



Yorkshire & Humber Children's Cancer Clinical Network Meeting (previously known as Operational Delivery Network)

Wednesday 23rd April 2025 13:00 - 15:00

Online Meeting

Attendees:

Name	Role	Organisation
Rachel Lyles (RL)	POSCU Lead Nurse	Airedale NHS Foundation Trust
Rachel Wilkinson (RW)	POSCU Lead Nurse	Calderdale and Huddersfield NHS Foundation Trust
Liz Higgs (LH)	POSCU Lead Clinician	Calderdale and Huddersfield NHS Foundation Trust
Natalie Kisby (NK)	Head of Family Support	Candlelighters
Jayne Lowther (JLo)	Clinical Manager Community Children's Services	City Health Care Partnership
Alex Chilvers (AC)	Network Manager	CTYACCN
Paddy Carley (PCa)	Data Co-ordinator	CTYACCN
Julie White (JW)	Lead Nurse	CTYACCN / Leeds Teaching Hospitals NHS Trust
Hilary Quinton (HQ)	Lead Nurse for Haematology and Oncology	CTYACCN / Sheffield Children's NHS Foundation Trust
Katharine Patrick (KPa)	Lead Clinician	CTYACCN / Sheffield Children's NHS Foundation Trust
Helen Richards (HR)	Network Lead Nurse	CTYACCN/ Leeds Teaching Hospitals NHS Trust
Diane Hubber (DHu)	TYA Lead Nurse	CTYACCN/ Leeds Teaching Hospitals NHS Trust
Debbie Ibbotson (DI)	Children's Community Nurse	Harrogate and District NHS Foundation Trust
Anna Sowersby	Matron for Children and Young People	Hull University Teaching Hospitals NHS Trust
Jo Lyons (JL)	POSCU Lead Nurse	Hull University Teaching Hospitals NHS Trust
Ashwini Kotwal (AK)	POSCU Lead Clinician	Hull University Teaching Hospitals NHS Trust
Lam Cao (LC)	Staff Nurse	Leeds Teaching Hospitals NHS Trust
Martin Elliott (ME)	Consultant Paediatric Oncologist	Leeds Teaching Hospitals NHS Trust
Trudi Cornforth (TC)	Oncology Outreach Nurse Specialist	Leeds Teaching Hospitals NHS Trust
Sally Morrison (SM)	Children's Cancer Outreach Nurse	Leeds Teaching Hospitals NHS Trust
Sarah Hanson (SH)	Senior Research Nurse	Leeds Teaching Hospitals NHS Trust
Rachel Wane (RWa)	TYA Research Champion for Yorkshire and Humber	NIHR
Karen York (KY)	Children's Community CNS	North Lincolnshire and Goole NHS Foundation Trust
Umaima Aboushafa (UA)	POSCU Deputy Lead Clinician	North Lincolnshire and Goole NHS Foundation Trust

Deborah Rowley (DR)	Advanced Physiotherapist and AHP Workforce Lead	Sheffield Children's NHS Foundation Trust
Lynn Mcnamee (LM)	Diagnostics Programme Lead	West Yorkshire and Harrogate Cancer Alliance
Stacey Needham (SN)	Oncology Lead Nurse	York and Scarborough NHS Foundation Trust
Rebecca Proudfoot (RP)	POSCU Lead Clinician	York and Scarborough NHS Foundation Trust

Apologies:

Name	Role	Organisation
Liz Purnell	TYA (Teenage and Young Adult) Lead Nurse	CTYACCN / South Yorkshire, NLAG & North Derbyshire Teenage Cancer Trust
Vanessa Brown	Senior Matron CYP (Children and Young People)	Hull University Teaching Hospitals NHS Trust
Beki James	Consultant Haematologist	Leeds Teaching Hospitals NHS Trust
Ruth Kirby	Business Manager	Leeds Teaching Hospitals NHS Trust
Hilary Campbell	Head of Research Delivery	NIHR
Mike Minihan	Staff Nurse	York and Scarborough NHS Foundation Trust

Action	Responsible person
Feedback a clear plan for data collection at the next meeting.	Network team

Item	Minutes	Action
1. Standard business	<p>Welcome and Introductions KPa introduced the group and encouraged all members to introduce themselves in the chat.</p> <p>Minutes from previous meeting All members agreed the minutes were accurate.</p> <p>Declarations of Interest No declarations of interest noted.</p> <p>Network Participation Tracker PC noted good attendance from all centres for meetings and the Education Day. Any issues will be raised to the network team.</p> <p>Previous actions KPa highlighted previous actions.</p> <ul style="list-style-type: none"> <i>CCLG membership requirements for the Lead and Deputy Lead Clinician.</i> The Lead Clinician is required to be a member in all POSCUs, but this is only relevant for the Deputy Lead in an Enhanced Level A POSCU. This has been altered accordingly on the annual report template. 	

