

BRADFORD HEAD & NECK SERVICE UPDATE

The formal meeting between BTHFT, NHS Bradford & Airedale and the Network took place on Friday 24th April. Confirmation was received that the required elements to be in place for BTHFT to have a compliant Head & Neck service are in place. This includes HDU facilities, an appointment of an extra surgeon and additional CNS support (1WTE). The transfer of the remaining surgical cases from C&HFT can be accommodated immediately.

TRANSFER OF PANCREATIC WORK TO LEEDS

LTHT have confirmed the additional surgical capacity has been accommodated by reconfiguring the job plans of existing specialist surgeons. It was confirmed to the Board that the transfer of pancreatic cases will occur with effect from 1st June 2009. This has been facilitated by additional theatre capacity on Friday mornings and maintaining current CNS staffing levels (2WTEs).

CHILDREN & YOUNG PEOPLES IOG – FUNDING AGREEMENT PROCESS

Matt Walsh confirmed that discussions were still ongoing with LTHT on contracts and is due to be concluded this Friday 8th May. Elements included in this are Specialist MDT support resource implications.

BRAIN & CNS IOG IMPLEMENTATION PLAN

An updated paper was presented indicating the process to date. Key points are the Network agreement on high level pathways of care for primary and secondary tumours; a hub and spoke arrangement to allow local delivery of care where appropriate; rehabilitation and support services gap analysis; overall cost implications for the YCN.

It was agreed that the next presentation to the Board in the Autumn will include details on the patient pathway; the new elements of care that this includes and the benefits that this should mean for patients. The Board will require assurance from the SCG that the issues of cost benefit, quality, clinical governance and patient experience are addressed.

The Board recognised the importance the Locality Groups will play in the implementation of this IOG.

TIME-OUT REFLECTIONS AND NEXT STEPS

The Board supported the 5 key priorities identified at the Time-Out in April. A small group has agreed to take the work forward. It was agreed to plan a stakeholder event to develop a YCN Strategy, to review the Board Terms of Reference and to get clarity on boundaries and responsibilities between the Network, the Sub Regional Cluster and SCG.

DH CANCER COMMISSIONING ACCELERATED LEARNING EVENT

The Board were informed of the Cancer Commissioning Accelerated Learning Event organised by the National Cancer Action Team, which is designed to review the role of networks in commissioning, establish an assurance framework for cancer commissioning and to determine the required Peer Review measures for Network Boards and Network Commissioning Groups to support effective commissioning of cancer services. The event is aimed at Cancer Network Leads, PCT CEOs, Network Chairs, Primary Care (PBCs and PCT/PEC GP Cancer Leads, Public Health and NHS Trust CEOs/Directors.

Members were asked to nominate representatives to attend this 2-day World Class Commissioning event in September. Nominations to Barry Tinkler by the end of May. Final date to be confirmed.

ANY OTHER BUSINESS

LUNG CANCER PROJECT WITH THE LEAN HEALTHCARE ACADEMY

Feedback on the on-going project to develop sustainable lung cancer pathways was provided. Whilst there has been excellent engagement from clinical teams, it was noted that in some localities it had not been possible to organise executive level presence for the feedback sessions at the end of each week. In such cases, the YCN team have offered to provide individual feedback to senior teams at their convenience.