

West Yorkshire & Harrogate Cancer Alliance

Board Meeting

Thursday 18th May 2017, 14:00 – 16:00pm

The Conference Room, Field House, Bradford Royal Infirmary

Attended:	Rachel Ball (on behalf of Kath Nuttall)	RB
	David Berridge (on behalf of S Hinchliffe)	DB
	Amanda Bloor	AB
	Matt Day	MD
	Jo Dent	JD
	Sean Duffy	SD
	Steve Edwards	SE
	Carol Ferguson	CF
	Sharon Hodgson (on behalf of Matt Groom)	SH
	Jane Hazelgrave	JH
	Clive Kay (Chair)	CK
	Matt Kaye	MK
	Phil Kelly	PK
	Amanda Procter	AP
	Lyn Sowray	LS
Absent:	Jason Broch	
	Vicky Dutchburn	
	Matthew Groom	
	Jane Hazelgrave	
	Suzanne Hinchliffe (Apologies received)	
	Yasmin Khan (on behalf of D Black) (Apologies received)	
	Kath Nuttall (Apologies received)	
	Visseh Pejhan-Sykes (Apologies received)	
	Matt Walsh (Apologies received)	
In attendance:	Julie Owens	JO
	Katrina Tyldsley	KT
Secretariat:	Tracy Short (Minutes)	

1.0 Welcome, Introductions & Apologies

1.1 CK welcomed AB in her new role as Accountable Officer lead for Cancer. AB advised that she had recently exchanged roles with Matt Walsh (the former AO) who is now leading on Elective Care and in particular Clinical Thresholds. AB expressed her interest in system wide commissioning.

2.0 There were no declarations of interest identified.

Actions

3.0 Minutes of the Last Meeting:

The minutes of the meeting were accepted as a true record.

4.0 Matters Arising:

4.1 **Development Day 7th June 2017:** SD advised that the agenda for the symposium has now been finalised and agreed that it would be sent to delegates by the end of the week. The day will be facilitated by an external provider, Elizabeth Lank and SD encouraged those members that hadn't accepted the invitation to attend if possible.

All to note

4.2 Further work will be undertaken to progress the work of the project groups and Amanda Bloor will also lead a piece of work on Commissioning for Outcomes.

4.3 DB asked if it is appropriate to forward the invite to any appropriate colleague who could help to move on the cancer agenda and it was agreed that a list of attendees would be provided with the papers, which would help to facilitate this.

TS to send out list of attendees by 20.05.17

4.4 **Shaping Clinical Involvement:** SD advised the members that an electronic survey will be conducted to seek the views of the clinicians, however in order to be effective the Alliance first needs to be clearer in its narrative regarding its intention/approach. SD also advised that the comms and engagement officer once recruited will be responsible for moving this latter piece of work forward.

4.5 **Creating Capacity for Change:** SD advised that following the last meeting of the Board, no further comments have been received in respect of the proposal for Capacity for Change. He informed the members that future Capital Bids within the STP are taking a similar criterion based approach for the allocation of funding.

5.0 PHE Proposal Paper:

5.1 MD presented a paper to the Board which had previously been presented to the South Yorkshire and Humber, Coast and Vale Alliances. Also provided with this paper were the minutes of the PHE Cancer Board, which highlighted some areas of joint work across the three Alliances (as a note of accuracy MD advised that the notes should read 'cancer group' and not board as stated). The priority areas included: targeted screening, LWBC and Oral Cancers. When asked by CK how the priorities had been determined, MD advised that data and expertise within PHE (e.g. Dental) had been given consideration.

5.2 Discussion followed regarding other data sources available, for example primary care and Right Care, which should be taken account for the screening programme. MK advised that screening uptake is very much dependent upon a push from primary care and gave the example of learning disabilities information. RB advised that North Yorkshire have done some work on screening of patients with LD. MK advised that a Board member of Greater Huddersfield CCG is a practice manager and could assist in identifying the gaps in data, he also agreed to take this back to the analytical team to

MK to engage practice manager (CCG Board member) in identifying gaps in data in primary care

explore. MK agreed to act as a contact. CF asked if the Alliance would be able to influence national PHE cancer analytics through MD, who confirmed that they would.

MK to act as contact for primary care

- 5.3 In summary of the discussion that followed, the Board agreed to support continuation and proposed scope of the Public Health England Cancer Group. CF to represent the Alliance/commissioning on the PHE Cancer Group, liaising with Amanda Bloor as necessary. MD to ensure that the Board is sighted on issues raised with regards to analytics.

