

## East Of England Cancer Alliance Board Meeting

Chaired by - Dr Rory Harvey

Wednesday 13 September 2017 – Holiday Inn, Cambridge

### MINUTES OF THE MEETING

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<b>Attendees</b>		
Rory	Harvey (RH)	East of England Cancer Alliance
Carol	Anderson	Mid and South Essex STP
Graeme	Betts	Cancer Research UK
Sam	Brown (SB)	East of England Cancer Alliance
Mark	Davies	Norfolk & Waveney STP
Tonia	Dawson	East of England Cancer Alliance
Jody	Deacon	East of England Cancer Alliance
Kay	Elliott	Bedford, Luton & MK STP
Mary	Emurla	East of England Strategic Clinical Network
Hugo	Ford	Cambridge & Peterborough STP
Peter	Holloway (PH)	Primary Care Cancer Forum
Sarah	Howlett	NHS Improvement
Rukshana	Kapasi	Macmillan
Kate	Lancaster	Hertfordshire and West Essex STP 1
Chrissy	Marshall (CM)	Patient & Public Voice Partner
Neeta	Masih	Cancer Alliance
Richard	McDonald	East of England Specialised Commissioning
Joanne	Pope	East of England Specialised Commissioning
Leonie	Prasad	NHS England
John	Reeve (JR)	Patient & Public Voice Partner
Kevin	Roos	East of England Cancer Alliance
Christopher	Scrase (CS)	Suffolk & North East Essex STP
Emma	Sweeney	Macmillan Head of Cancer Nursing, CUHFT
Justine	Thompson	East of England Cancer Alliance
Srilatha	Vijay (SV)	East of England Cancer Alliance
Jennifer	Yip	Public Health England
<b>Apologies</b>		
Lindsay	Cook	Patient & Public Voice Partner
Dr Pippa	Corrie	National Institute for Health Research
Donna	Derby	Bedford, Luton & MK STP
Victoria	Doyle	East of England Strategic Clinical Network
Kath	Jones	National Institute for Health Research
Alastair	Lipp	NHS England (Midlands and East (East))
Dr Abdul	Razaq	Public Health (Local Authorities)
Jools	Taylor	Cambridgeshire & Peterborough STP
Susan	Watkinson	Cambridgeshire & Peterborough STP
Dean	Westcott	NHS West Essex CCG

2.	<p><b>Minutes of the Meeting – 3 July 2017</b></p> <p>Were approved with one minor typographical error</p>	
3.	<p><b>Alliance Update by Rory Harvey</b></p> <p>Core funding has been received (see Item 5), but Transformation Funding is still on hold pending 62 day performance improvement. Funding may be released as early as next week.</p> <p>The Board expressed a desire to be informed of the outcome of the funding review, and in the event of a further delay would want to formulate a collective response.</p> <p>It was noted that other Cancer Alliances have had funding, but it is felt they are less well organised and primed to deliver than the EoE cancer Alliance.</p> <p>STP Programme Managers and half of Clinical Leads have been appointed</p> <p>Mary Emurla has been appointed as Director of the Cancer Alliance.</p> <p>A 3 – 4 month transition phase is envisaged until quantifiable delivery on work programme is anticipated, and project planning is already under way with the PM's..</p> <p>CS - ongoing work programmes need regular reporting to the Board for scrutiny</p> <p><b>Research Advisory Board –</b></p> <p>Exploratory meetings have demonstrated that the Research Board may have greater scope and sophistication than originally envisaged, encompassing innovation and research in a region rich in both.</p> <p><b>ACTION –</b></p> <ul style="list-style-type: none"> <li>- <b>Research Advisory Board to present draft Terms of Reference at December Main Board meeting</b></li> </ul> <p><b>Clinical Advisory Board (CAB) –</b></p> <p>Initial meeting scheduled for early November once all STP Clinical Leads in place.</p> <p><b>ACTION –</b></p> <ul style="list-style-type: none"> <li>- <b>Clinical Advisory Board to present report on progress at December Main Board Meeting</b></li> <li>- <b>A fresh bid process is invited from the STP Locality Groups around Early Diagnosis Priorities, and they are to directly reflect the specific needs of that STP's footprint. These will be assessed by the Board, and passed on for consideration at a national level</b></li> <li>- <b>Board members to be informed of September funding decision and agree a collective response</b></li> </ul>	<p>SB</p> <p>CAB</p> <p>STP's</p> <p>NM</p>
4.	<p><b>Patient Advisory Board</b></p> <p>14 patient representatives attended inaugural Patient Board meeting, along with 3 STP PM's and other main board representatives. The Terms of reference and mission statement were revised to reflect the new membership.</p> <p>JR cautioned that initial board lacks diversity in terms of age and ethnicity, and patient involvement at all levels of the CA should seek greater variation to mirror demography and profile of cancer patients and their families.</p> <p>The NCPES was well supported by patients with a 68% participation level. It provides a reliable and credible benchmark with up and downward trends apparent. Variation apparent not only across providers and geographies, but also across tumour sites. STP's need to carry out a detailed review and use as a powerful tool to influence improvement. The data is for 2016.</p> <p>The Patient Advisory Board plans to introduce an award scheme to recognise imaginative and effective strategies aimed at improving patient experience.</p>	

