Yorkshire & Humber Children, Teenage Young Adult Cancer Clinical Network Executive Board Meeting (previously known as Operational Delivery Network)

Friday 20th September 2024, 09:00 – 10:00

The Boardroom, Yorkshire Sculpture Park, West Bretton, Wakefield, WF4 4LG

Name	Role
Dan Stark (DS)	TYA Lead Clinician
Diane Hubber (DHu)	TYA Lead Nurse
Alex Chilvers (AC)	Network Manager
Julie White (JW)	Network Lead Nurse
Liz Purnell (LP)	TYA Lead Nurse
Paul Kendrew-Jones (PKJ)	Specialised Commissioner
Kevin Peters (KPe)	Specialised Commissioner
Hilary Quinton (HQ)	Children's Lead Nurse
Katharine Patrick (KPa)	Children's Lead Clinician
Paddy Carley (PC)	Data Co-ordinator
Ruth Brown (RB)	Network Chair

Action	Responsible Person
Escalate Bradford MoU signature	PKJ
Share risk register template	AC
Network team to formally launch website at the Education Day	AC/PC

Item	Minutes	Action
1	**Welcome and Apologies** No apologies noted.	
2	**Introduction from new Chair, Ruth Brown** RB formally introduced herself to the group with all members following suit. KPe and RB met about the job role before this meeting and noted the gap between the previous chair and the new appointment. RB asked that the Board confirm they are happy with her appointment and the terms of reference outline it is their role to appoint a chair. She noted her different background to the previous chair but reiterated her passion and focus on patient and professional voice and experience. RB noted collaboration is difficult across centres and geography with honest conversations required to help meet goals. She met with AC recently and believes clarity is needed to move the group forward; the strategic focus of the group comes from the Board, with the chair supporting this, with the operational focus from subgroups (Children's and TYA meetings). RB asked everyone to be honest and guide the group. She intends to follow Memorandum of Understanding (MoU) and Terms of Reference	

	(ToR) indications of a 3-year term of chair. The focus should be on making a difference to population the group is serving. DS asked RB where her other roles could benefit the group. RB noted she is the co-chair of National Children's Hospital Alliance with the core team hosted at Sheffield Children's Hospital. She has experience bidding for money and influencing boards. Her other lead role in South Yorkshire is with the Children's and Young People Alliance; education and social care feature heavily in this role. The South Yorkshire Acute Federation, where the 5 acute providers work together also provides an opportunity to collaborate. All Board members introduced themselves. **Specialised Commissioning** KPe and PKJ are currently transitioning job roles with today's meeting KPe's last meeting. However, this is flexible, and he may support PKJ in the future. The group formally thanked KPe for his work. DS highlighted the need for ongoing engagement with specialised commissioning and was encouraged to contact PKJ in the future. RB thanked KP for his work with the network so far and welcomed PKJ to the Board.	
3	**Declarations of Conflicts of Interest** No declarations of conflicts of interest	
4	**Minutes from previous Executive Board Meeting** Minutes circulated previously and agreed. No actions to pick up.	
5	**ODN Governance** **MoU sign-off** AC noted the MoU has been signed by all centres besides Bradford, but there have been positive conversations with them through the benchmarking process. KPe queried if Bradford's notification of signature is from the heads of service. DHu stated the meeting was 7 weeks ago and needs to be chased. AC clarified this is only for TYA and an agreement has never been signed; outstanding since formation in 2022. RB asked how to escalate this. KPe offered background information regarding the publication of service specification concerning Designated Hospitals (DH) and trying to include this in Bradford's contract. Commissioners are unable to confirm who previously had confirmed Bradford as a DH, and thus need to ensure Bradford agree. DS stated there is no apparent clinical risk currently and the previous version of this network had signatures from Bradford. Unfortunately, administrative structures changed, and original papers were lost. JW feel agreements have evolved; historically, they existed between clinicians didn't involve business teams. DS confirmed the Chief	**a. PKJ to escalate Bradford MoU signature**

