
QUALITY, PRODUCTIVITY CHALLENGE & CANCER

Interim feedback was received on the Quality, Innovation, Productivity & Prevention (QIPP) review of current locality priorities. The Board acknowledged the strength of the potential clinical engagement in the QIPP agenda, as voiced at the recent Chairs and Vice Chairs Leadership Programme. The need for an integrated approach between Network Group initiatives and individual organisational approaches to productivity and efficiency was also recognised and should be highlighted through WYCOM.

SARCOMA IOG UPDATE

The Board discussed correspondence from the Chair of the Sarcoma NSSG which highlighted delays in the implementation of the pathway. LTHT provided assurance that the recruitment process will be progressed in time to meet the national implementation deadline. The Board asked to be kept apprised of progress through locality and IOG monitoring groups, in particular to ensure effective pathway delivery and patient safety. In order to achieve a timely resolution, the Board requested monthly updates on progress.

BREAST CANCER – CURRENT POSITION AND FUTURE DEVELOPMENTS

The Board received a presentation from the Chair, Service User and Nurse Representative from the YCN Breast NSSG setting out their strategic development plan, underpinned by the need to support the productivity and quality agenda. The Board expressed strong support for their key strategic goals. In order to facilitate this, commissioning support was identified and the potential requirement for service improvement funding was recognised and agreed. The Breast NSSG was encouraged to develop the model whereby efficiencies in one element of the patient pathway may facilitate investment in improvements elsewhere.

The Board supported the need to focus on the secondary cancer pathway and recognised its importance for breast cancer patients and the learning potential for other tumour sites. This work could yield innovative and useful cross boundary working between primary and secondary care.

The Board supported the following recommendations:

- 'sign off' of the current YCN Breast Cancer pathway
- the implications of potential radiology workforce shortages for some trusts across the YCN and to review with their own localities about potential implications
- agreed the way forward in relation to the proposed pathway for secondary breast cancer patients
- noted and supported the Breast NSSG's commitment to the Quality and Productivity agenda and agreed commissioner support.

YCRN PROGRESS REPORT 2009-10 & ANNUAL WORK PROGRAMME 2010-11

The Board received a progress report for 2009-10 and the annual work programme for 2010-11. The progress report highlighted two key achievements; the increase in funding received from the Comprehensive Local Research Networks (CLRN) to support local trial recruitment and the 60% increase in recruitment into clinical trials. The Board approved the annual work programme.

The YCRN were congratulated on their achievements.

YCN WORK PROGRAMME 2010-11

The YCN work programme for 2010-11 was presented and approved. Locality Groups were asked to feedback on how the YCN work programme matched each locality work programme and priorities. An underlying theme over the next 12 months will be to demonstrate quality and productivity benefits on any work undertaken.

YCN PROVISIONAL BUDGET 2010-2011

The Board supported the provisional budget paper for the Network for the 2010-11 financial period and the recommendations laid out:

- maintenance of the current role and functions of the network and accepted the 2010/11 budget outline for pay and non-pay
- noted and supported the planned work with NHS Calderdale to rationalise YCN financial management arrangements and apply due scrutiny on behalf of the Board to ensure potential efficiency savings are identified and realised
- ratified the recent Chair's action in respect of 2009/10 deferred income relating to 'earmarked' funds
- noted the risks associated with the changing status of the current Service Improvement Funding and requested proposals for managing the risk on completion of the review of finances by NHS Calderdale on behalf of the Board.