	<p>PH pointed out that the NCPES covers the whole patient journey including Primary Care, and consideration and resource should be applied at all levels.</p> <p>Actions contained in NCPES Board paper v0.4 were approved as below</p> <p><b>Action –</b></p> <ul style="list-style-type: none"> <li>- <b>The Patient Advisory Board Draft Terms of Reference v0.6 were approved and adopted</b></li> <li>- <b>STP Locality Groups to carry out detailed review of NCPES findings, and present a comprehensive and coherent Action Plan on how Patient Experience will be improved in their specific footprints. CCG, Trust and Primary care level improvements should be considered alongside strategic ones. This plan should include -</b> <ol style="list-style-type: none"> <li><b>(1) An outline of the nature of consultation undertaken with patients to produce the action plans</b></li> <li><b>(2) How STP's will work co-productively with patient leaders in the execution of the plan</b></li> <li><b>(3) How every aspect of the STP work programme will address the need to improve patient experience and positively impact on future patient experience surveys</b></li> </ol> </li> </ul>	<p>STP's</p> <p>STP's</p>
<p><b>5.</b></p>	<p><b>Finance Report</b></p> <p>SV reported £1.4 million as revenue to date in 2017-2018, comprising Core funding for PMO (£844k), accruals (£480k) and Q1 Cancer Clinical Network budget (£55k).</p> <p>£1.8 million has been granted to Trusts in wave 1 of the 62 day recovery project as transformation funds from the DCO. Further funding of £559k from the east DCO has been made available for wave 2.</p> <ul style="list-style-type: none"> <li>• Addenbrookes - £200,000</li> <li>• Basildon - £233,000</li> <li>• Mid-Essex - £234,569</li> <li>• Southend - £183,000</li> <li>• Colchester - £289,000</li> <li>• Ipswich - £86,633</li> <li>• Norfolk &amp; Norwich - £369,140</li> <li>• ENHT - £329,545</li> </ul> <p>These grants have been tracked by NHS I to ensure they are spent on the intended projects, This has highlighted that some of these funds have been spent on items that were part of the Transformation Bids, both projects and capital</p> <p><b>Action –</b></p> <ul style="list-style-type: none"> <li>- <b>Each STP to report to Board on any overlap between 62 day project grants, and proposed project and capital expenditure contained in the initial Transformation Bid as elements of it may already have been funded</b></li> <li>- <b>A Finance report will be produced for each Board meeting in the future</b></li> <li>- <b>The Finance Advisory Board to initiate a meeting schedule to be chaired by Dean Westcott, Finance Director of the Cancer Alliance</b></li> </ul>	<p>STP's</p>
<p><b>6.</b></p>	<p><b>Cancer Alliance Website</b></p> <p>The First draft of the website was presented to the Board and met with general approval</p> <p>The next phase in development is to enhance content with further review for launch on 9 October 2017.</p> <p>STP's agreed in principle that Cancer Locality Group approved documents could be shared on the website.</p>	

