

Minutes

North East Yorkshire and Humber Clinical Alliance

Meeting Title: North East Yorkshire and Humber Clinical Alliance Board

Meeting Date: Wednesday 21st March 2012

Present	Designation
Mrs J Bielby	Nurse Director, NEYHCA (Cancer)
Ms R Campbell	Renal Network Manager, Yorkshire and the Humber
Mrs A Cooke (Chair)	Chair, NEYHCA
Mr J Coyle	Lead Clinician for Stroke, NEYHCA (Stroke)
Mr P Davis	Chair, Cardiac Network, NEYHCA (Cardiac)
Mr D Haire	Director of Innovation and Strategy, HEYHT
Mr J Hancock	Head of Specialist Services, NHS NYY
Mrs J Hawcard	Chief Operating Officer, NHS ERY
Mrs K Jackson	Chief Executive, NLGHFT
Mr B Johnson	Lead Clinician for Vascular, NEYHCA (Vascular)
Prof M Lind	Medical Director, NEYHCA (Cancer)
Mrs J Mizon	Assistant Director, NHS Hull
Mr P Morley	Chief Executive, HEYHT
Mr A Nobbs	Network Manager, NEYHCA (Cardiac and Stroke)
Mr B Rayner	Clinical Lead for Trauma, HEYHT
Mrs S Rogerson	Director of Strategic Change, NELCTP
Mrs H Rossington (Scribe)	Quality and Information Manager, NEYHCA (Cancer)
Mrs J Taylor-Clark	Clinical Alliance Director & Executive Nurse, NEYHCA
Mr P Townsend	Assistant Director, NEYHCA (Cancer)
Mr N Wilson	Assistant Director of Strategy and Planning, YHFT

Apologies	Designation
Mr A Barton	Chief Operating Officer, NHS Hull
Dr S Bennett	Lead Clinician for Critical Care, HEYHT
Ms C Briggs	Director of Strategy and Joint Commissioning, NHS NL
Mr P Crowley	Chief Executive, YHFT
Mr D Dineen	Network Manager for Critical Care, NEYHCA (Critical Care)
Dr C Hunt	Deputy Medical Director, NEYHCA (Cancer)
Prof U MacLeod	Primary Care Lead, NEYHCA (Cancer)
Mr A McCleary	Deputy Lead Clinician for Vascular, NEYHCA (Vascular)
Dr P Melton	GPCC Shadow Accountable Officer, NELCTP
Mr M Proctor	Chief Executive, SNEYHT
Dr W Richardson	Director of Public Health, NHS Hull
Dr A Taylor	Deputy Director, Public Health, NHS Hull
Dr P Twomey	Medical Director, NHS Humber Cluster

Minutes	Actions
12.03.01 Apologies Apologies were noted as listed above.	

12.03.02	<p>Minutes and Action Log from Previous Meeting (14th December 2011)</p> <p>The minutes were accepted as a true and accurate record. Action 14: Mr Hancock tabled an update to the Board on the introduction of HPV Triage and the procurement process. The report is to be circulated electronically to Board members. Queries to be directed to Mr Hancock. All other actions were noted as deferred to the next meeting or included on the agenda.</p> <p>Action:</p> <ul style="list-style-type: none"> • Electronic circulation of the HPV report 	<p>J Hancock/ NEYHCA Admin Team</p>
12.03.03	<p>Matters Arising</p> <p>1. Performance Framework</p> <p>The CVD Management Group has not yet met and had opportunity to discuss the framework. All sub-committees will submit a performance framework for discussion at the June NEYHCA Board meeting.</p> <p>2. NEYHCA Funding</p> <p>The funding for 2012/2013 will be as previous years; some central funding and local providers and commissioners invoiced for a contribution. The position for 2013/2014 is in development and pending the outcome of the national review of networks.</p> <p>3. Terms of Reference for the Cancer Services Cluster Review</p> <p>The final version of the terms of reference has now been circulated. The work on the review has commenced and is ongoing.</p> <p>4. Designation of TYA Services</p> <p>NLGHFT has declared and submitted its intention to be a designated hospital; this was welcomed by the Board. Clarification has been received from the National Cancer Action Team (NCAT) that if a hospital is not a designated hospital then any patient aged 19-24 on a cancer pathway must be transferred to either the Principle Treatment Centre (PTC) or a designated hospital. HEYHT has a TYA Unit and is keen to work with teams across the Clinical Alliance to support the patients being transferred. There is a query as to the future position of SNEYHT in light of their acquisition by YHFT. SNEYHT is not intending to be a designated hospital; YHFT has put itself forward for designation.</p> <p>5. Sarcoma Review</p> <p>The terms of reference for this review are in the process of being finalised. HEYHT stated that it wants to continue to provide a soft tissue sarcoma service. Work is in progress with the MDT to prepare for the review. The review visit is expected to take place within the next 4-5 weeks. There was a discussion as to the role of the SCG in this review. NEYHCA Board will make a recommendation to SCG following the outcome of the review. It was recommended that clinical discussions take place with local CCGs that will be impacted by any potential service change. The review will be complete by the end of June 2012. The Cluster Review for Sarcoma also needs to be complete by this date.</p> <p>Action:</p>	<p>P Morley/ J</p>

