

CHILDREN'S OPERATIONAL DELIVERY NETWORK MEETING MINUTES 13th July 2022 2:00-4:00pm

Attendees: Freya Johnson Smith, Hilary Quinton, Joanne Lyons, Sara-Jane Goodwin, Jayne Lowther, Patricia Fisher, Lisa Pearce, Philippa Rawling, Katharine Patrick (Chair), Julie White, Holly English, Gill Sharpe, Liz Purnell, Stacey Needham, Angela Walker, Maddie Iredale, Rebecca Proudfoot, Vanessa Brown, Hilary Campbell, Christine Pearson, Michelle Kite, Joanne O'Conner, Diane Hubber, Rachel Barrell, Dan Stark, Peter Williamson.

Apologies: Kevin Peters, Vicky Holden, Sharon Howarth, Kerah Mcrae, Beki James, Dan Yeomanson, Michelle Kwok -Williams, Jamie Steele, Jackie Griffiths, Martin Elliot.

Agenda Item	Notes	Actions
Welcome	Katharine Patrick (KP) welcomed the group as chair and asked for all participants to enter their introduction in the chat for the meeting recording.	
Minutes from 24th April 22	The minutes from the 24th April meeting were reviewed and agreed.	
Yorkshire and Humber Children's Cancer ODN	<p>a. MOU - Network Members Freya Johnson Smith (FJS) discussed the distribution of the Network MOU to each POSCU network member. The MOU will shortly be sent to the Clinical Lead and the appropriate General/Service Manager for review and signing. Any questions regarding the MOU can be directed to FJS. Gill Sharpe recalled that there was an outstanding question regarding POSCU commissioning that had been discussed with Kevin Peters (KP) but not yet resolved.</p> <p>b. NHSE Cancer Experience of Care Improvement Collaborative (CIC) FJS and Julie White (JW) attended their first workshop session for CIC. The work shop was based around developing our SMART Objective for the project. The CIC project plan is still in its infancy but will be based around communication between PTC and POSCU/DGH's, of the whole patient journey.</p>	KP to discuss with GS and FJS

