

## TRUST LEADS BOARD MEETING

Minutes of the meeting held on  
19<sup>th</sup> November 2015, Seminar Room 4, SRFT

### In attendance:

Name	Trust
James Leighton (JL)	Manchester Cancer
Dave Shackley (DS)	Manchester Cancer
Simon Hargreaves (SH)	Bolton
Janet Keegan (JK)	Bolton
Lisa Galligan-Dawson	Bolton
Maryna Lewinski	Stockport
Roger Prudham	Pennine
Ram Sundar	WWL
Bev Meenan (BM)	Stockport
Marie Hosey (MH)	Christie
Jo Humphrey (JH)	Macclesfield
Louise James (LJ)	UHSM
Caroline Culverwell (CC)	Stockport
Laura Elliott (LE)	CMFT
Julie Fletcher (JF)	WWL
Julie Emerson (JE)	Christie/SRFT
Tanya Humphreys (TH)	Manchester Cancer
<i>Jane Ashworth</i>	<i>Manchester Cancer (Minutes)</i>
<b>Apologies Received</b>	
Fiona Noden	Christie
Ann Dingle	Mid Cheshire
Karen Blackburn	UHSM
David Wright	Christie
Jan Smart	TGH
Sarah Morton	Pennine
Emma McGuigan	SRFT
Janet Irvine	WWL
Delyth Owen	Mid Cheshire
Elaine Blowers	Christie
Alison McCarthy	Pennine
Alison Dalton	Pennine
John Calleary	Pennine

**AGENDA ITEM**

**1. Welcome and introductions**

**2. Minutes of the last meeting on 14/09/2015**

JE pointed out that missing from the minutes of the last meeting was detail about a discussion the group had with regards to 'measures' for cancer services. JE explained that the AHP group no longer had measures since peer review measures were scrapped for rehab. The possibility of doing a piece of work was discussed. Tom Pharaoh recommended JE speaks to Hodan Noor and Wendy Makin.

The minutes were agreed to be an accurate record.

**3. Service Transformation Update – OG & Urology**

JL outlined the process being undertaken in Urology and OG. The mandate that the GM devolution board gave to commissioners is being used, i.e. to develop world class standards that go beyond national standards.

The Pathway boards have been asked to write their own standards alongside patient groups. The standards were discussed and challenged at the clinical summit held on 05/11/2015. The clinical cancer summit was an opportunity for clinicians across GM to challenge and refine the standards. The next stage will be sharing the outcomes of the summit with an external clinical assurance panel (co-designed with NHSE to ensure correct membership). This board will be asked to look at and critically challenge the standards and provide advice to commissioners. There will also be a GM clinical reference group, chaired independently who will also review the standards. This will then lead to the very important first step – signing off clinical standards.

LJ asked if a decision had been made with regards to location of services. JL confirmed that the number of providers or where the services will sit hasn't yet been discussed. The next step is to take the standards into a service specification. From that specification a model of care will be developed. A process of oversight and scrutiny from local authority and a public consultation will then take place.

JL told the group that they are undertaking a step by step process, with each step being legally 'locked down' before moving on to the next. This is to avoid a repetition of past mistakes.

**4. Pennine Internal Professional Standards**

RP told the Trust Leads group that the standards were an attempt to establish some ground rules between clinicians/professionals.

MH said that such breaches are already discussed within the Operational group at each trust, and all the Standards listed on RP's document should be picked up at breach meetings. LGD told the group that all trusts have been categorised and given an improvement plan.

ML proposed that a standard regarding patients that don't come into a trust on a 2WW or a specific tumour group where there is an issue on who 'owns' that patient should be included.

SH pointed out that there are often grey areas with regards to management of patient care, RP agreed but suggested that it would be much more effective to deal with breaches if there are explicit rules in place.

JL asked the group if they felt the Internal Professional Standards would be useful. The group felt they should be discussed by the Pathway Boards.

**ACTION: MC to discuss at the Pathway Director Forum on 04/12/2015**

## 5. Cancer Vanguard Update

DS informed the group that The Christie (as leader of the GM collaboration which includes Manchester Cancer & Provider Board, and Trafford CCG) has now been asked by NHS England (via the New Care Models Team) to come together with The Royal Marsden and UCLH to form a single national cancer vanguard. It is believed that this will still allow GM to develop radical local solutions that would be entirely consistent with the National 2015-20 Cancer Strategy.

The model proposed is for a system leader, with The Christie as the leader for cancer.

There are great benefits in becoming a Vanguard. Both in terms of being able to set clinical and operational standards and also in developing a commissioning board that is able to make decisions quickly.

The group members pointed out that Greater Manchester has poor resources, with only 45 radiologists per 1million, not enough scanners, clinicians etc. DS confirmed that all this and more is up for much discussion. The aim is to develop a more flexible approach and transform the system.

Self referral was also queried. DS confirmed that this is to be piloted.

## 6. Lung Sector MDT's AV Issues

The group confirmed that there has been issues but it is restricted to the SRFT Bridge. This is currently being dealt with.

**7. Breach Reallocation Data**

To be discussed at the next Trust Leads Board Meeting.

Although MH told the group that for Q2 they were at 87.4% which is a great achievement for all.

The validation policy is currently waiting for data from PAT and MH is to meet with Nigel Coomber again.

**8. User Involvement Team Update**

TH presented to the group.

In Q1 the User Involvement team completed their scoping exercise and set up a steering group made up of 20 People Affected by Cancer (PAbC's). The group now meets on a monthly basis. A subgroup has also been set up and have co-designed a Welcome Pack as well as the learning and development programme for the PAbC's and are now working on a L&D programme for professionals, to be delivered to Pathway Boards.

Their recruitment campaign has been very successful. In Q1 the target was to recruit 20 PAbC's and they actually recruited 33. In Q2 the target was 35, at the half way point of the month just over 20 PAbC's had been recruited. By March 2016 the aim is to have recruited 100 PAbC's to the User Involvement project.

The UI team have supported local trusts to design/distribute questionnaires to evaluate services and also supported MC in the recruitment of 3 new Pathway Directors.

DS was resounding in his praise for the work of the UI team and confirmed that none of the other Vanguard applicants have made such a great success of User Involvement.

**9. Any other issues being discussed in professional groups**

MH introduced the draft paper for DRP which will be discussed and signed off at the next Director of Operations meeting.

BM discussed the development of National Optimum Pathways. A national Lung pathway has been developed. BM was keen to know if the lung pathway board were aware of this development?

**ACTION: JL to discuss with Hodan Noor (Pathway Manager for Lung)**

The group also pointed out that the Peer Review process is changing and that it would be useful to invite Louise Wilson to the next Trust Leads Meeting.

**ACTION: JL to speak to LW**

**10. AOB**

RS told the group that CWP was working very well, LGD re-iterated that the system is working very well for clinicians however is quite labour intensive for staff inputting data onto CWP as the information needs to be put into Somerset also. RS added that due to password/governance issues consultants have to enter new patient details onto CWP which is very timely.

JL confirmed that all the issues will be raised and dealt with during the pilot phase.

**Date & Time of next meeting**

Dates for 2016 TBA