Cheshire & Merseyside Cancer Alliance

Cheshire and Merseyside Cancer Alliance Programme Board

Minutes of the meeting held on Monday 12th March 2018

In attendance	Role	Initial
Chris Warburton	Medical Director/Deputy SRO (Chair)	**CW**
Linda Devereux	Senior Programme Manager	**LD**
Debbie Harvey	Workstream Lead, Earlier Diagnosis	**DH**
Melanie Zeiderman	LWBC Programme Manager	**MZ**
Ray Murphy	Patient Representative	**RM**
Ann Marr	Mid Mersey LDS Exec Lead	**AM**
Mark Greatrex	Finance Lead	**MG**
Tony Murphy	Patient Representative	**TM**
Stephen Fenwick	NM LDS Clinical Lead	**SF**
Sinead Clarke	Cheshire & Wirral LDS Clinical Lead	**SC**
Fiona Taylor	NM LDS Exec Lead	**FT**
Sandra Davies	Workstream Lead, Prevention & Public Health	**SD**
Mark Lipton	Cheshire & Wirral Exec LDS Lead	**ML**
Suzanne Fennah	Service Specialist, Specialised Commissioning, NHS England	**SF**
Jason Pawluk	Senior Programme Manager, CCC	**JP**
In attendance		
Ernie Marshall	Deputy Medical Director, CCC	**EM**
Jennie Crook-Vass	Programme Manager, CCC	**JCV**
Secretariat		
Debbie Moores	Admin & Project Support Officer	
Apologies	**Role**	
Janet Snoddon	Workstream Lead, Living With & Beyond Cancer	
Terry Jones	North West Coast Clinical Research Network	
Sheena Khanduri	High Quality Modern Services Workstream Lead	
Heather Bebbington	Director of Workforce & Organisational Development	
Paul Mansour	Mid Mersey LDS Clinical Lead	
Sue Redfern	Workstream Lead, Patient Experience	

055/18. Welcome, Introduction and Apologies

CW welcomed all to the meeting, introductions were made and apologies noted.

CW advised that Andrew Cannell had recently resigned as Chief Executive of Clatterbridge Cancer Centre and Chris would therefore be acting as Chair and interim SRO. Dr Mike Prentice, NHSE will be writing to request a nomination from the STP/Cancer Alliance Board. RM asked AM if she would be willing to take up the role in view of her long standing commitment to cancer services and appointment on the Board. AM advised that she would be pleased to undertake the role on an interim basis and commented that the substantive SRO role should be bound within the CEO appointment at CCC. The Board agreed with this view.

Action: Letter from Mike Prentice to be shared with the Board when received.

056/18. Declaration of Interests
It was agreed to set up a Register of Interests.

Action: Debbie Moores to set up a Register of Interests

057/18. Minutes of the Meeting held on 15th December 2017
The minutes of the last meeting were agreed as a correct record.

058/18. Matters Arising

a. Lynch Syndrome
CW explained that Lynne Greenhalgh met with Colorectal CNG members and is currently writing a plan for implementation which will then be considered by commissioners. The intention is to implement the pathway with one CCG/provider and then roll out. Discussion took place around standardisation of when immunochemistry can be used. It was noted that this is referenced in the England commissioning guidance for Colorectal Cancer.

b. Radiotherapy consultation
The Board's response was submitted along with those from TM. The outcome of the consultation, which will inform the radiotherapy model, is likely to be delayed due to the significant number of responses (12,000).

c. Pathways programme
LD referred to the paper which proposes transfer of the pathways programme to the Cancer Alliance to align with other pathway projects and ensure a consistent approach and single governance structure. Upper GI will be a priority pathway. The Board approved the recommendation. JP identified on behalf of CCC that the scope and length of the funding transfer (beyond one year) will be subject to resolving workforce issues at CCC.

d. Research
CW advised that a cancer research strategy is being developed through external management support. The aim is to establish a unified framework for research activity which will encourage recruitment into trials. This will be presented at a future Board meeting.

059/18. CCC Strategic Configuration Update

EM gave a presentation on the Future Clinical Model and Haemato-Oncology.


Slides for Cancer Alliance Board March

The CCC new build is still on track and re-location can occur prior to completion of the new Royal. EM outlined the new model which will have a focus on team based services and infrastructure. It is intended that 80% of follow-up will be undertaken in the patient's local hospital.