	<ul style="list-style-type: none"> • Draft terms of reference of the review to be shared. <p>6. NCAT Designation It is not anticipated that formal letters outlining which teams have dispensation will be issued in the short term. This issue is under discussion within NCAT.</p>	Taylor-Clark
12.03.04	<p>Progress on NHS Commissioning Board Review of Networks The main points of the paper were outlined to Board members. Mrs Taylor-Clark informed the Board that she has been invited onto the national working group for the governance work stream. The integrated management model has been accepted as the way forward. It was highlighted that if a local need had been identified where a network could add value a local network could be supported i.e. a local respiratory network. The Board reviewed the recommended actions. The following actions were agreed.</p> <p>Actions:</p> <ul style="list-style-type: none"> • Develop the draft job description and structure for a Medical Director/ Clinical Chair. This is to be circulated to Board members for review and comment. • It is to be made more transparent that the Clinical Alliance Director post is also a Nursing Post • The job description for the Cardiac Clinical Lead post is to be circulated and applications invited. A transparent process to be utilised to recruit to this post. • The NEYHCA Annual Report will be developed for discussion at the June Board meeting • The NEYHCA Work Programme for 2012/2013 will be made available for the June Board meeting <p>There was a discussion as to the relationship between the Clinical Support Services (CSS) and CCGs and the NEYHCA Board. It was agreed this would be an evolving process.</p>	<p>J Taylor-Clark</p> <p>J Taylor-Clark/ A Cooke</p> <p>J Taylor-Clark</p> <p>J Taylor-Clark</p> <p>J Taylor-Clark</p>
12.03.05	<p>Vascular Implementation Plan Significant work has been undertaken since the original plan for the joint centre was agreed. A stock take has been completed prior to the SCG review at the end of April 2012. There is still work to be completed; this is highlighted and RAG rated in the paper. It was confirmed that issues needed to be escalated to HEYHT and YHFT Chief Executives as soon as possible if additional support is required to achieve final designation.</p>	
12.03.06	<p>Trauma Reconfiguration Milestones and Local Progress for 2012/2013 Mr Haire provided a brief overview of the contents of the paper. It was highlighted that good progress is being made towards the standards but there are two key issues where further work is required; rehabilitation and repatriation.</p> <p>Repatriation is being taken forward across the Yorkshire and Humber region with the development of a 2 day repatriation policy. This requires teams to plan discharge from admission to ensure receiving hospitals are prepared for receipt of patients. It was acknowledged that there is not currently enough rehabilitation support available. Data collection via the Rehabilitation Advice Note is about to commence to quantify the shortfall. The key risks to implementation were included in the paper.</p>	

