

**YORKSHIRE CANCER NETWORK  
Cancer Information Leads**

Minutes of the meeting held on  
**Thursday 22<sup>nd</sup> September 2005 at 2.00pm.**  
Conference Suite, Arthington House, Cookridge Hospital Site

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<b>Present:</b>	Ms C Hibbert Mr C Walton	Airedale NHS Trust
	Dr H Berry (Chair)	Bradford Teaching Hospitals NHS Foundation Trust
	Ms S Ingram	Calderdale & Huddersfield NHS Trust
	Mr J Harrison Ms V Hilton Ms S Mori	Harrogate and District NHS Foundation Trust
	Ms M Keeting	Humber & Yorkshire Coast Cancer Network
	Mr M Waugh	Leeds Teaching Hospitals NHS Trust
	Ms V Moody Ms S Parker	Mid Yorkshire Hospitals NHS Trust
	Mr Steve Ingleson	WY SHA
	Ms J Bardy Mrs N Slater	York Hospitals NHS Trust
	Miss L Carroll Mr P Melling	Yorkshire Cancer Network

**1. Apologies & Introductions**

Apologies were received from Ms J Barker, Ms G Barnard, Mrs C Brook, Mrs V Saunders and Mr B Tinkler.

**2. Minutes from the last meeting (previously circulated)**

The minutes of the last meeting were accepted as a correct record.

**3. Matters Arising**

• **NPfIT**

As no response has been received to the letter Dr Berry sent on behalf of the group to the Head of Programme Manager for NPfIT she agreed to send a follow-up letter.

**ACTION: Dr Berry to send a follow-up letter to the Head of Programme Manager for NPfIT**

• **NHS Mail accounts**

All Trusts (with exception to Airedale) are in agreement to have an NHS mail account. Ms Hibbert said she will clarify if Airedale is willing to have one. Mr Melling asked members to inform him of their generic email addresses which he will then circulate to the group. An in depth group discussion took place regarding the type of information will be sent to these accounts.

Mr Melling agreed to circulate the protocol on sharing information with the minutes.

**ACTION: All to inform Mr Melling of their generic NHSnet email address**

**Ms Hibbert to clarify if Airedale can have a generic NHS mail account**

**Mr Melling to circulate the protocol on sharing information**

#### **4. Cancer Waiting Times**

The group evaluated and discussed the most recent CWT data and the reasons for breaches in achieving these targets.

Mr Melling reminded colleagues of the 31 day and 62 day CWT targets (98% and 95% respectively) by December 2005. He highlighted that breach reasons will now be shared between each hospital within the patient pathway

An in-depth group discussion took place regarding Priority Target Lists (PTLs) and Mr Melling presented how these can be calculated. Mr Melling agreed to circulate the calculations with the minutes of the meeting.

Mr Harrison said it is anticipated the colorectal CWT targets for Harrogate & District NHS Foundation Trust will significantly improve now the gastro-intestinal/rectal bleed clinic has started.

Mr Melling is attending the National Development programme (NDP) taking place on 6<sup>th</sup> and 7<sup>th</sup> October 2005 and will feedback at the next meeting.

**ACTION: Mr Melling to circulate the PTL calculations with the minutes**

#### **5. Network Cancer Data Server Project**

Mr Melling reported that testing of "real data" will take commence in October 2005. Each Trust will have a 'super user' who will be responsible for allocating user names and passwords locally. Implementation across the network will take place in a phased approach. Mr Melling noted that the 'YCN – Cancer Event Server' paper has been tabled and discussed at all the network site specific group meetings.

#### **6. Audit**

##### **NBOCAP**

Dr Berry reported that Bradford Teaching Hospitals NHS Foundation Trust have undertaken the user acceptance testing for NBOCAP which will go live in December 2005. NBOCAP roadshows are taking place in October/ November 2005 (the YCN launch date is on 31<sup>st</sup> October 2005 at Newcastle). Mr Melling emphasised the importance of there being representation from each colorectal MDT.

##### **LUCADA**

An analysis of LUCADA data has shown that completion rate of data is low because not all data is being submitted. The performance status; stage performance; co-morbidity and was the patient discussed at the MDT fields must be completed.

A group discussion took place regarding the group's time capacity to participate in the collection of future audit work. Mr Melling said he has raised his concerns on this with the network lead team.

The gynaecological audit work has been postponed until January 2006.

The completed breast cancer audit work is to be submitted by April 2006. Mr Melling asked if colleagues could provide some of the data by October 2005 so he can present this at the Breast Cancer Group meeting taking place on 23<sup>rd</sup> November 2005. Mr Melling said he will circulate a template presentation for colleagues to complete.

Representatives from each Trust gave an update on their involvement and progress of audits.

**ACTION: Mr Melling to circulate to colleagues a template breast cancer audit presentation**

## **7. Peer Review update**

Members who's Trusts have been visited shared their experiences of the Peer Review process.

Mr Melling asked colleagues to send him examples of good practice that they would like to share.

**ACTION: All to send Mr Melling examples of good practice**

## **8. NYCRIS**

Miss Carroll tabled the NYCRIS briefing update paper.

## **9. Any other business**

None.

## **10. Date & time of next meeting**

**Thursday 15<sup>th</sup> December 2005, 2.00pm  
YCRN Meeting Room 1, Ida Nurses Home, Cookridge Hospital.**