

Present:

Ms D Gulliford	Airedale NHS Foundation Trust
Dr C Kay	Bradford Teaching Hospitals NHS Foundation Trust
Mrs V Allinson	Calderdale and Huddersfield NHS Foundation Trust
Dr J Dent	
Ms J Myers	Leeds Teaching Hospitals NHS Trust
Mr S Edwards	Macmillan Cancer Support
Ms L Turner	Mid Yorkshire Hospitals NHS Trust
Ms S Hodgson	NHS Bradford & Airedale
Dr B Jindal	NHS Kirklees
Ms P Wolstencroft	
Mr J Hancock	NHS North Yorkshire and York
Ms L Driver	NHS Wakefield District
Ms M Allinson	User Partnership Group
Mr H Butcher	
Ms P Clinton-Tarestad	Yorkshire and The Humber SCG
Miss P Atha	Yorkshire Cancer Network
Mr S Duffy	
Mrs C Ferguson	
Ms F Stephenson	
Mrs J Toovey	

Apologies

Ms L Booth, Mrs J Cawtheray, Ms A Craig, Dr P Earnshaw, Ms C Foster, Mr N Gray, Mr R Webster

1. Welcome and Apologies			
Log No	Action	Lead(s)	Deadline
55	Apologies were received from the Chair, Rob Webster. Sean Duffy chaired the meeting.	N/A	N/A
2. Action Log from the last meeting			
Log No	Action	Lead(s)	Deadline
56	<p>▶ Action 41: LTHT requested an amendment to the 6th bullet point on radiotherapy targets to read:</p> <p>"Good progress is being made and is expected to be hit in Autumn 2010 ahead of target deadline of January 2011.</p> <p>With this amendment, the action log was agreed as a true record.</p>	P Atha	07/07/2010

3. Matters arising			
3.1 Single Cancer Drugs Expert Panel			
Log No	Action	Lead(s)	Deadline
57	<p>► Action 38:</p> <p>SCG reported that the inaugural meeting of the Regional Policy Group (RPG) took place on 6th July. A single panel for cancer drugs to feed into the RPG is required. A workshop is scheduled early September between the three Cancer Networks to agree the single process for horizon scanning, prioritisation and agreement of the criteria, which will be reported back to the next RPG on 29th September.</p> <p>Clinicians present at the Board raised concerns caused by the hiatus and emphasized the importance of no further delays in the given timeframe. There is pressure from the clinical community and concerns of an influx of IFRs.</p> <p>The Board requested that SCG ensures the RPG has the frequency and capacity to meet the through-put that will be required and the turnaround timescale of 2 months for decisions, used by the former Gateway Group, is adopted.</p> <p>To feed comments back to SCG/RPG.</p>	P Clinton-Tarestad	04/08/2010
58	Communication update to clinical colleagues.	YCN/D Thomson	16/07/2010
3.2 Sarcoma IOG update			
Log No	Action	Lead(s)	Deadline
59	<p>► Action 39:</p> <p>The monthly update on the progress of the implementation of the Sarcoma IOG was provided. LTHT reported that the Plastic Surgeon is not planned to be in place until Q3/2010 in accordance with the action plan.</p> <p>Some issues were reported on the Agenda for Change band for the Data Manager post which have been resolved and the post is being advertised.</p> <p>Next update due August Board.</p>	LTHT	04/08/2010

3.3 SCG HPB Review - LTHT Action Plan			
Log No	Action	Lead(s)	Deadline
60	<p>▶ Action 40:</p> <p>Sean Duffy referred to the LTHT action plan for HPB and sign-off of the business case for a 3rd pancreatic surgeon expected by the end of July and appointment by October 2010.</p> <p>LTHT confirmed sign-off is expected by the end of July. Surgical capacity and theatre staff will be in place by October.</p> <p>BTHFT raised concerns that the surgical capacity was not in place as agreed when surgery transferred from Bradford in December 2009, including the liver surgeon taking on curative resection work resulting in patients waiting up to 3 months. CHFT reported their lack of confidence in appointing a surgeon within the given timeline.</p> <p>LTHT acknowledged some delays caused by a peak in referrals and that a significant amount of work has been carried out to reduce the waits, including introducing Saturday lists commencing 24 July and additional capacity on Friday's. LTHT stated that they would not rely on the appointment in October to provide the capacity in the short term.</p> <p>Sean Duffy stated that the delay impacting on patients constitutes a serious risk and requested assurance on behalf of the Board that there is clear communication to all referring MDTs that there is a robust plan in place to manage variation in demand.</p>	LTHT	21/07/2010
61	<p>Concerns raised at the Board to be raised with NHS Leeds for discussion at the Leeds Locality Group on Thursday 8th July. (Addendum: This meeting was cancelled - S Duffy to contact N Gray in the interim).</p> <p>Report back at August Board.</p>	S Duffy/NHS Leeds	04/08/2010
3.4 Inter-Trust transfers			
Log No	Action	Lead(s)	Deadline
62	<p>▶ Action 5:</p> <p>As agreed at the March Board, performance management of inter-Trust transfers was discussed at the joint Lead Managers & Commissioners meeting on 16th June. It was agreed that Angie Craig (LTHT) would have bilateral discussions with individual provider organisation to understand where the problems are occurring and agree a forward plan to eradicate breaches. The outcomes/actions from the meetings will be fed back into each locality group. The YCN Commissioning Group will ensure feedback through the Locality Groups and improvements are being made.</p> <p>Board to continue to monitor progress through the quarterly Board Performance Report.</p> <p>Report back on exception basis.</p>	Locality Groups	Review 01/09/2010