Guidance from local commissioners is awaited around the required level of public consultation. It was noted that local elections will impact on progress. RM asked whether this is a major service reconfiguration subject to NHSE conditions and EM advised that CCG guidance is awaited. JCV confirmed that lots of work is still going to progress in the interim.

RM noted that the patient viewpoint is very important. SF agreed and emphasised that patient care should not be compromised in any delay.

FT felt that connectivity to sustainability and bigger pieces of work needed to be taken into account and that a clear timetable for the next 12 months is needed. ML felt that there is a need to know what

the effect will be for everyone.

CW offered to write a letter to CCGs & Specialised Commissioners to encourage the process to be completed quickly in order to minimise the impact on patients and pathways. RM asked that a reminder be added to the letter that all changes must be clinically driven and for the benefit of the patients; it was agreed to add a broad statement of support from the patients.

FT asked whether a case for change, option appraisal and impact assessment had been developed. EM advised that CCC are providing commissioners with the supporting information that they request.

JCV explained that once the consultation time period has been decided by CCGS within the Eastern sector, this will be applied to all other CCGs. Specialised Commissioning will be the next step after the outcome of CCG conversations.

SF asked whether the model will enable increased access through the sector hubs. EM noted that capacity needs to be built into new joint clinics. There is a need to get the right trials in the right places.

Action:

1. **CW to write a letter to CCGs & Specialised Commissioning to encourage the process to be as quick as possible to minimise impact on patients and pathways**

060/18. Updated 2018/19 Cancer Plan

LD presented an updated cancer delivery plan for 2018/19. The revised plan reflects the increasing remit of Alliances in oversight of performance, cancer workforce and quality assurance and system leadership. LD referred to previous discussions between Andrew Gibson and Andrew Cannell and the STP vision for a single service approach.

Discussion took place regarding the LDS structure and how the Alliance Board should engage with the place based approach. FT reiterated the view previously expressed at the Board, that changes to the composition of the Board and local governance structures should only be made where it makes sense but status quo should be maintained where it is working. The Board supported this view.

Board members were asked to review the draft plan, in particular the section on system leadership.

Discussion took place regarding the focus of the Board, whether we needed to revisit the way the system is held to account for performance and what freedom the Board needs to act. There is a need to consider what the levers are for holding other organisations to account. FT stressed that statutory responsibility rests with CCGs and the Cancer Alliance was not to hold organisations to account for performance.

FT felt that the prevention section needs strengthening and that this work needs to align with other prevention activity across the STP.

LD & CW are meeting Mel Pickup next week to discuss where performance management fits.

Action:

1. **All to review the draft updated 2018/19 Cancer Plan and provide comments to Linda Devereux by 29th March.**

061/18. Programme Governance

a) **Highlight Report**

The following issues were highlighted:

C&M was compliant with the 62 day standard in Q3 and was the 2nd highest performing Alliance.

Full capital funding has been allocated for MDT VC (£1.1m) however awards can only be made to Trusts who have agreed their control totals for 2017/18. MG has been unable to resolve this with NHSI and NHSE and therefore S&O and RLBUHT funding is at risk. **Post meeting note:** Aintree has subsequently agreed to host capital for RLBUHT and LCL.

All transformation funded and wider projects are on track with the exception of endoscopy due to delay getting sign up to the productivity assessment for all Trusts – this is now on track.

b) **62 Day Performance**

62 Day Recovery.pptx

JP presented the above data for Q3. The Board was particularly pleased to note the improvement in waiting times for lung cancer (82.04% compared with 78.4% in Q3 17/18). Head & neck and upper GI pathways remain challenging.

Breaches in the 63 – 76 day waiting time range were discussed. If addressed, performance would increase to 89% and the Board agreed there needs to be a focus on near misses and long waiters. These would be discussed at the Cancer Delivery Group and with providers.

SC noted that primary care can really help and must be included on all pathway and clinical groups.

c) **NHS England conditions – transformation funding and 62 day performance**

Item 061_18 - CTF conditions draft.pdf

Correspondence from NHS England had been distributed to the Board notifying Alliances of a revised approach to release of 18/19 transformation funding. Q1/Q2 funding in 2018/19 will be based on 62 day performance in Q3 2017/18. Q3/Q4 funding will be based on May, June and July 2018 actual performance. Alliances are required to produce a re-prioritised schedule of projects for early diagnosis and LWBC that reflects the impact of any reduced funding. Prioritisation is also expected to reflect the NHS Planning Guidance.