	Executive was present at the TYA benchmarking and highlighted the need for a date to confirm with Bradford. **Attendance Tracker** AC noted issues with Bradford, Mid Yorkshire, and Airedale's TYA meeting attendance. Regarding Children's, York & Scarborough lost their Deputy Lead Clinician resulting in some issues. JW highlighted the appointment of Scarborough based deputy (Dammy Bamigbade) and how the group needs to realistically look at roles within each POSCUs. DS noted TYA cases don't occur often locally but are generally high-risk cases. Clinicians are often keen to work collaboratively but may not have the explicit support of their organisation. RB acknowledged common theme across specialised services. **Review/update of Terms of Reference and Memorandum of Understanding** AC noted these are both lengthy documents and suggested each attendee checks this via email instead. AC has asked for other networks ToR and MoU and will distribute once available. RB stated conversations had today at the time out may need reflecting in these documents and should be on the agenda at the next board meeting to be ratified. **Review of ODN Board representation** RB feels this topic would be better discussed in the time out session; should Cancer Alliances and patient representatives be included in the board with broader links. KPa noted the document list is more extensive than the current format. Other networks have a senior leadership group (YHCTYACCN current board format), and then a board with one member from each POSCU, DH and Cancer Alliance. JW feels a representative from key charities would be useful, with the remit of bringing patient voice. Tricia Fisher (previous chair) brought a Cancer Alliance voice. KPa feels the group should decide where the patient voice would be useful and relevant, as duplication isn't necessary.	
6	**Matters Arising** **Mutual Aid update** KPa highlighted the important issue that STH is still not able to provide Paediatric Radiotherapy. Issues with consultant staffing has resulted in patients receiving care in Leeds, besides Palliative Care and Total Body Irradiation (TBI). She noted issues to address in medium and long term. KPe has had several conversations aiming to gather a broad consensus around options and preference, however there is a slight ambiguity now. Conversations noted the limiting step is the availability of consultants. Mark Lambert (service commissioner) is chairing a clinically focused meeting with clinical teams on 7th October 2024. This will discuss how the service can be delivered; concerns that whatever was discussed needs support from Royal College of Radiographers (RCR).	

	He noted the timescale is frustrating taken this long but there have been several competing factors. JW queried if there were any interim plans as she is mindful it's been 2 years and 3 months. She noted operational pressures and tensions in Sheffield and Leeds; is there a plan for resource to maintain the service? KPe noted Leeds were given a significant sum to support this (which was used for anaesthetics support). Internal discussion is required if more support is needed. Unfortunately, an outcome may still take a while. HQ wants to ensure research is factored into Leeds as one patient was treated in Birmingham as the appropriate trial wasn't open yet. RB queried if relevant data collection took place. HQ tried hard but families had requests for other questionnaires at the same time, thus it was more anecdotal and qualitative concerning accommodation and transport concerns. There were no concerns about care in Leeds. RB queried if will PKJ attend the 7th of October meeting. KPe noted this is a clinical meeting, so Specialised Commissioning will take a step back and receive outcomes post-meeting. RB asked if there is a clear interim solution time scale. KPa acknowledged if TBI and Palliative Care in Sheffield moved to Leeds, the transplant programme would be unable to continue and patients across network would not have a transplant centre. She gave the example of Bristol closing, resulting in patients being distributed over the country. RB highlighted the interdependencies on other centres. HQ noted the indication for transplant for non-malignant haematology patients is also increasing workload. HQ queried regarding the governance agenda and risk management systems; should this board have oversight of organisational risks. RB noted some risks are locally managed, and it is important to know what mitigations are in place. DS stated this group can oversee, rather than being immersed in local pressures. JW sees this as an evolution of services in Radiotherapy rather than a fix. KPe is attended assurance visits to local services to understand pressures. Looking regionally, Leeds and Newcastle have 2 clinicians each. Specialised Commissioning are investigating service sustainability across North East and Yorkshire to see how each provider can work closely together. HQ emphasised the need for a training succession plan and doesn't want to minimise training opportunities. DS noted an expectation to follow the national trend, but Yorkshire and Humber must do what is best for our region. KPe will feedback about interdependencies and plan for a more sustained service. HQ noted Sheffield Hallam University need Paediatric training opportunities for workforce development.	

	DS asked whether there was any overt patient and family stress. HQ noted there are managed individual experiences. KPa stated often patients don't know difference as they are told where they are referred. JW believes families feel supported.	
7	**Risks** AC stated the risk register still needs formalising locally and across the network. She is hoping to agree this today. Network risks concern available funding and resources. RB stated the network should have a risk register and proposed format and this can be worked up outside meeting. PKJ noted occasionally trust level risks slip into network risks. It is important to have an oversight, but the group must be able to act against a risk. He clarified it concerns the language used to describe risks.	**b. AC to share risk register template**
8	**AOB** **Education Day 2025** AC noted priorities and order to be discussed in the time out session. **Website** AC stated it has not yet been formally launched and still awaiting some feedback. JW highlighted the need for a central repository. DS feels the group should launch the website and adapt as time passes. RB suggested connecting with communication teams in different organisations and use others to cascade out. **Dashboard & Data Collection** AC noted the network trial accrual dashboard is still in progress with no timescale yet. JW noted this dashboard will offer trial data alongside in-depth patient data. KPa highlighted the need for a system to collect data so the network can benchmark against the workplan. DS concurred and added the dashboard should be related to our objectives and other data gained from existing sources. RB suggested discussing data collection in the following part of the meeting to move this forward. The meeting was closed and the Board moved into a Time Out session for which there are separate notes.	**c. Network team to formally launch website at the Education Day**