West Yorkshire & Harrogate Cancer Alliance

Board Meeting

Wednesday 4th July 2018, 14:00 – 16:00hrs

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

Attended:	Amanda Bloor, CCG Chief Officer, HaRD CCG	AB
	Sean Duffy, Cancer Programme Clinical Director, WY&H Cancer Alliance	SD
	Carol Ferguson,Cancer Programme Director, WY&H Cancer Alliance	CF
	Michele Ezro, Associate Director Acute Commissioning, Wakefield CCG	ME
	Jo Halliwell, Director of Operations, Surgery MYHT	JHa
	Robert Harrison, Chief Operating Officer, Harrogate & DFT	RH
	Anna Hartley, Deputy Director of Public Health, Wakefield Council	AH
	Fiona Hibbits, Senior Delivery Improvement Lead, NHSI	FH
	Sharon Hodgson, Local Service Specialist NHSE Spec Com (Y&H)	SH
	Jules Hoole, Strategic Partnership Manager (Yorkshire), Macmillan	JHo
	Clive Kay (Chair), Chief Executive Officer, Bradford THT	CK
	Phil Kelly, Patient Voice	PK
	Akram Khan, Clinical Chair, Bradford City CCG	AK
	Helen Lewis, Head of Planned Care & LTC Commissioning, Leeds CCG	HL
	Kath Nuttall, Regional Manager, CRUK	KN
	Amanda Procter, Lead Cancer Nurse, Bradford THT	AP
	Sandra Shannon, Chief Operating Officer, Bradford THT	SS
	Nigel Taylor, GP Member of Governing Body, Calderdale CCG	NT
In Attendance:	Fiona Stephenson	FS
	Tracy Holmes	TH
	Catherine Weir	CW
Apologies:	Jane Hazelgrave	JH
	Stacey Hunter	SH
	Matt Kaye	MK
	Visseh Pejhan-Sykes	VPS
	Lyn Sowray	LS
Secretariat: (Minutes)	Tracy Short	TS

1.0 Welcome, Introductions & Apologies

1.1 CK welcomed everyone to the meeting and attendees were given the opportunity to introduce themselves, stating the capacity of which they were in attendance.

Actions

2.0 Declarations of Interest:

2.1 There were no declarations made. Clive advised the members that we would write out to new members in order to update the register.

TS to write out to members and update the register

3.0 Minutes of meeting held on 9th May 2018:

3.1 The minutes of the meeting were agreed to be a true record.

4.0 Actions/Matters Arising:

4.1 There were no outstanding actions or matters arising.

5.0 Revised Terms of Reference:

5.1 A formatting error within the document was highlighted.

TS to rectify formatting error

5.2 CK introduced the revised Terms of Reference advising that the majority of changes made are within the role, membership and governance sections.

5.3 These changes better reflect the enhanced system leadership role for the Board and were agreed by WYAAT and the Joint Committee of CCGs (JCCCGs).

5.4 CK invited comments in relation to the document.

5.5 PK stated that though the document makes reference to the patients and outcomes, he felt that it needs to be strengthened in terms of patient participation.

CF to include more reference to PPI

5.6 AB made reference to the recent visit from Don Berwick and Professor Ham advising that PPI had been discussed at length. It was noted that each member of the Board are service users/patients/carers and should add one's own personal experiences and 'empower' ourselves.

5.7 CK highlighted the section with regards to attendance at meetings and the sending of deputies and stressed the importance of regular attendance.

5.8 CF discussed the appendices which set out the reporting arrangements e.g.issues requiring collective commissioning decision will go to the Joint Committee of CCGs; issues requiring a collective provider view may need discussion at WYAAT possibly before going on to the Joint Committee.

5.9 SD stressed the importance of place and the role on the Board advising that Accountable Officers and Trust Chief Executive Officers were asked to nominate members best placed to feedback as required.

