Cheshire & Merseyside Cancer Alliance

Cheshire and Merseyside Cancer Alliance Programme Board

Minutes of the meeting held on Friday 28th September 2018

In attendance	Role	Initial
Ann Marr	SRO	**AM**
Chris Warburton	Medical Director	**CW**
Linda Devereux	Programme Director	**LD**
Melanie Zeiderman	Deputy Programme Director	**MZ**
Ann Farrar	Interim CEO, Clatterbridge Cancer Centre	**AF**
Richard Freeman	Head of Delivery, NHS England (rep Andrew Crawshaw)	**RF**
David McKinlay	Senior Programme Manager	**DMc**
Stephen Fenwick	NM Clinical Lead	**SF**
Sinead Clarke	Cheshire & Wirral Clinical Lead	**SC**
Sarah Johnson Griffiths	Public Health Consultant, Halton Borough Council (rep Sandra Davies)	**SJG**
Ray Murphy	Patient Representative	**RM**
Sheena Khanduri	Medical Director, Clatterbridge Cancer Centre	**SK**
Tony Murphy	Patient Representative	**TM**
Sue Redfern	Workstream Lead Patient Experience	**SR**
In attendance		
Ernie Marshall	Deputy Medical Director, Clatterbridge Cancer Centre	**EM**
David White	Deputy Medical Director, Aintree University Hospital	**DW**
Barney Schofield	Director of Operations and Transformation, Clatterbridge Cancer Centre	**BS**
Ash Bassi	Endoscopy Lead, St Helens & Knowsley Hospitals	**AB**
Neil Haslam	Endoscopy Lead, Royal Liverpool & Broadgreen University Hospitals	**NH**
David King	Endoscopy Improvement Project Manager, St Helens & Knowsley Hospitals	**DK**
Secretariat		
Debbie Moores	Admin & Project Support Officer	
Apologies	**Role**	
Mark Lipton	Cheshire & Wirral Exec Lead	
Terry Jones	North West Coast Clinical Research Network	
Debbie Harvey	Workstream Lead, Earlier Diagnosis	
Heather Bebbington	Cancer Workforce Lead	
Andrew Crawshaw	Director of Assurance & Delivery, NHS England	
Sandra Davies	Workstream Lead, Prevention & Public Health	
Andrew Bibby	Assistant Regional Director, Specialised Commissioning, NHS England	
Mark Greatrex	Finance Lead	
Paul Mansour	Mid Mersey Clinical Lead	
Fiona Taylor	NM Executive Lead	

078/18. Welcome, Introductions and Apologies
AM welcomed all to the meeting, introductions were made and apologies noted.

079/18. Declaration of Interests
Action: Outstanding declarations to be sent to DM as soon as possible.

080/18. Minutes of the Meeting held on 20th June 2018
The minutes of the last meeting were agreed as a correct record.

081/18. Matters Arising

a. National Support Fund
A sub-group of the Cancer Alliance Programme Board met to review proposals against the Q1/Q2 allocation of £535k. A number of proposals were assessed against national criteria. The panel agreed to support Knowsley CCG/LHCH pilot project for early detection of lung cancer, targeting populations at high risk. The panel also agreed that remaining unallocated funding should be targeted towards 62 day interventions and head & neck cancer due to challenges implementing the optimal pathway. It was agreed that other proposals should be considered if future funding becomes available. The Cancer Alliance Senior Management Team and NHS England have subsequently agreed that funding is identified for service improvement capacity at Aintree and RLBUHT to support improvement in performance. Aintree has agreed to host and manage the head & neck project. Trusts have been asked to confirm acceptance of conditions prior to release of funding.

The national cancer programme team have agreed that the CURE proposal (smoking cessation) from the Cancer Prevention Steering Group is funded by re-profiling spend in 2018/19. Trusts have been asked to submit expressions of interest to host the project on behalf of C&M.

TM asked about Liverpool's Healthy Lung project. CW advised that we are expecting a national announcement regarding 10 pilot sites that will be funded for 3 years.

b. Cancer Alliance Self Assessment
The Board noted the outcome of the self assessment exercise. The national team are developing an offer to Alliances to support system leadership.

082/18. CCC Draft Strategic Plan 2018 – 2022

CCC - Formal Engagement Presenta

AF presented CCC's strategic plan to 2022 focussing on opportunities to influence care, access and outcomes through its future clinical model for non-surgical oncology care, haemato-oncology integration, by developing research capability and digital transformation. The national cancer strategy refresh will set the longer term plan and presents a significant opportunity for CCC to work with partners to shape future cancer provision and transform outcomes over the next 10 years.

Discussion took place regarding the pace at which evidence based research can be introduced. SK advised that there will be £1.8m investment in research over the next 3 years. SF noted that setting up trials across multiple providers is challenging and all agreed that there needs to be a simpler and more efficient process to support this. SK explained that CCC have reviewed the portfolio of observational studies and screening studies and will monitor opportunities for increasing research activity. AF noted that there needs to be a year on year increase in clinical trial uptake; this needs to be core business for everyone.

MZ noted that patients often present with other needs including long term conditions and social care needs. A strong commitment to holistic needs assessment is required.

The Board approved the direction of travel within the plan.

083/18. Endoscopy Update

Alliance Board Endoscopy Project Pr

NH, AB and DK gave a detailed presentation on the Endoscopy Improvement Project. Phase 1 has delivered a clear understanding of capacity, demand and productivity across C&M and action planning is underway to ensure all 9 units are maximising the current resources available. There is evidence that improvements have already been implemented (such as pre-assessment and reduced cancellations) which are supporting implementation of optimal pathways.