<p>Engagement Event Feedback</p> <p>Service Updates from POSCU's</p>	<p>This is part of the planned Care Closer to Home workstream.</p> <p>JW and Hilary Quinton (HQ) fed back on the ODN Engagement event which took place on the 8th July. There were several presentations from our speakers in the morning and then JW ran a tabletop workshop to identify key areas of improvement for the Children's network, particularly communication throughout the network and shared care. JW to write up key points from workshop.</p> <p>FJS reminded attendees to please return the feedback from.</p> <p>Airedale- Dr Philippa Rawling (PR) updated the group on the service on Airedale, very few paediatric patients have come through the service recently. PR is hopeful that this is due to very few paediatric patients in the area.</p> <p>PR informed the group that she has now started doing Follow ups.</p> <p>PR informed the group that she does receive clinic letters and is informed of updates, but End of Treatment meeting invites were received last minute, and this meant she could not attend. This is an area of improvement for PTC and POSCU communication.</p> <p>Calderdale- Dr Gill Sharpe (GS) updated the group on the Calderdale service GS noted that she has been receiving diagnosis letters more promptly, however not all of them so there is still some room for improvement.</p> <p>Bolus chemotherapy clinic is still on-going and GS is hopeful for more taker, this will be dependent on building trust and encouraging parents to choose to have their treatment locally.</p> <p>There is a slight issue regarding estates as the building</p>	<p>Presentations attached</p>
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	<p>currently used for the clinic will be demolished at the end of the year, however an alternative place may have been found.</p> <p>Calderdale require one more community nurse to be trained as there has been some changes to nurse staffing. Currently only one nurse can deliver the clinic with the consultants, so Rachel (Wilkinson-new community nurse in Calderdale) requires a deputy. However, no issues with Bloods etc and lots of support from Neil Shaw.</p> <p>There have not been many children coming through the ward for supportive care recently but GS uncertain if this is because they are going to Leeds instead.</p> <p>Calderdale currently only providing IV Chemotherapy</p> <p>Hull- Hull are seeing children coming through the ward more frequently for supportive care- around 2-3 a week.</p> <p>Currently a high level of junior staff on the ward who are now undergoing training.</p> <p>Hull are currently looking to develop a Bolus Chemotherapy clinic and thus moving POSCU status to Enhanced Level A.</p> <p>Calderdale can potentially support this development as there has been a lot of work done to develop policies for the set up of this service.</p> <p>Hull are in the process of building a new Children's ward. HDU, Assessment and Medical Ward will all move to the new unit. The new building includes a facility for parent to stay and will generally provide more room and better facilities. The new build should be completed by the end of the year.</p> <p>Jayne Lowther (JL)- Hull community nursing- raised an issue with the timing of cytarabine patients. The hull community team do not have cover for Sundays but as the majority of the cytarabine patients start on a Thursday, it makes it very tricky for our team to cover Sundays. – is there a possibility of changing this to resolve this issue?</p>	<p>GS to update when resolved.</p>
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	<p>Michelle Kite (MK) Oncology Matron- Leeds acknowledged that this is an issue, but it is due to the Consultant clinic days. JW noted that there are still exceptional challenges to the pharmacy department in Leeds.</p> <p>MK noted that it is certainly a question to ask and that it can be investigated.</p> <p>KP added that this is an important issue to investigate, even though not as straight forward as it seems. Once Altogether opens in Leeds, all children with ALL will be given cytarabines. This issue may become more problematic to all community nursing teams, not just Hull.</p> <p>JL also has high level of new staff- only a select few training to do cytarabine ports. JL updated JW on how training is delivered in the region.</p> <p>KP asked the Leeds team about training parents to care for central lines and deliver Cytarabines at home. This is not something that currently happens in Sheffield and with the introduction of Altogether there is now a significant pressure on the community teams.</p> <p>MK offered to send KP the policy documents and training resources developed by Leeds to assist Sheffield.</p> <p>Sheffield-</p> <p>HQ updated the group on Sheffield position. Covid is creating significant pressure. Sheffield's nursing team is now well established and inpatient bed base has been increased.</p> <p>However- capacity has been an issue and there have been significant outliers around the hospital. This could impact patient safety and patient satisfaction, but the team are working on educating colleagues on how to manage some of these patients. This has been helpful.</p> <p>ALLtogether has now launched in Sheffield. This has had some impact in terms of bed days due to high dose methotrexate.</p>	<p>MK, JW, JL to liaise</p> <p>MK to share with HQ</p>
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	<p>To help mitigate this in the long term, Sheffield are looking to increase POSCU numbers in the South.</p> <p>A new Ward Manager has been recruited.</p> <p>KP noted that there has been some significant changes due to high covid rate and that Sheffield were initially keeping febrile patients off the ward. This however created other challenges that shifted the risk posed to our patients. Therefore, the decision was made to move febrile patients back to the ward.</p> <p>JW noted that there have been pathway changes for Leeds too and IPC approval was granted to move patients straight to the ward (sometimes via the day unit if in hours) but a Rapid PCR is done first. All of the specialty areas manage their own hot patients. This pathway was established 18 months into the pandemic after poor patient feedback.</p> <p>JW offered to share the SOP for this pathway with Sheffield if helpful</p> <p>Leeds</p> <p>Significant staff issues- vacancy level at around 20% which is reflected across the Children's hospital. There are a number of candidate in the pipeline to fill our vacancies we are hopeful this will be resolved soon.</p> <p>This vacancy rate coupled with staff sickness is posing great challenges to our inpatient bed base. The Teenage Unit is currently closed, and we are currently running at – 5 beds to mitigate the staffing issues.</p> <p>Staff are generally very burned out, so we are trying our best to find balance.</p> <p>JW affirmed to the group that she will be leaving her post as Matron on the 8th August to take up her post as ODN Lead Nurse. This role will be shared with the PTC Lead nurse currently held by JW.</p> <p>Michelle Kite (MK) has been appointed to the Matron post in Leeds.</p>	<p>JW to share SOP with HQ</p>
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	<p>An additional Ward Manager has been recruited.</p> <p>York and Scarborough</p> <p>Stacey Needham (SN) updated the group on the York and Scarborough service. The service is doing much better now there are less covid swabs to be processed. The oncology outreach team are vital to the service and well utilised.</p> <p>Community Educator is in post one day a week and is working to formalise the foundation training for oncology. We hope this will give us more Oncology Nurses.</p> <p>The challenges to the service are the same as everyone else. Cross- site staffing is an issue as redeployment has resulted in losing our ward links across the site. This presents challenges to engagement with the network. It's a very small part of their workload.</p> <p>York will be launching a new initiative in paediatrics to explore developing services closer to home. This will cover everything from constipation to cancer. The Community team are looking to expand into community hubs, children's centres etc. This may help with decentralisation of services.</p> <p>Currently planning for a respiratory surge as we are seeing high numbers in Australia. This may impact on what we can offer as a POSCU.</p> <p>North Lincolnshire and Goole (NLAG)</p> <p>Sara-Jane Goodwin (SJM), Lead Nurse updated on NLAG. NLAG have seen an increase in Oncology admissions, especially solid tumour patients which we believe is down to bed capacity in Sheffield. Therefore, patients have stayed locally for transfusions and febrile neutropenia.</p> <p>This sort of care was not usually done I NLAG before the pandemic. We conducted a patient survey and had good uptake. Patients and carers were very happy with their community care as oncology care in the POSCU is predominantly community led. However, ward staff</p>	<p>FJS to set up PTC- PSCU once KP and JW in post.</p>
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	<p>were not as experienced in oncology as a result.</p> <p>A workbook has been developed considering this which includes SOPs for dealing with these patients. We are now working alongside Sheffield Children's to deliver POSCU study days four times a year- although covid impacted this.</p> <p>A matrix is in development which will enable management to track and progress staff through their training.</p> <p>Issues in the past with receiving clinical letters in a timely manner but the team are working to resolve this. The service has great communication with the Sheffield team and a joint email account has been set up to send patient information to the POSCU for filing.</p> <p>Involvement with Sheffield MDT allows for flow of patient information as well as comprehensive patient records at both Trusts.</p> <p>One potential issue is that our service does not have a contingency for IV and cytarabines. The only staff member able to do this has retired and returned already. Once this staff member retires the Sheffield Outreach team may have to pick this up and this will apply significant strain tot their service.</p> <p>Harrogate Nobody in attendance</p>	<p>FJS to arrange POSCU to PTC Meeting</p>
<p>Radiotherapy Mutual Aid Update</p>	<p>Leeds will be providing Mutual Aid to Sheffield's Radiotherapy service with three definite patients coming to us mid-August.</p> <p>All Sheffield paediatric solid tumour patients unless palliative care will receive radiotherapy treatment in Leeds.</p>	