	<p>There was a discussion regarding obtaining the best practice tariff and associated implications. Robust data collection via the TARN is a key priority to ensure that the activity attracts best practice tariff; this will also provide robust data collection to inform sustainable service reviews and commissioners. The Board noted HEYHT's declaration that it is not seeking to become a Paediatric Trauma Centre.</p> <p>Actions:</p> <ul style="list-style-type: none"> • To note the process being undertaken around rehabilitation services • SCG and Sustainable Service Review Teams to take forward financial oversight of best practice tariff 	<p>All</p> <p>S Rogerson</p>
12.03.07	<p>Saving 5000 Lives: The Local Challenge</p> <p>Mrs Bielby gave an overview presentation on the report produced by NEYHCA (Cancer) in response to the national target to save an additional 5000 lives a year from cancer by 2014/2015.</p> <p>Following the presentation there was a discussion that highlighted the need for all clinical and data management teams to support the collection of robust staging data. This is required to enable analysis of stage at presentation, which is a key determinant of survival and to meet the national standard of 70% completeness of staging data. It was requested that the scope of the work be extended to include some actuarial advice. Overall the Board endorsed the actions and way forward outlined in the presentation.</p> <p>Action:</p> <ul style="list-style-type: none"> • Saving 5000 Lives to be expanded to include actuarial advice to be returned to the Board in Autumn 2012. 	<p>J Taylor-Clark</p>
12.03.08	<p>Outputs from the Respiratory Think Tank Event</p> <p>The Board discussed the contents of the paper presented. There was concern that the establishment of this new network did not duplicate work currently underway as part of the sustainable services review. It was agreed that this was a priority area for NEYHCA as respiratory disease was the 3rd highest reason for hospital admissions and therefore there is significant benefit for QIPP. The establishment of the respiratory network was approved in principle subject to it being evidenced how it will join with the existing reviews and avoid duplication.</p> <p>Action:</p> <ul style="list-style-type: none"> • Mrs Taylor-Clark to meet with Mrs Hawcard and Mrs Rogerson to confirm areas where the network will add value and avoid duplication. 	<p>J Taylor-Clark/ J Hawcard/ S Rogerson</p>
12.03.09	<p>Pancreatic Services Assurance</p> <p>Mr Morley presented the paper to the Board. It was noted that the paper had been received and supported by the Cancer Management Group. Following discussion it was agreed that the Board was assured of the local pancreatic services provided. The Board will write to the SCG requesting further designation for the HEYHT pancreatic service and outlining that an additional paper would follow from the Cancer Services Cluster Review.</p> <p>Action:</p> <ul style="list-style-type: none"> • Mrs Cooke to write to SCG outlining the NEYHCA Board recommendation 	<p>A Cooke</p>

12.03.10	<p>Update on Stroke Accreditation Process</p> <p>It was confirmed that YHFT received interim designation at their visit subject to completion of their full business case. NLGHFT are expecting their review meeting by the end of April 2012. SNEYHT has submitted its self assessment that identified gaps that need addressing. The SNEYHT visit is proposed for late May/ early June 2012. It was anticipated that the accreditation process would have definitive position by the June Board meeting</p> <p>Action:</p> <ul style="list-style-type: none"> • Accreditation position for all organisations to be presented to June NEYHCA Board. 	J Taylor-Clark
12.03.11	<p>Update on Cardiac Device Implantation</p> <p>The Board's attention was drawn to the 6th conclusion of the recent clinical audit report on heart rhythm device implantation, as Trusts within NEYHCA had been identified as using a pacemaker implant not compliant with NICE TAG 88. NLGHFT has reviewed the data and confirmed it is not NICE compliant and is making plans to change the devices used. A formal action plan is awaited by the CVD Management Group. SNEYHT is undertaking a data review and an action plan has been requested. The Board agreed to receive the final position at the June NEYHCA Board</p> <p>Action:</p> <ul style="list-style-type: none"> • Updated position paper to be presented at June 2012 Board meeting 	P Davis
12.03.12	<p>Any Other Business</p> <p>1. Clinical Researcher of the Year 2011</p> <p>Board members were notified that the Humber and Yorkshire Coast Cancer Research Network team were one of 7 finalists for the Pharma Times Clinical Researcher of the Year 2011 competition. The Board recognised and congratulated the achievement of the team.</p> <p>2. Alan Nobbs leaving NEYHCA</p> <p>The Board wished Mr Nobbs good luck in his secondment post to the NHS Institute.</p>	

Next Meeting:	2:30pm on Wednesday 13 th June 2012
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Glossary	
CCG	Clinical Commissioning Group
HEYHT	Hull & East Yorkshire Hospitals NHS Trust
HFT	Humber Foundation Trust
NEYHCA	North East Yorkshire & Humber Clinical Alliance
NELCTP	North East Lincolnshire Care Trust Plus
NHS ERY	NHS East Riding
NHS Hull	NHS Hull
NHS NYY	NHS North Yorkshire & York
NLGHFT	Northern Lincolnshire & Goole Hospitals NHS Foundation Trust
SNEYHT	Scarborough & North East Yorkshire Healthcare NHS Trust
YHFT	York Hospitals Foundation Trust