

BOARD PERFORMANCE REPORT

The Board received the latest performance report. Key issues highlighted included:

- Sustained improvements in breast screening round length and cervical screening coverage and delivery of screening results within 2 weeks
- Significant progress has been made towards seeing all breast symptomatic referrals within 2 weeks
- Subsequent treatment targets highlighted service pressures such as colorectal, urology and skin
- 62 day target continues to be a challenge for both Leeds and Mid Yorkshire. Urology accounted for a third of all breaches
- Mandated collection of the cancer registration dataset from April 2011 was reinforced and recognised as a major challenge, both for introducing new systems and change in MDT working practices to collect the data.

SMOKING CESSATION

A comprehensive presentation on smoking cessation was provided by Graham Wardman, Director of Public Health (DPH) at NHS Calderdale. Currently the Yorkshire & the Humber has 1.1m smokers and a prevalence of 25%. The DPH at the Strategic Health Authority (SHA) has submitted a plan to reduce prevalence to 20% by 2013. This plan requires a comprehensive approach to tackling tobacco misuse. The 3 aspirations were:

- 1] Stopping the inflow of young people recruited as smokers
- 2] Motivating and assisting every smoker to quit
- 3] Protecting our families and communities from tobacco-related harm

The plan will be managed collaboratively by PCTs and the SHA. The YCN endorsed the advice set out within the SHA plan.

LOCALITY GROUPS QUARTERLY FEEDBACK: PEER REVIEW IRs & SCs

The Board received a table providing an overview of all the locality, Trust and NSSG immediate risks and serious concerns action plans. Localities were asked to identify director level leads and timescales. Action plans to be performance managed by Locality Groups with quarterly updates to the Board.

QUALITY, IMPROVEMENT, PRODUCTIVITY & PREVENTION

The Board discussion concentrated on the two priority areas; reducing variation in in-patient management and follow-up protocols. The discussion centred on the need to ensure Chief Executive support at provider and PCT level to ensure realisation of the potential savings identified. Further work on the analysis of the data related to in-patient management was endorsed in order to provide a clearer picture of where the potential savings may occur. The Board agreed that the in-patient analysis work would take precedent over the follow up assessment. The Board also agreed the only successful way to undertake this work would be network wide in an open and transparent way, as suggested in the Board paper. The process which will be undertaken to deliver this work will be discussed in more detail at the next joint Lead Commissioners and Lead Managers meeting in June.

The Board agreed the following recommendations:

1. Share preliminary analysis of inpatient activity with Locality Groups and the relevant NSSGs and undertake further analysis as required to better understand and reduce variation in inpatient management.
2. YCN Team to continue discussions with opinion leaders in NSSGs regarding potential for improving management of follow up care, sharing information from test communities as it emerges.
3. YCN Team to continue to review and analyse all available data sets and case studies and share useful information with Locality Leads – providing tailored reports as resources allow.
4. YCN Service Improvement Team to support implementation of NHS Improvement's 'Winning Principles' within provider organisations as required.
5. Commit to open and transparent sharing of costs and benefits of any changes implemented.

COMPLEMENTARY THERAPIES

The Board approved the YCN Criteria for Complementary Therapists, developed and agreed by a sub-group of YCN professionals; ratified by the Chair of the YCN Sub Regional Palliative and End of Life Care Group and YCN Commissioners Group and supported Chair sign-off on behalf of the Board.