3.5 Quality and Productivity Challenge and Cancer - Update			
Log No	Action	Lead(s)	Deadline
63	<p>► Action 48:</p> <p>Carol Ferguson referred to QIPP paper presented at the April and June Board, where it was agreed to discuss the proposals in more details at the Joint Lead Managers and Commissioners meeting in June. At that meeting, it was agreed that the proposals put forward in the paper be treated as a list of options for each locality to select their own priorities.</p> <p>To ensure sign-up from CEO's to the collaborative approach, a paper would be taken to the August/September WYCOM meeting.</p> <p>To report back after WYCOM meeting.</p>	C Ferguson	06/10/2010
64	<p>► Action 32:</p> <p>Carol Ferguson reminded the Board that, as indicated in the Budget paper presented at the May Board, a review of the 2010/11 YCN budgets and funding will be carried out, with a view to look at opportunities to payback income to contributing PCTs.</p> <p>Paper to the Board anticipated August/September.</p>	C Ferguson	01/09/2010

4. QIPP - Breast follow-up in Calderdale & Huddersfield			
Log No	Action	Lead(s)	Deadline
65	<p>A presentation was given by Dr Jo Dent, Consultant Medical Oncologist and Lead Clinician for Cancer at Calderdale & Huddersfield NHS Foundation Trust, on the interim findings of the research on breast cancer follow-up for low and intermediate risk patients.</p> <p>Members were informed that the risk of recurrence amongst this group of patients is very low at <1%. The YCN guidelines for follow-up advise 5 years (NICE state 2-3 yrs) which amounts to up to 17 appointments for patients that are unnecessary, stressful to the patient and costly.</p> <p>The Study, funded through YCN service improvement income was carried out in collaboration with the YCN, Breast Cancer Care, the Trust MDT and PCT, was described in detail. The new model is based on an alternative to the standard follow-up involving taught sessions, 4 half days over 4 weeks, covering breast awareness; post op complications; coping with a cancer diagnosis and patient open access. The follow-up model has now been roll-out as standard within CHFT.</p> <p>Early quality of life data was presented. The key findings were that the alternative model is feasible, scores well with patient satisfaction with no adverse impact on quality of life, but an apparent improvement in social and sexual function.</p> <p>Costs presented were approximate but demonstrated potential efficiency savings for across the Network.</p> <p>Board members were asked to support the roll-out across the whole of the Network, utilising support available through YCN, Breast Cancer Care and ideally someone involved in the C&H project who could work closely with the clinicians.</p> <p>The Board proposed that the follow-up is integrated into the patient pathway and forms part of the commissioning contract, enabling appropriate performance management and a tariff is agreed to cover costs in the long term, once service improvement funding ceases.</p> <p>The Board gave unanimous support to the roll-out of this new model of care as part of the breast cancer pathway. This will form a central element of the Network's QIPP strategy.</p> <p>The Board noted the potential for similar approaches in other tumour sites.</p>	C Ferguson/J Dent	On-going
66	<p>Circulate presentation with the Action Log (nb. Quality of life slide removed - data will be available for circulation once published).</p>	P Atha	16/07/2010