JP tabled a paper proposing a contingency plan for C&M. The impact is that we will receive 100% of funding for Q1 and Q2 (£2.28m) as we met the target in Q3. Based on performance in May to July, NHS England conditions mean that there is a potential reduction in funding of 15% in Q3 and Q4 (£343k).

JP advised that the proposal is for any revenue based shortfall to be managed from the available 18/19 contingency fund held by the Alliance which means that all projects can continue at this stage. Lead provider allocations will be unaffected. The Alliance has considered the application of these conditions for capital spend and proposes that the digital pathology procurement proceeds based on a reduced capital allocation or is deferred until the allocation is confirmed.

The Alliance will seek approval from NHSE to transfer the shortfall revenue to capital. It was noted that no capital funding was released by NHSE until February this year. We will know our funding in September earliest when May to July performance is published.

CW agreed to write out to Trust Chief Executives and CCG Accountable Officers to make everyone aware of the risk.

RM asked what percentage of patient choice is affecting breaches. It was noted that there will always be an element of this but this is accounted for in the 15% threshold.

The Board agreed the proposed approach and to offer any further comments to LD/JP.

Action:

1. **Chris Warburton to write to Trust Chief Executives and CCG Accountable Officers to make everyone aware of the risk**
2. **Any comments on Financial Assurance document to be sent to Linda Devereux / Jason Pawluk**

d) **LDS Update**

Cheshire & Wirral
SC reported that further to engagement with all partners in the LDS, a bid has been submitted to Macmillan for a community cancer hub model. It was acknowledged that the configuration of providers in C&W LDS is challenging due to patient flows and the proposal is that ML will represent Wirral and West Cheshire and SC will represent South & East Cheshire and Vale Royal with their providers. ML and SC would therefore continue to represent these areas on the Board.

Mid Mersey
AM noted that due to the changes to place based care, S&O is becoming more closely aligned with the North Mersey Partnership Group. The group is functioning well and supports engagement of local cancer leaders. The group are continuing to focus on performance. A clinical summit was held to launch the engagement process for Eastern Sector Cancer hub.

North Mersey
SF advised that the Cancer Partnership Group is well established and is an excellent forum for clinical engagement. Macmillan bids have been submitted for urgent cancer care and cancer care for older people. AM enquired as to the current performance position at Liverpool Clinical Laboratories. FT stated that there is an action plan and a mitigation plan in place, so the risk has decreased but workforce challenges remain. An SLA is being set up with North Wales for routine work. It is hoped that changes to digital pathology will ease the situation.

It was agreed that there would be a focus on pathology services at the next Board meeting.

e) **Financial Assurance**
MG referred to the financial assurance paper which was discussed and accepted. £1.4m has been allocated for digital pathology in 2018/19. Given the risk of PDC not being allocated to Trusts who do not agree their control totals, the lead provider may need to be reconsidered by the Board.

062/18. CNG Review
MZ provided a summary of responses following the review of CNGs. Face to face meetings will continue in line with feedback and draft TOR will be circulated to Leads/Chairs. It is proposed that the Cancer Alliance administer bi-annual meetings for each group. CW explained that support for Chairs will continue in between meetings.

RM asked about input from service users. Alternative ways to engage users will be developed, including the Patient Advisory Board. The group agreed that senior executive level sponsorship should be explored. It was noted that CNGs can also request additional Cancer Alliance time for specific pieces of work.

SF expressed concern regarding the frequency of meetings. MZ noted that there is a finite resource and attendance and outputs from some CNGs in the past has been variable. A review will be

undertaken in 12 months time. A summary will be provided for CNG Chairs to share with their groups.

SF asked whether we can influence Trust providers to send representatives to meeting. AM agreed to chase up Chief Executive / Medical Director colleagues about this.

Action:

1. **Cancer Alliance to write a communication piece out to CNG Chairs**
2. **AM to encourage Trust Chief Executives / Medical Directors to send organisational representatives to CNGs**

063/18. Cancer Workforce Plan Update

Health Education England is working with the Cancer Alliance to develop a response to the Cancer Workforce plan. HEE is undertaking work to understand workforce numbers in the priority staff groups in the plan, identify gaps and options to increase net supply. Phase 1 is due end of March. Phase 2 will involve other staff groups.

064/18. Any Other Business

There was no other business.

Date of future meetings

Wednesday 20th June 2018, 2.00pm – 4.30pm
Friday 28th September 2018, 2.00pm – 4.30pm *(changed from 10th September)*
Tuesday 11th December 2018, 2.00pm – 4.30pm