugby Club, Milnthorpe Green, Sandal, Wakefield, WF2 7DY

Wednesday 2nd June 2010 9:30am
Sandal Rugby Club, Milnthorpe Green, Sandal, Wakefield, WF2 7DY

Wednesday 7th July 2010 9:30am
Sandal Rugby Club, Milnthorpe Green, Sandal, Wakefield, WF2 7DY

Wednesday 4th August 2010 9:30am
Sandal Rugby Club, Milnthorpe Green, Sandal, Wakefield, WF2 7DY

Wednesday 1st September 2010 9:30am
Sandal Rugby Club, Milnthorpe Green, Sandal, Wakefield, WF2 7DY

Wednesday 6th October 2010 9:30am
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Wednesday 3rd November 2010 9:30am
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