

Extraordinary Operational Delivery Network Board Meeting - Yorkshire and Humber CTYA
Cancer

12.09.23 17:00 – 18:00

| Name | Role |
|-------------------------|-----------------------------|
| Paddy Carley (PC) | Data Co-ordinator |
| Alex Chilvers (AC) | Network Manager |
| Diane Hubber (DH) | Lead Nurse |
| Katharine Patrick (KPa) | ODN Lead |
| Kevin Peters (KP) | Specialised Commissioner |
| Liz Purnell (LP) | Lead Nurse |
| Dan Stark (DS) | ODN Lead |
| Hilary Quinton (HQ) | Lead Nurse |
| Julie White (JW) | Lead Nurse |

Notes

An extraordinary meeting was called to discuss the upcoming benchmarking process due for the Children's and TYA services in Yorkshire and Humber.

- JW informed the group that the providers have been informed of the benchmarking process.
- AC noted some amendments have been made to the document since it was sent to the group prior to the meeting.
- HQ queried whether the March deadline is ambitious, but there was a consensus that this is achievable, and we need timeframes.
- JW stated we need to support providers and highlighted the importance to create a meaningful and direct report.
- KP agreed this is an ambitious timeline. However, contracts are signed off in March so this timeline fits.
- HQ mentioned ambiguity regarding amber statement and whether it should be split into 2 categories.
- DS stated we need to be constructivist and encouraging in this process. Previous benchmarking in 2006 showcased this. Providers are always wanting to help and shortcomings are generally due to organisational expense and structure.
- JW, AC and KPa agreed most recent version is phrased in a more helpful and supportive way. Often when processes like this are underway trusts are likely to engage because the ODN and NHSE can help improve the service.
- DS noted last benchmark had nuanced textual reports which were not as useful as a clear, tabulated plan. Planning this report and allowing the provider access prior to the process with support available will be more engaging.
- JW stated there is a plan for an overarching report of all providers.
- DS stated important to benchmark some Children's and TYA services prior to March for contractual discussions.
- JW didn't want to time benchmarking over the winter pressures.

- KP stated we can include in the contract this is taking place to deliver the outcomes of the action plan.
- DS noted that seeing a group of people involved in Children's care and a very similar group for TYA could be strange for the provider.
- DH and KP queried whether centres which provide care up to 18 will need to complete Children's and TYA benchmarking.
- JW confirmed there is Children's benchmarking for 0-16, and TYA for 16+. No indication for providers to complete benchmarking twice.
- DS stated this is reinforcing the uncertainty of the care of 16–18-year-olds. We need a tight relationship between Children's and TYA processes.
- AC queried whether benchmarking for organisations which are POSCUs and Designated Hospitals is to be done together.
- JW noted this would increase the workload vastly.
- KPa suggested POSCUs be benchmarked first, then move to other centre so the admin team have time to develop the TYA benchmarking tool.
- DH noted the Thames Valley Benchmarking tool can be used as a starting point with a few tweaks for our services.
- JW agreed with a phased approach to benchmarking. Also noting that there may be a delay to TYA benchmarking as we haven't informed them yet.
- DS stated we need Children's, Adults and Community teams to have an awareness of the 16–18-year-old pathway issues.
- HQ mentioned phrasing of 16-18; should be the day before the 19th birthday.
- KPa wondered whether we can reword the red phrasing. Also discussed the prospect of face-to-face meetings, or potentially a hybrid of online and face to face.
- JW encouraged face to face meetings as it offers a great opportunity to nurture relationships.
- DS stated that previous benchmarking was done face to face and was a very positive experience.
- KPa noted difficulties with balancing clinical time with the benchmarking.
- KP suggested a hybrid approach where members can join remotely.
- DS suggested prioritising visits based on greatest value to the provider and plan each visit accordingly.

Actions

- POSCU benchmarking (including NLAG) to be commenced as planned.
- Clarify TYA benchmarking tool with notification to trusts which are designated hospitals and POSCUs to be benchmarked also.
- Remaining designated hospitals will be benchmarked at a later date.
- To look into phrasing of the red option for easier clarification.
- Investigate hybrid method of conducting benchmarking.