	<p>PF noted that it is important to capture patient experience for the children coming to Leeds for treatment.</p> <p>JW mentioned that there were still some pathway issues to resolved regarding IT. This can be picked up outside of this ODN meeting.</p>	<p>FJS and JW to discuss.</p> <p>JW and PF to ensure resolution.</p>
<p>POSCU/ PTC Data capture - Peter Williamson (NHSE)</p>	<p>Peter Williamson (PW) attended the meeting to discuss the U16 Experience of care data capture. The survey has been running for two years now and the next iteration will be published in Autumn this year.</p> <p>NHSE want to make sure they are also sampling POSCU patient groups ensure that patients who may have only attended a POSCU during the data capture window for the u16EC survey have not been missed.</p> <p>The group agreed that it was very unlikely that a patient would be solely seen in a POSCU for the duration of the sample collection and therefore it is unlikely that any patient still in treatment would be missed.</p> <p>However, there may be instances where long term follow up patients may not have been captured if their follow ups take place at the POSCU.</p> <p>JW noted that in previous survey results, a large proportion of respondents were long term follow ups so it would be prudent to ensure that POSCU LTFU's are being captured.</p> <p>GS happy to discuss this with PW from Calderdale perspective</p>	<p>GS to contact PW</p> <p>FJS to circulate email from PW- actioned. 15/7</p>
<p>AOB</p>	<p>The day of the meeting will change going forward to work around team clinical commitments.</p>	<p>FJS to circulate Doodlepoll</p>

Dates of next meetings	Tuesday 4th October 2-4pm to go ahead as planned. Future dates TBC	
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