5.10 CK pointed out his concern that LTHT were not represented on the Board and HL volunteered to take this issue to Julian Hartley and seek a response to the Alliance's request for a nominee.

HL to ask Julian Hartley to nominate Board representative.

6.0 Highlight Report:

6.1 CF advised members of the new system for reporting to the Board and talked through the paper introducing the highlight reports from each of the project groups and the need for a routine update from 'places'.

6.2 CF acknowledged the variation in the level of detail from project to project and advised that this would be addressed internally to gain greater consistency for future reporting.

6.3 Comments were welcomed and members were asked whether the reports were helpful.

6.4 PK commented that he felt the reports were helpful in better understanding the work of the projects and subgroups however he felt that a gauge of PPI activity should be incorporated into the template.

TS to add PPI Activity to the highlight report template

6.5 JHa suggested incorporating a hyperlink to the project plans to provide more contexts to the activity of the groups.

TS to incorporate hyperlink to the project plans

6.6 JHa also questioned the rag rating status/rationale and whether it would be useful to understand if a project was at green, was it a deteriorating green etc.

6.7 Further discussion followed and key questions/points drawn from the discussion included:

- Is the reporting period consistent?
- How long has the rating been fixed?
- Should the next milestone be reflected in the template?
- How do we keep the reports current/refreshed?
- Do they assist in moving us forward?
- Can we have better understanding of risks and issues if not quite right e.g. amber?

CF/SD to consider all requests and arrange updates to highlight report accordingly

6.8 CK sought clarification regarding where the Board would escalate risks and issues and SD advised that Provider issues would be escalated to WYAAT and Commissioner issues to the JCCCGs.

6.9 FH questioned System Oversight and Assurance Group's role. This is still developing and relationship with the Alliance and other programme boards is to be agreed.

6.10 HL asked specifically about the prevention workstream and questioned why the Alliance is responsible for this when it started on the Prevention at Scale (PAS) programme of work i.e. in 2 places.

6.11 SD advised that the Alliance has a vested interest as a cancer board and that there was strong feeling in Public Health that the workstream should be brought closer to the NHS.

6.12 HL then questioned whether this still remains on the PAS programme.

AH to seek clarification from PH &report back with

regards to PAS

6.13 CF had previously stated that the Alliance is keen to join up the 6 places perhaps via a holistic highlight report.

6.14 CK asked members to consider how best the board could receive timely feedback from the 6 places and discussion followed. Key questions/points included?

- Should a template be issued?
- How do we avoid duplication in sub groups/risk of double reporting?
- How do we share other work being undertaken that is not in the work programme?
- Could a tick box/heat mapbe added to identify which of the places are doing what?
- Do we need the above?
- How will we identify struggling areas?
- Should outcomes be used as a framework?

6.15 CK questioned whether there was capacity around the table to act as an assurance role and whether this is what is required.

6.16 RH also questioned why individual place based reports and whether an exception report would be more appropriate than highlight reports or whether the current reports could be adapted to draw out place and pace.

6.17 PK advised that although he is aware of Leeds and Bradford activity, he is unaware of other places. Should we have an understanding of what in the system is working well and making a difference in order to understand the best value for money.

6.18 Conversation followed about how we share with the public 'good news stories' and it was acknowledged that the Comms. & Engagement lead was in attendance at meetings to maximise the opportunity of sharing information with the public.

6.19 CK questioned whether more oversight at the Board is needed.

6.20 CF concluded that the Alliance would consider further, strategic priority reports, heat maps and the metrics and assess whether these need to be more connected. Outstanding gaps could then be discussed at a future meeting.

7.0 Risk Register:

7.1 CF advised that the programme level risk register had been shared with members for comment outside of the meeting advising that these should be sent to CF or TS.

Comments to TS/CF

7.2 CF also advised that at future meetings only those risks deemed to be high level would be shared routinely. It is envisaged that the majority of these would be predominantly workforce and funding risks.

