

Operational Delivery Network Board Meeting- Yorkshire and Humber CTYA Cancer
14.06.23 16:30-17:30

Attendees: Paddy Carley (PC), Alex Chilvers (AC), Patricia Fisher (PF), Diane Hubber (DH), Kevin Peters (KP), Katharine Patrick (KPa), Elizabeth Purnell (EP), Hilary Quinton (HQ), Julie White (JW).

Apologies: Dan Stark

Welcome and Apologies	PF welcomed the group.	Actions
Declaration of Conflicts of Interest	None. Agreed that this would be a standing agenda item each meeting. However, each member should lodge declarations of conflicts of interest with host organisations. No need for this to be duplicated within the ODN.	
Minutes	Minutes from previous meeting 29.11.22 agreed by the group.	
Matters Arising	<p>RT mutual aid update PF informed Dr Alzouebi is on sick leave resulting in the difficult situation of no confirmed end date to mutual aid. Dr Garikipati working with the Leeds team to increase competencies. STH proposal letter has been sent to LTHT. KP has also sent a formal letter. Clinical teams aware of ongoing issues. KP and PF arranging a meeting between STH and LTHT. JW checked representation required in meeting. PF noted Nottingham also willing to help.</p> <p>STH TYA unit closure Planned chemo admissions on Thursdays – staffing provided to open if required. End of life care available if needed, but difficult to accommodate emergency admissions due to staffing. EP informed mandatory STH staff TYA specific training is in place. Agreement between STH oncology and haematology for options appraisal to consider move to one site. STH estates review also in process. KP noted complexity regarding aspiration of service and thanked for context. HQ mentioned end of life care from 16-18 and is open to further discussion regarding this. PF confirmed desire to include Children’s service in discussions.</p> <p>16–18-year-old gaps in shared care provisions DH noted analysis of community-based gaps in care is challenging due to contacts with district nurses. HUTH pathway has changed over the years and a meeting with HUTH, JW and DH taking place, and they will report back with plan. Low numbers of patients resulting in differences in pathways. EP stated main issue is regarding community work. Staff turnover often results in differences in interpretation. HQ noted NLAG has no record of 16–18-year-old shared care in documentation. Mentioned as a stand-alone children’s hospitals SCH do treat up to 18 but issues regarding palliative and end of life care. KP</p>	<p>KP to arrange meeting. KP to email JW to ensure representation is complete.</p> <p>JW, EP, DH, and HQ to meet outside of meeting to</p>

	<p>noted grey area of 16–18-year-olds. The ODN should work with organisations and trusts to gain clarity. KP happy to write letter to individual organisations to clarify but group need to agree overarching principles to apply across the ODN. JW noted service specification is very clear which could be replicated with designated hospitals and a hope for national steer and standardisation for all ODNs. KP noted gap for 18-19-year-olds on some service specifications.</p>	<p>discuss principles.</p>
<p>ODN Governance Documents</p>	<p>MOU sign off and Attendance Tracker AC stated NLAG and Bradford MoU signatures outstanding. Bradford General Manager will be actioning MoU sign off. KP a meeting with clinical management team in NLAG and will add to the agenda.</p> <p>Children’s ODN attendance is good besides Mid Yorks.</p> <p>Barnsley, NLAG and Airedale haven’t attended the TYA ODN since the first meeting. JW noted pause in escalation to Airedale as they have a new lead for TYA. PF encouraged reaching out to clinical teams prior to escalation. JW and DH suggested mitigation for trusts with no lead consultant or nurse.</p> <p>EP queried how Chesterfield would become a designated hospital. KP stated if they are compliant against the service specification and have a clear plan this would be possible.</p> <p>Newly published service specification and benchmarking update AC working through service specification. Note made of TYA MDT discussion within 7 days and Thames Valley benchmarking tool. JW explained 3 trusts have shared their guidelines and benchmarking tools with us and there is a meeting in July with Manchester to query benchmarking subjectivity. JW queried timeframes with KP. No specific timeframe noted.</p>	<p>AC to escalate to NLAG</p> <p>AC to send attendance information to DH.</p> <p>AC to check lists of lead consultants/nurses.</p> <p>KP to speak to Midland’s counterpart.</p> <p>JW to update when available</p>
<p>Work Plan 2023</p>	<p>Review draft workplan to be submitted for 2023/2024 AC talked through the workplan. WGS post has not been appointed yet. KP questioned funding. DH awaiting confirmation of funding. JW noted the post is filled in Sheffield overseeing service. Due to staff turnover the workplan is now progressing.</p> <p>JW talked of a clear strategy and multi-modal approach to PPIE. The executive group doesn’t have representation from charitable group. KP a said this was discussed in Children’s ODN and we need to be clear with what we’re asking. DH noted uptake from young people was small and we were unable to provide clarity. JW stated importance of this not being a tick box exercise and the need for an overarching strategy.</p> <p>AC mentioned benchmarking audit compared with 3 other trusts. Website PO has been approved; this was delayed slightly due to change in management. The working group is being developed currently. The shared care agreement needs</p>	<p>DH to email and update</p> <p>JW to speak with Alison Conchie regarding PPIE</p>

	<p>work. TYA clinical trial accrual has a meeting with PC and AC. JW noted commonality between workplans. AC stated 2023-2024 will be on one sheet.</p> <p>Review work plan tracker and progress report Work plan for 2023/2024 has been circulated.</p> <p>Spending review, agreements, and budget report There is £156,000 recurrent funding for the ODN with an underspend of £8,249 due to gaps in recruitment. The away day costs total ~£2,000 leaving ~£6,000. AC clarified this needs to be spent by April 2024. DH and JW mentioned website branding and clinical trials research database as a positive use of extra funds (~£500). EP confirmed requests for funding to go to EP and DS by the end of the month. KPa echoed this and suggested nurse education funding with a potential PTC and POSCU designated training day as potential opportunity.</p> <p>Website development AC to meet with GoDaddy. AC and JW to visit Bristol Trust to discuss the project.</p> <p>ODN away day AC stated venue has been booked but the agenda is still awaited. JW mentioned there wasn't much feedback from wider team and emphasised ideas for the day are welcome. It's important this is an engaging and valuable meeting.</p>	<p>Working group to be organised by AC, PC and JW</p> <p>Agenda items to be sent to JW by the end of June</p>
Risks	PF offered the floor regarding risks. Nothing noted.	
NHSE Update-All	PF offered the floor regarding updates. Nothing noted.	
AOB	PF informed the team that she is retiring in November and coming back to work clinically in February 2024. Thus, the ODN Board meeting will need a new chair moving forward. JW noted importance of input and representation from the Cancer Alliances in the ODN.	
Dates of next meetings	TBC	