

## **POLICY FOR MANAGEMENT OF URGENT SUSPECTED CANCER PATIENTS**

The Board were advised that the definition requiring further clarification at the October Board was lifted directly from national guidance. The revised policy for the management of urgent suspected cancer patients (2 week waits) where patients are not willing, able or fit to attend their first appointment within 14 days was therefore agreed.

## **SARCOMA IMPROVING OUTCOMES GUIDANCE (IOG) UPDATE**

Philip Robinson, Chair, YCN Sarcoma Group provided an update on the progress made towards the implementation of the IOG. Delays in the appointment of key members of staff to support compliance were identified. Leeds Teaching Hospitals NHS Trust (LTHT) acknowledged there was a risk in relation to the surgical appointment. LTHT confirmed that they would work with the locality group to ensure resolution of the outstanding issues relating to staff appointments. The target date for implementation for our Network remains as December 2009.

A progress report will be provided at the December Board.

## **BRAIN & CNS UPDATE**

Nick Phillips, Clinical Director for Neurosurgery at LTHT provided an update on the Network's progress towards IOG implementation by December 2010. The Board acknowledged progress to date and supported the following recommendations:

- 1] Each Locality Group should ensure its provider organisations have a designated Clinical Lead identified no later than the end of December 2009 and that they are supported to participate effectively in the Yorkshire Cancer Network Implementation Group.
- 2] All provider organisations should have plans in place for 'flag and log' systems by the end of December 2009 and be engaging with local commissioners regarding any legitimate resource implications.
- 3] To request that the Implementation Group develop an explicit, timed work programme aimed at delivering the work outlined in section 2.2 of the Board paper and report back to the Board on exception basis any slippage against the implementation timetable.

NHS Leeds agreed to confirm that the challenge process undertaken on behalf of the Specialist Commissioning Group (SCG) had been formerly endorsed by SCG.

LTHT confirmed that they were taking forward the AHP and CNS support based on the agreed Network wide model.

## **USER INVOLVEMENT ACROSS THE YCN**

Hugh Butcher, Co-Chair of the YCN User Partnership Group and Colin Sloane, YCN User Involvement Facilitator provided the Board with an update on the structure and work programme of the Network User Partnership Group and the outcomes of the Pilot Patient Experience Surveys.

The Board congratulated and acknowledged the vast and professional work that the Network User Partnership Group had undertaken and the commitment of the service users-carers.

The Board endorsed the roll-out of a Patient Experience Survey across the Network and recognised the important role it would play in assuring high quality patient centred care. The Board also endorsed the principle of inclusion of a Patient Experience Survey as part of the Board Performance Report.

## **ALLIED HEALTH PROFESSIONAL (AHP) SUPPORT FOR HEAD & NECK PATHWAY**

The Board received a letter detailing concern about AHP support for the Head & Neck pathway from the Chair & Vice-Chair of the NSSG. LTHT recognised the deficiencies and outlined an immediate and long term solution. It was also recognised that a review of the working arrangements within the Head & Neck MDT will be required. Lorraine McDonald from Macmillan confirmed that they were currently considering pump priming 2 WTE Speech and Language Therapists (SALTs) posts within the Head & Neck team.