5. Peer Review non compliance and earned autonomy			
Log No	Action	Lead(s)	Deadline
67	<p>Fiona Stephenson, YCN Project Manager, presented a summary of the measures for Network site specific Groups (NSSGs) and Multi-disciplinary Teams (MDTs) which were assessed as non compliant following the 2009/10 Peer Review round.</p> <p>As agreed at the April 2010 Board, the Chair requested an assessment of the Network's non-compliance against the measures, with risk rating, be undertaken and the information presented forms part of this work.</p> <p>The key themes highlighted were:</p> <ul style="list-style-type: none"> ■ MDT attendance and cover arrangements for core members. This applies to all MDT's (Breast, Lung, Gynaecology, Upper GI, Pancreatic, Urology and Skin) and includes Clinical Oncology, Radiology, Pathology and Clinical Nurse Specialist although MDT site and missing core members vary. ■ Attendance on the National Advanced Communication Skills Training (ACST) programme. This applies to all MDT's (Breast, Lung, Gynaecology, Upper GI, Pancreatic, Urology and Skin). ■ A number of nursing and/or patient experience issues were identified across a variety of MDT's; e.g. completion of specialist study, patient experience exercise, patient consultation record. ■ Establishing a robust NSSG audit programme incorporating timely annual presentation of results. ■ Breast MDT - Core MDT Clinical consultants spends 50% time on breast cancer <p>The Board supported the following recommendations:</p> <p>1] Agree that current and future areas of non compliance, concerns and risks from Peer Review are integrated into a Network Governance Framework.</p> <p>2] Agree that NSSG's provide clinical advice to the Network Board on the concerns and risks associated with non-compliant measures.</p> <p>A first draft response in terms of feedback from NSSGs on risks and non-compliance is expected within 3 months.</p>	YCN Lead Team/F Stephenson	01/12/2010
68	<p>Fiona Stephenson described the policy of earned autonomy which means that groups, teams and services who have (a) achieved $\geq 75\%$ compliance during the previous years visit and have no IRs or SCs and (b) those teams who have received a confirmed External Verification report, do not have to be subject to an Internal Validation (IV), but will still complete a self assessment. Earned autonomy is valid for a maximum of 2 years (in Yr3 an IV report must be completed).</p> <p>Confirmed earned autonomy is still awaited from the National Cancer Action Team, however Appendix 2 of the paper provided the Network team's interpretation of this in relation to provider and commissioner organisations.</p> <p>It was acknowledged that this policy would require working through to ensure that there is no loss of assurance as part of earned autonomy. The Board would continue to rely on established mechanisms (e.g. NSSGs, MDTs, Locality Groups, PCT Boards) which would provide intelligence in assessing eligibility for earned autonomy.</p> <p>The Board agreed to start implementation of earned autonomy for those MDTs who are eligible in the current peer review round 2010/11.</p>	YCN/Locality Groups	On-going

6. Governance & risk management			
Log No	Action	Lead(s)	Deadline
69	<p>Carol Ferguson provided an overview of the draft Governance Framework paper for managing risk. The framework is a local adaptation of work undertaken by Humber & Yorkshire Coast Cancer Network and was recently agreed by their Management Board. It was proposed that given the inter-network flows for a number of patient pathways and stakeholder organisations involved directly or indirectly with both Networks there would appear to be merit in adopting a consistent approach to the management of risk.</p> <p>The structure outlined the stratification of risk and the escalation triggers that would be used in the event that risks would be identified.</p> <p>The framework includes holding a YCN Risk Register, administered by the YCN with clear ownership, actions and timescales for delivery and completion. It is proposed that this would be made available at every Board. Carol Ferguson asked members for their thoughts and experiences of the use and management of their risk registers.</p> <p>The Board discussed the framework and process in more detail. There was general agreement that the Board currently manages risks less formally than a register through it's standard agenda. Some amendments were agreed:</p> <ul style="list-style-type: none"> ■ remove the first step in Appendix 1 - letter to Chair and response within 2 weeks ■ ensure a sufficiently rapid response to any risk with potential for injury to patients/staff. <p>It was acknowledged that all organisations have a statutory responsibility for clinical governance and risk management which underpins contractual arrangements and the proposed framework provides an open and transparent approach for risk management for the Network.</p> <p>The Board excepted that this strengthened, rather than replaced current approaches to managing risk. It provided greater clarity for lines of communication and escalation.</p> <p>It was agreed to amend the draft framework in line with comments received and bring back to the Board for final ratification.</p>	YCN Lead Team	04/08/2010
70	<p>The YCN was asked to bear in mind when unresolved risks escalate to a high level, that a robust paper trail is necessary to support any legal requirements, should it escalate to that stage.</p>	YCN Lead Team	04/08/2010
7. Any Other Business			
Log No	Action	Lead(s)	Deadline
71	None.	N/A	N/A

Date of Next Meeting(s)

Wednesday 4th August 2010 9:00am
Sandal Rugby Club, Milnthorpe Green, Sandal, Wakefield, WF2 7DY

Wednesday 1st September 2010 9:00am
Sandal Rugby Club, Milnthorpe Green, Sandal, Wakefield, WF2 7DY

Wednesday 6th October 2010 9:00am
Sandal Rugby Club, Milnthorpe Green, Sandal, Wakefield, WF2 7DY

Wednesday 3rd November 2010 9:00am
Sandal Rugby Club, Milnthorpe Green, Sandal, Wakefield, WF2 7DY

Wednesday 1st December 2010 9:00am
Sandal Rugby Club, Milnthorpe Green, Sandal, Wakefield, WF2 7DY