

**Independent Advisory Group (Tayside Breast Cancer)
First Meeting - 26 April 2019
1000-1130
SHSC, Edinburgh**

Note of first meeting

Attendees

Aileen Keel (Chair)
Lorraine Cowie
Amanda Croft
Grant Archibald
James Mandor
David Cameron
Boyd Peters
Ian Rudd
Laura McIver
Alan Rodger
Marianne Barker (Secretariat)
Robert Law (Secretariat)

Apologies were given by Aileen Muir and David Dunlop

1. The Chair welcomed everyone, and thanked them for attending at short notice.
2. Introductions were made and apologies noted. It was noted that one member (regional clinical lead) was still in the process of being recruited, but would attend meetings immediately upon appointment.
3. Paper 1/ 2 was introduced by the Chair, who summarised that this was an independent group, appointed by the Chief Medical Officer. Its key aim is to rebuild relationships and trust in breast cancer care in Tayside and crucially make recommendations, that when implemented, would reassure patients that this would not happen again. The Group has been given 10 weeks to report.
4. The Chair asked attendees for any comment on remit and terms of reference. It was clarified that the remit only extended to the Northern Cancer Alliance (NCA) (previously NoSCAN). The group agreed that the terms of reference should –
 - make it explicit that if external advice or evidence on specific matters was required this could be sought
 - make clearer mention of rebuilding relationships

- refer to the need to clarify responsibility, whether at Board or Regional level as in Paper 1/8 (CEL 30 2012, especially in light of non-legal status of Regional Networks such as the NCA, compared to the legal status of Boards.
5. Taking on board these comments, a revised Remit and Terms of Reference with additions highlighted is at **Annex A**.
 6. The Chair noted that patients have requested to be involved with the Group and that this will be taken forward within challenging timescales, while being inclusive to all views held.
 7. It was also noted that any external attendees invited to attend to provide additional evidence or expertise must be done on an equitable basis.
 8. Marianne Barker summarised Paper 1/3 and 3 members of the group noted that they had previous contact with the whistle blower who had brought the treatment issue to light. These potential declarations will be registered by the secretariat. The Group agreed that transparency was crucial and all papers and notes should be published once the final report was publically available.

Action 1 – Secretariat to separately circulate declaration of interest forms.

9. Marianne Barker noted Paper 1/ 4, and the group agreed to aim to produce a final report a week earlier than indicated in this paper (w/c 17 June).
10. The Chair led discussion on Papers 1/ 5 to 1/ 8. It was noted that papers 1/7 and 1/8 were extant Government policy, but that awareness of these documents might now be low due to the age of 1/7 in particular. It was agreed that the IAG report would recommend that all Boards/Regions should remind staff of the need to comply with the governance arrangements outlined in the documents.
11. It was noted that NHS Tayside had accepted all recommendations in Papers 1/5 and 1/6 and that the clinical recommendations had all been acted upon immediately. An internal review of the breast cancer CMG was underway, including the related Systematic Anti-Cancer Therapy (SACT) protocol, and would be completed by June. In addition, a review of all cancer CMGs and associated SACT protocols was about to get underway across the NCA. This process that would take around 12-18 months.
12. The Group agreed the following actions.

Action 2- Lorraine Cowie to lead a discussion on the new Governance arrangements in the NCA at the following meeting.

13. The Group also noted the following potential recommendations for a final report.

- NHS Boards in Scotland should audit all existing cancer Clinical Management Guidelines (CMGs) and associated SACT protocols against extant central reference material e.g. relevant Scottish Intercollegiate Guidelines Network (SIGN) guidelines. If variation exists, this needs to be explained and justified.
- The Regional Cancer Networks should formalise the current informal process of sharing revisions of CMGs between networks.
- All staff (particularly clinicians) in Scotland to be reminded of the requirements of MEL 1999 (10) – circulated as Paper 1/7- whether this be by re-issue or other means
- Consider whether para 1.43 of CEL 30 (2012)- issued as Paper 1/ 8- requires clarification regarding where the balance of governance lies, locally and regionally.

14. The group agreed a need to consider and further discuss informed consent in light of Montgomery judgement.

Action 3 - Consider Montgomery judgement at a future meeting

15. It was agreed that meetings would take place each Wednesday at 11.30-1pm for a period of 9 weeks. Members are able to attend in person or use videoconference facilities.

16. All members agreed to prioritise attendance whenever possible.

17. The Chair thanked everyone for attendance and drew the meeting to a close.

Summary of action points

Action	Detail	Owner	Status
1	Secretariat to circulate conflict forms to group	Secretariat	ongoing
2	NCA Governance discussion at second meeting	Lorraine	complete
3	Consider Montgomery judgement/ informed consent at a future meeting	Secretariat	ongoing

Summary of potential recommendations

Number	Summary	Meeting
1	NHS Boards in Scotland should audit all existing cancer Clinical Management Guidelines (CMGs) and associated SACT protocols against extant central reference material e.g. relevant Scottish Intercollegiate Guidelines Network (SIGN) guidelines. If variation exists, this needs to be explained and justified.	1
2	The Regional Cancer Networks should formalise the current informal process of sharing revisions of CMGs between networks.	1
3	All staff (particularly clinicians) in Scotland to be reminded of the requirements of MEL 1999 (10) – circulated as Paper 1/7- whether this be by re-issue or other means	1
4	Consider whether para 1.43 of CEL 30 (2012)- issued as Paper 1/ 8- requires clarification regarding where the balance of governance lies, locally and regionally.	1

Annex A
Paper 1/2 with additions highlighted

Remit

To carefully consider the individual recommendations made in the Healthcare Improvement Scotland report “Clinical Management of Breast Cancer in NHS Tayside” and the “Clinical Risk Assessment” of that report produced by the Immediate Review Group. To advise the Chief Medical Officer on how these recommendations can be implemented to ensure safe and effective delivery of cancer medicines in the Northern Cancer Alliance (NCA – previously known as NoSCAN). The group will aim to produce this advice to CMO in June 2019.

Terms of Reference

The CMO has commissioned Professor Aileen Keel CBE, Director of IHDP and Chair of the Scottish Cancer Taskforce to independently consider the findings of both the HIS report “Clinical Management of Breast Cancer in NHS Tayside published on 1 April 2019 and the Clinical Risk Assessment of the Healthcare Improvement Scotland Report “Clinical Management of Breast Cancer in NHS Tayside” published by the CMO/CPO appointed Immediate Review Group on 16 April 2019.

Purpose

This independent group will advise the CMO on the implementation of the recommendations in the HIS report and Clinical Risk Assessment. The group will make further recommendations aimed at rebuilding **relationships** and maintaining public confidence in the safe and effective delivery of cancer medicines in the Northern Cancer Alliance and **consider whether responsibilities need clarification**, with a particular focus on:

- Current cancer medicines governance processes in the NCA, including the development of Cancer Management Guidelines (CMGs), and the processes for achieving clinical consensus in this context across the network.
- Escalation procedures when consensus is not achieved.
- Consideration of how effective and meaningful executive engagement from constituent boards within the NCA can be developed and maintained
- Any further actions that need to be taken in relation to the wider operations of the NCA, to ensure full engagement of its constituent Boards, as well as consideration of how best to incorporate the views of patients into its work.

In undertaking this work the Chair will meet with affected patients to consider the impact on them. **Where appropriate the Group will seek external advice, expertise or evidence on specific matters.**