MD to liaise with Andrew Furber. CF to represent Alliance at PHE Cancer Group

6.0 Cancer Programme Updates

- 6.1 **a) Personnel Updates** – CF updated the Board members on recent recruitment and changes and also acknowledged AB's new position as Accountable Officer lead for cancer in replacement of Matt Walsh.
- 6.2 CRUK has provided funding for an Alliance Primary Care lead and following a competitive recruitment Matt Kaye has successfully secured the position. MK will provide 2 sessions per week for up to 2 years.
- 6.3 Macmillan have provided funding for an Alliance Communication and Engagement lead, fixed term for 12 months. This is currently out for advertisement and closes on 21st May 2017. Interviews are scheduled to take place on 2nd June 2017.
- 6.4 **b) Delivery Plan sign off** – Board members have previously received a copy of the Delivery Plan which has now been formally signed off by NHS England. However CF informed the members that the very recent national instruction to prioritise recovery of the 62 days CWT means detail and some timeframes will need to be revisited. NHSE have confirmed that the Alliance should receive their core funding by the end of June.
- 6.5 **c) Cancer Transformation Fund** – CF advised members that NHS England have confirmed that the Early Diagnosis Bid has been successful and the Alliance will receive the full allocation request of £6.2m in 17/18 and £6.2m for 18/19. The first year's allocation includes £3.9m to fund the Creating Capacity for Change fund which was discussed earlier in the meeting and at the last Board meeting. A further £200k capital for the roll out of digital pathology has also been granted subject to some further process.
- 6.6 The CTF allocation is now subject to some additional conditions around contribution to national recovery of the 62 day cancer waiting time standard. A detailed implementation plan is also required by 16 July regarding our plan for use of the CTF, including spending plan and expected impact. The plan also has to detail what interventions we may bring forward or introduce to recover the 85% compliance with the 62 day standard by September. 'Alliance delivery' has yet to be defined (i.e. whether it means each individual organisation of an aggregate figure across all. However we are advised that our plan has to be approved to release funding for Q2 and beyond, and that 18/19 funding will be reviewed if the Alliance does not recover performance by September.

- 6.7 CF advised that weekly teleconferences with NHSE and Alliance leads have been established and in turn the Alliance PMO has established a weekly teleconference with Trust Cancer Managers and STP Cancer planners. A stocktake of acute providers against the ten high impact actions has been requested with a deadline of Monday 22nd May 2017, in preparation of the call which is scheduled to take place on Tuesday morning. It is probable that some of the CTF will be required to for the recovery of the targets in order that future funding opportunities are safeguarded.
- 6.8 Discussion followed regarding achievement of the target, the issues and barriers that exist which make it difficult for the Trusts to achieve it and suggestions for what could make significant improvements. It was recognised that though enough needs to be done to release the funding, the Board did not want this to be at the expense of agreed ambitions for transformation.
- 6.9 The question of whether information regarding the thematic causes of breaches is held was asked and SD advised that the audit should provide some of the detail.
- 6.10 **d) LWBC Update** - CF reminded members that the CTF bid for LWBC had been unsuccessful the first time around, however we had been encouraged to resubmit a bid by September 2017, with the aim of receiving funding in Quarter 3.
- 6.11 CF advised that discussions have begun to take place, exploring how patients may be supported in the community by provision of personalised care and wrapping services around patients.
- 6.12 How cancer services may be commissioned differently will be the focus of the Commissioning for Outcomes discussion which will take place at the symposium on 7th June. It is envisaged that these discussions will inform the development of the revised bid.
- 6.13 Unfortunately no further phase of funding for LWBC will be released nationally until the 62 day CWT target is met. However, Board members supported and encouraged the LWBC Group to continue to develop a proposal ready to put forward should funding be made available later in the year.
- 6.14 **Interface with Regional Imaging Collaborative** - CF advised that this work is being taken forward with WYAAT, with the aim of developing a shared vision and to secure funding.
- 6.15 **Programme Documentation** - CF described this as an information sharing document which seeks to provide assurance to the members by introducing regular programme documentation at Board meetings. Members were asked to inform CF or TS if it is felt that further documentation is required.
- 6.16 **Board Overview of Project Groups** - CF introduced the schedule which proposes that project leads attend an allotted Board meeting to provide detail about how the project is progressing and to provide assurance to members of the Board. The schedule also included the 'ask' of project leads.

Members to contact CF or TS with further suggestions

7.0 Delivering Cancer Standards: National requirements and local progress

• Inter Provider Transfer

7.1 JO and KT attended the meeting and provided an overview of the paper presented to Board Members. The purpose of the work undertaken is to agree a distinct set of rules regarding the transfer of patients but also includes the development of diagnostic pathways). Three way pathways have presented more challenge and haven't yet been resolved.

7.2 JO advised that the paper had previously been presented at the Chief Operating Officers' meeting; however it still requires clinical sign off. Some debate took place regarding the sign off the document and pathways and it was agreed that as some clinicians hadn't yet been engaged, every effort should be made to allow sign off by them in the first instance.

7.3 Also as COOs have already been engaged in the process, formal sign off by them should also be sought.

7.4 Given the urgency to recover the 62 day CWT, it was agreed that CK would seek support to expedite agreement from WYAAT CEOs regarding the sign off of the two way pathway. Shadowing sign off then to take place at the Cancer Alliance Board on 13th September 2017.

JO/KT to seek sign off from clinicians & COOs prior to returning to 13.09.17 CAB for shadow sign off

CK to brief WYAAT CEOs and seek agreement to expedite

8.0 Five Year Forward View implications for the Alliance –

8.1 SD reminded members that as well as being held to account nationally, the cancer programme is also one of the key priorities in the 5YFV Delivery Plan for the STP.

9.0 Any Other Business

9.1 No AOB was raised.

10.0 Date & Time of Next Meeting:

Wednesday 19th July 2017, 2:00 – 4:00pm, The Conference Room, Field House, Bradford Royal Infirmary