8.0 Data Sharing:

8.1 SD advised the group that the Board needs agreement to share data in order to deliver the outcomes and advised that the Alliance shared a draft Information Sharing agreement for consideration.

8.2 CK advised that all stakeholder members will need to confirm in writing that they will sign up to this. Also for those organisations who are the data owners (acute providers) that they are willing for their organisations data – for the indicators in the dashboard – to be included and shared.

Board Members to confirm in writing that they will sign up to the data sharing agreement

8.3 JHa asked the question and it was confirmed that no patient identifiable information is required.

8.4 It was also confirmed that this isn't restricted to the Cancer dashboard but more a basic principle.

8.5 Members were asked to consider the style and content of the proposed dashboard and asked to feedback any comments to CF/TS

Members to feedback comments re: dashboard content/style to CF/TS

9.0 WY&H CWT & Transformation Funding
Paper A - A system wide position and impact on Transformation Funding

9.1. This paper was introduced by FS who advised that a proposal was made at the WYAAT Strategy & Operations group to direct some CTF funding to the most challenged Trusts, Leeds, Bradford and Mid-Yorks. This will be used to gain a greater understanding of the capacity and demand issues affecting the performance on the urology (specifically prostate) and the colorectal pathways.

9.2 FS advised that the amount identified is £450k.

9.3 Discussion amongst members followed and assurances sought.

9.4 SD advised that lead cancer managers and chief operating officers are aligned in thought and process with regards to spending the funding efficiently and effectively and that NHS Improvement are both linked in and supportive of the approach.

9.5. Some concerns were raised with regards to the costs attributable to the additional activity and that this would be a duplication of effort for some Trusts.

9.6 SH also raised the issue of whether there could be double charging within the system.

9.7 PK raised his concern that decisions were being made on volume rather than the needs of patients.

9.8 FS advised that Stacey Hunter has agreed to draw up an outline proposal of how to take the work forward, of which will be shared with the Chief Operating Officers and NHSI.

9.9 FS agreed to connect with FH in order firm up the proposal and bring this back to the Board virtually.

FS/FH to firm up proposal and share with Board virtually

Paper B - Risks and Impact on reduction of Cancer Transformation Funding

9.10 FS advised that this paper identifies the loss of CTF funding in the first two quarters of this year and the need to reprioritise the plans for the remainder of the year due to the performance of the 62day CWT targets not being met.

9.11 FS alsoshared options for management of the CTF funded programme should we reamin on a 75% allocation for quarters three and four, or slip to a 50% allocation depending on aggregate CWT performance acorss May/June/July. Two areas of focus/vulnerability have been identified which include the roll out of teledermatology across other places and roll out the lung programme beyond Wakefield and Bradford to another place.

9.12 FS stated that progress is already being made throughout the transformation projects and welcomed comments from members.

9.13. SD advised that it is too early to fully assess the impact on outcomes and success of the CTF projects.

9.14 AB raised concern that the Board was being asked to make decisions without this intelligence.

9.14 JH added that if Macmillan could assist in taking sustainable projects forward they would be happy to partner with the Alliance.

9.15 It was agreed for the Board to delegate responsibility for making these decisions to CK, SD, CF, and AB collectively, with the support of FS.

10.0 ICS Development & Impact on Cancer Programme:

10.1 Item deferred to next meeting due to the lack of time.

11.0 Any Other Business

11.1 ME had asked outside the meeting if she could raise the issue of how Trusts deal with patients that are unavailable for appointment take-up within the two wait target under AOB.

11.2 CF had advised that the response would be better sought from the lead cancer managers on the fortnightly 62day CWT teleconference call and committed to providing feedback.

11.3 CF provided a verbal update and advised ME that this would be followed up with a view to bringing proposals for a consistent WY&H approach to a future Board meeting.

12.0 Date & Time of Next Meeting

Wednesday 12th September 2018, 14:00 – 16:00hrs
Venue TBC