The team are now focusing on implementation of standardised approaches, workforce development (CRUK report awaited), service development and procurement opportunities. RF offered support from NHS England to help engage with commissioners. Discussion took place regarding variation in referral practice and it was agreed that guidance would be developed for primary care to reduce inappropriate referral.

Phase 2 involves developing a new endoscopy model that makes best use of resources and is designed to meet future demand.

The Board acknowledged the significant progress made and thanked the team for their hard work.

Actions:

1. **Endoscopy team to develop GP guidance for endoscopy referral (gastroscopy)**
2. **Endoscopy team to undertake an audit of DNA approaches**
3. **DK to contact NHS England to support engagement with CCGs to ensure standardised approaches.**

084/18. Imaging Update

DW referred to the paper on behalf of the Radiology Board. The Radiology Programme has identified a number of priorities:

- Memorandum of Understanding – this needs to be refreshed and approved by all CEOs using the same approach as Pathology to frame the intent and programme of work. It is likely that a NHSI Radiology Network is established similar to Pathology.
- Capacity & Demand optimisation - using national KPIs and GIRFT links to maximise efficiency and use of resource.
- Procurement – realising value through a C&M approach and enabling flexible working through reduced variation.
- Workforce – linking with the HCP strategic workforce agenda and building a workforce for the future to overcome increasing pressures (growing demand, retirements, backlogs). Governance and HR need to be addressed.
- Technology - completing the roll out of C&M PACS, connecting data and information to enable flexible working and demand//capacity modelling.
- Insourcing – reducing resource on outsourcing work (backlogs, OOR, WLIs)
- Clinical Pathway Service Improvement, building on Endoscopy work, prioritising pathways in line with Cancer Alliance projects and clinical leadership.
- Business intelligence – once configured this will provide a dashboard for use at Trust level or across C&M Trusts to further identify and tackle unwarranted variation.

In 2017/18, the Cancer Alliance funded a number of imaging projects including diagnostic radiographer training places to enable independent reporting, additional reporting workstations and IT. The Cancer Alliance and Imaging Board have met to discuss priorities for 2018/19, opportunities to improve turnaround times and the funding envelope necessary to support this. Terry Whalley is developing a plan for submission to the Cancer Alliance by end October.

A further update will be provided at the next Board.

Action: Terry Whalley to provide an update at the December Board meeting.

085/18. Programme Governance

a. Reporting governance – Cancer Programme Oversight Group

MZ referred to the proposal to establish a Cancer Programme Oversight Group which will oversee programme delivery and review quality metrics for cancer. The Group will act in an advisory capacity and will make recommendations to the Board where action is required to maintain or improve quality of cancer care. Issues and risks will be escalated by exception. Membership will include 'place based' representatives which may be drawn from existing cancer groups. It is proposed that the group is chaired by the Medical Director.

Actions:

1. **The Board approved the recommendation to establish the Programme Oversight Group and ToR.**
2. **LD/MZ to identify membership.**

b. Programme Report

LD updated the Board on progress to deliver the transformation projects and wider recommendations in the national cancer strategy. It was noted that achieving the 62 day standard remains a significant challenge however C&M continues to be one of the highest performing Alliances. All projects are green rated with the exception of digital pathology as the procurement cannot proceed until capital is released by the Department of Health.

62 day performance across May to July 2018 was 82.8%. The impact on programme funding has been mitigated by the national decision to take account of an unprecedented increase in urology referrals. The penalty is therefore 15% (£424k). NHS England has agreed that the reduction in programme funding can be offset against the national support fund allocation in Q3 and Q4 (£455k).

DM advised that the prostate and upper GI pathway projects have been established. The lung pathway will go live in October and colorectal will be rolled out in December. An update by Trust will be provided at the next meeting.

Action: DMc to provide a Pathway Programme update in December.

086/18. Finance Update

LD referred to the finance paper and risk sharing agreement previously approved by the Board. Current forecast expenditure outlined in the paper means that the existing planned programmes of work can continue. The Board gave approval for the Cancer Alliance SMT to agree how any future impact on project funding would be applied. The Board also noted and approved ongoing financial governance arrangements.

087/18. Cancer Waiting Times Performance & Cancer Delivery Group Update

RF introduced the performance report. This is a draft document and the Board was asked for feedback. RM noted that narrative for particular Trusts was helpful in addition to the data. AM asked how the Alliance can contribute to managing performance issues and RF advised that Alliance input to the Cancer Delivery Group is helpful.

Discussion took place around the data and the need for more detailed analysis. It was agreed to discuss outside of this meeting.

Actions:

1. **NHSE/Cancer Alliance to identify where more detailed analysis is required.**
2. **Board members to provide feedback on the report**.

088/18. Abstract : Can we assess cancer waiting time targets with cancer survival?

CW advised that this abstract concluded there is no link between achievement of cancer waiting time targets and improved one-year survival however patients may benefit psychologically from limited waits which encourage timely treatment. The 28 day standard (to diagnose or exclude cancer) will be mandated from 2020. MZ commented that supportive care offered to patients is important and that sufficient time to enable an informed decision to made is essential.

089/18. Any Other Business

The Board considered whether membership should be expanded to include third sector representation following a direct request. LD agreed to seek guidance from the national cancer programme team.

Action: LD to discuss third sector representation with the National Cancer Team.

Date of future meetings

Tuesday 11th December 2018, 2.00pm – 4.30pm, Meeting Room 3, R&I Building, Clatterbridge Cancer Centre