Yorkshire and Humber Children's, Teenage and Young Adult Cancer Clinical Network Board Meeting

07/03/24 - 2.30-3.30pm

Name	**Role**
Dan Stark (DS)	TYA Lead Clinician
Alex Chilvers (AC)	Network Manager
Katharine Patrick (KPa)	Children's Lead Clinician
Julie White (JW)	Network Lead Nurse
Liz Purnell (LP)	TYA Lead Nurse
Paddy Carley (PCa)	Data Co-ordinator

Item	Minutes	Action
1	**Welcome and apologies** Apologies noted for Diane Hubber, Hilary Quinton and Kevin Peters.	
2	**Declaration of Conflicts of Interest** All conflicts of interest have been documented and will be updated accordingly.	
3	**Minutes** AC confirmed there were no actions points outstanding from the last meeting and the minutes were agreed.	
4	**ODN Recruitment Plans** **Network Chair** Currently there is no process in place to appoint a replacement ODN chair. KPe is trying to organise this but there is an overall issue with recruitment. The independent Cancer Alliance link was extremely helpful. Apparently, there were no applications from any of the relevant Cancer Alliances. ICBs, academics in health or active members of another ODN may be utilised **Lead Nurse** 7.5 nursing hours per week are available to the network after her retire and return. At band 8a, protected for the network. Options of a day a week secondment or to utilise the role for specific projects. May provide the opportunity for Lead Nurse succession planning. The 18.75 hours contracted to the PTC is unlikely to change TPTC work is focusing on shared care agreements, out-of-date key documents, training, guidance and referral pathways. JW still wishes to complete these projects.	**ODN team to liaise with KPe regarding chair**

	1 day a week reasonable starting point - to review in a few months. secondment was our preference- suit ODN, offer development for staff, to would work across both sites in Children's (Sheffield and Leeds PTC), rather than two groups under the same umbrella. Needs discussion with HR regarding wider succession planning in 4-5 years. Funding is available as long as the networks is, and wording a job specification to complete specific projects would be best for the network. **Structure/funding** AC has put a proposal together which needed to be in writing for KPe. DS and KPa have 1pa per week. AC told KPe we don't have enough time to support the workstreams. KPe open to extra funding. LP queried whether the clinical educator is focusing on Paediatrics or the entire network, and what would the job plan entail. LP and DHu currently provide all training for TYA oncology as there is no funding currently. JW noted the role would encompass the entire network focusing on the implementation and delivering of education. JW explained 0.6 WTE was chosen as YLvC previously had a training and education service across England with 4 educators covering key areas of the country. Their job entailed supporting trainers, delivering sessions to key staff at PTC and Shared Care level. This provided a consistency which JW hopes to replicate with standardisation across the network. JW noted Shared Care centres are raising requests for more training opportunity and often wish for this to be delivered locally. JW believes there is a lot of work needed to identify the current methods and where this can be enhanced. DS feels the key decision regarding clinical educator is the extent to which they are operational or strategic; deciding what the network wants in Yorkshire and Humber and setting up infrastructure and process versus interdigitating what's provided across the network. DS has had a number of discussions regarding TYA educational material, often showing each network provides similar materials, matching to national material. In DS's opinion each network having a clinical educator will enable the co-ordination of educational need on a national level. DS supports this notion and feels it is essential. JW noted PTC clinical education teams are stretched whilst trying to offer outreach services to DHs and POSCUs. JW highlighted meetings between North East and North West networks for a combined approach. JW feels the intention is for clinical educators to work with the lead nurses to develop strategic direction.	**AC and JW to work this up into a job plan for the lead nurse secondment**

	KPa queried whether the intention is to have an individual who has both experiences (TYA and Paediatrics), or whether the role will be split between two individuals. JW hopes for one individual to cover both services with a view across the whole network and how service delivery alters across age ranges. LP concurred and stated it doesn't necessarily matter if they haven't got experience of both services as she assumes induction processes would cover pathways and training areas. LP noted training sessions for multiple people would be useful alongside a 'train the trainer' programme. JW hopes to formalise the 'train the trainer' to allow for key training to take place locally. She feels POSCUs value an individual who can train on site with a hybrid approach containing national modules from CCLG. LP wondered whether the clinical educator would conduct medical education for junior doctors. JW feels the benchmarking confirmed this as an issue due to limited opportunities. Training schedules and induction are streamlined to an extent that there's limited opportunity to support a thorough training package. JW wondered whether it is possible to represent both PTCs in a lead capacity on 2 hours per week. DS stated it would be much better to have more time. KPa concurred. 1 individual covering both is fine if there is an unfunded deputy and the job role moves at the correct time. KPa difficult to do the job in 2 hours. No designated slot and fits amongst other things. Risk of having one in each PTC is 2 different services and not a united network. Representation from PTCs on board is important to unify the network. PC's role is planned to move to 1 WTE dedicated to the CTYA network which is supported by the group. JW believes this will enable a more realistic resource for the work streams. AC noted maintaining the website and the joint care role between Hull and Leeds as potential uses of time. JW rough figure of £50,000 which seems like a realistic amount in the current climate. AC noted there is an under spend of £38,000 which could be rolled over and utilised for the upcoming year, or clinical educators. JW stated the network could use this to benefit for this upcoming year's budget as it wouldn't require a major uplift of funds.	
5	**Matters Arising** **RT Mutual Aid Update** KPa is due a meeting with the head of operations in her role of transplant lead. She noted, as things stand the intention of Sheffield Teaching Hospitals is not to provide Radiotherapy services for children apart from TBI at WPH. This will allow transplant service to remain in Sheffield. However, there are issues surrounding the service specification for Transplant and Radiotherapy. KPa noted on-going discussions, but there is no definite plan to retain services in Sheffield for Paediatric Radiotherapy and mutual aid will be continuing for the	

	time being. JW stated there are discussions at a higher level and wants to ensure there are no knee jerk reactions to big decisions; this must be a considered decision. KPa noted unclear if this will be definitively sorted soon. KPa highlighted a format run through Birmingham and Nottingham for Paediatric Radiotherapy with a combined MDT and treatment on both sites. She feels there is a precedent for this model and remains hopeful a compromise can be developed in Yorkshire. Difficulties arise as treatment is provided by Sheffield Teaching Hospitals whereas care is provided by Sheffield Children's Hospital resulting in political issues. **STH TYA Unit Update** LP stated the unit opens when there are patients, but closes where there isn't. Generally, it is a better position than last year. **16–18-year-old gaps in shared care provision** LP stated the next meeting is due soon, with the focus set on pathways and referrals in. She noted a side project is underway with groups from TYAC and CCLG.	
6	**ODN Governance** To be discussed outside of this meeting due to time constraints. **MOU sign off and Attendance Tracker** To be discussed outside of this meeting due to time constraints. **Benchmarking update** To be discussed outside of this meeting due to time constraints.	
7	**Risks** The need for a Clinical network risk register was noted by the group. JW highlighted issues with adult pathways leading to risks for Children and Young People.	**AC to investigate how to implement risk register**
8	**National Update – All** To be discussed outside of this meeting due to time constraints.	
9	**AOB** **Education day 2024** LP suggested inviting YLvC and TCT to the next Education Day. AC attended the NWODN Education Day and is hoping for access to their slides. She noted a collaborative effort for all involved. **Logo/branding for the Network** To be discussed outside of this meeting due to time constraints. **Live dashboard** To be discussed outside of this meeting due to time constraints. **Draft website** To be discussed outside of this meeting due to time constraints.	**AC to email out for dates for the Education Day**