<p>7.</p>	<p><b>1. STP Updates</b></p> <p><b>Herts &amp; West Essex</b> – Programme Manager and Clinical Lead appointed. Cancer Locality Board established with good partner representation and engagement. Delivery plan in progress with a focus on 62 Day Cancer Waiting Time (62d cwt) and patient experience improvement.</p> <p><b>Mid &amp; South Essex</b> – Programme Manager appointed and interim Clinical Lead identified. Locality Board launched, with patient engagement supported by JR. As all trusts are 62d cwt “challenged” the work programme will see a shift in priorities in the short – medium term</p> <p><b>Suffolk &amp; N E Essex</b> – Programme Manager interviewed but not yet in post. Clinical Lead not advertised as yet. There is an STP governance review in progress and as part of this the Cancer Locality Group arrangements are being reviewed</p> <p><b>Norfolk &amp; Waveney</b> – Programme Manager appointed. Clinical Lead advertised. Locality Group established, having held 3 meetings. Good patients and primary care engagement. Importance was placed on reliable data being available to assist in identifying need. RH reported that a national STP level data report pack is being developed and will expand the current cancer Intelligences.</p> <p><b>Cambridge &amp; Peterborough</b> – Programme Manager appointed. Clinical Lead appointed. Cancer Locality Group established. Detailed delivery plan developed.</p> <p><b>Bedford, Luton &amp; Milton Keynes</b> – Programme Manager appointed. Clinical Lead advertised. Local arrangements identified as a challenge to a co-ordinated STP approach, Patient experience (NCPES) recognised as requiring improvement.</p> <p><b>Action –</b></p> <ul style="list-style-type: none"> <li>- <b>A detailed Cancer Delivery Plan to be received from each STP for the next board meeting</b></li> </ul> <p><b>2. Inter Trust Referral Policy</b></p> <p>There was a detailed discussion on inter-trust transfers and the impact delays have on patient diagnosis and treatment and performance.</p> <p>The Board agreed and each STP committed to the minimum standard set out in the National Policy of all transfers occurring by day 38.</p> <p>In addition to this, it was highlighted that several tumour site pathways require inter-trust transfers before day 38. These are embedded in the best practice pathways developed at a national level and which East of England Cancer Alliance have published and shared with all organisations. All STPs committed to implementation and delivery against of the best practice pathways.</p> <p>The national target of by day 38 for inter-trust referrals is a minimum standard for patient care across the East of England footprint.</p> <p><b>Action –</b></p> <ul style="list-style-type: none"> <li>- <b>Each STP to develop an implementation plan for delivery of the timed Cancer Alliance Best Practice Pathways and to report back at the next meeting.</b></li> </ul> <p>NHSI confirmed their support with this approach and agreed to work across boundaries to mitigate geographical issues.</p>	<p>STP's</p> <p>STP's</p>
<p>8.</p>	<p><b>Quality of Life Metric</b></p>	

	<p>Ipswich has been successful in becoming a national pilot site for the Quality of Life Metric Project. The project will initially focus on colorectal, lung, prostate and breast data and will be evaluated as part of the national project. A press release from NHS England may be found here -</p> <p><a href="https://www.england.nhs.uk/2017/09/new-quality-of-life-measure-for-recovering-cancer-patients/?utm_source=feedburner&amp;utm_medium=email&amp;utm_campaign=Feed%3A+NHSCBoa+rd+%28NHS+England%29">https://www.england.nhs.uk/2017/09/new-quality-of-life-measure-for-recovering-cancer-patients/?utm_source=feedburner&amp;utm_medium=email&amp;utm_campaign=Feed%3A+NHSCBoa+rd+%28NHS+England%29</a></p>	
<b>9.</b>	<p><b>Specialised Commissioning</b></p> <p>RM updated the Board. Service reviews are under way, with publication imminent for radiotherapy, following which each locality group will need to respond.</p> <p>A consultation is underway for Children &amp; Young People provision with a series of webinars and public meetings scheduled.</p> <p>The Thoracic surgery review – requires feedback from providers by January 2018</p> <p><b>Action –</b></p> <ul style="list-style-type: none"> <li>- <b>RM to provide details of public meetings &amp; webinars for circulation to board members</b></li> <li>- <b>Locality Groups to urge completion of Thoracic Review feedback to be completed in advance of national deadline in order for report to be made at the next board meeting</b></li> </ul>	<p>RM/ KR</p> <p>STP's</p>
<b>10.</b>	<p><b>Performance Review</b></p> <p>Progress towards universal day 62 day cancer waiting time operating standard is being made, however it is unlikely that the September target for full compliance will be met.</p> <p>The aim of the breach reporting in improving complex cancer pathways was emphasised, and it was noted that re-categorisation of breaches and the abolition of “half breaches” sees some Trusts performance improving, but others worsening - with no overall improvement to patient welfare and experience. Recognising this, the Board reiterated the need to embed all Best Practice Pathways across the Alliance.</p> <p>There is a specific need to focus on pathways which result in patients leaving the Alliance geography ensure they align with the East of England standards and timings within pathways.</p>	
<b>11.</b>	<p><b>Any Other Business</b></p> <p>A spike has been noticed in Head &amp; Neck referrals – Specialised Commissioning to ascertain if it is a national trend, possibly caused by revised pathway rules being implemented.</p> <p>PH highlighted that Trusts who reject 2WW referrals on administrative pretexts are artificially managing demand and impacting on patient welfare.</p> <p>PH informed the Board that a more local Cancer Group has been set up in S&amp;NEE following local decision re STP governance arrangements.</p> <p>RH thanked Louise Browning CRUK for the work she has undertaken.</p>	
<b>12.</b>	<p>Date of Next Meetings – (2pm)</p> <ul style="list-style-type: none"> <li>- Monday 4 December 2017 (Stansted area)</li> <li>- Wednesday 7 March 2018 (Cambridge area)</li> <li>- Monday 4 June 2018 (Stansted area)</li> </ul>	