	<ul style="list-style-type: none"> • <i>ALL guidelines.</i> JW noted Amy Ruffle is back in work in late May. KPa will discuss with her and Danielle Ingham on her return. • <i>Network data collection.</i> KPa highlighted the 3 monthly time period led to some uncertainty over data collection. She suggested discussing this outside this meeting with HQ and JW. JW stated there were questions regarding frequency and methods of collection. The network has a priority to garner oversight of workforce, throughput and requirements for mutual aid. She stated if data is collected quarterly, centres may use for their annual report to avoid duplication. KPa wants to ensure data collection isn't onerous. ACTION. 	Feedback a clear plan for data collection at the next meeting.
2. Benchmarking update	<p>KPa stated the network has produced all PTC and POSCU benchmarking reports, with management and clinical teams receiving the final report. An overarching report of children's cancer services has been submitted to specialised commissioners.</p> <p>Follow up visits will take place every 3 years with the next scheduled in 18-24 months' time. She highlighted it is possible specifications may change, but this will be reviewed in line with the benchmarking agreement.</p> <p>AC clarified the TYA and children's benchmarking will be staggered next time. KPa highlighted a recurring theme of POSCU pharmacists having difficulty accessing CPD. She has compiled resources suitable for paediatric pharmacists working in shared care centres and this will be available on the website in due course.</p> <p>JW will be updating regarding peer review as she doesn't wish to duplicate efforts. The benchmarking process was to gain clarity over how centres operate, and refocus efforts on issues. She noted it is important to keep informed about the wider cancer landscape.</p>	
3. Service Improvement Projects/ Workplan Update	<p>Website</p> <p>PC noted the website has been updated with new clinical guidance links and will be editing the research tab shortly.</p> <p>HR stated there is plans to add late effects patient information to the network website and has been liaising with Jess Morgan regarding this. KPa also suggested linking in with Claire Strong (late effects nurse in SCH).</p> <p>JW recommended incorporating this into the patient information hub as most content is external links currently. PC, HR and JW will liaise outside the meeting to discuss plans for the late effects information.</p>	

	<p>KPa highlighted the majority of information on the website is catered to professionals and queried if it had been useful for staff. AK stated she has directed junior doctors to the website and added a link to the induction slides also. KY noted the website has been cascaded to staff and has been very helpful thus far.</p> <p>Annual report template feedback KPa has developed an annual report template for POSCUs to provide an overview to the network. She recently amended the form and has sent over with the hope of it being completed by next month. She asked if there were any more changes required.</p> <p>SN stated York and Scarborough conduct their own annual report and will include all relevant details in this. KPa stated this is not necessary for PTCs as the information is available elsewhere.</p> <p>Shared care agreements JW highlighted more work is required with York and Scarborough and will touch base with SN and RP. She noted governance issues concerning bolus chemotherapy cytarabine. Shared care agreements with community nursing teams not within the POSCU trust are being considered.</p> <p>DHu stated the HUTH shared care policy for 16–18-year-olds has not been finalised. She was tasked to combine this and the existing under 16 shared care agreement. However, the document was deemed too lengthy, and was followed by challenges concerning the TYA team in Castle Hill Hospital.</p> <p>JL queried if the TYA CNS had left HUTH. DHu confirmed interviews had taken place for the post today. She highlighted Teenage Cancer Trust (TCT) had withdrawn funding for certain posts and the TCT nurse is also leaving next month. HUTH staff will require education and support moving forward and the ward manager is aware to ensure pathways are up to date.</p> <p>Bolus chemotherapy JW noted this project is facing challenges concerning nursing governance. For example, if a chemotherapy drug is made at the PTC, it must be an employee of the trust who administers the chemotherapy. Other networks have utilised honorary contracts but this is problematic in LTHT due to the number of individuals administering chemotherapy.</p> <p>She noted significant challenges in community nursing teams; resources are stretched currently and staff are</p>	
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	<p>finding it difficult to do blood work required. Thus, adding other elements to the job role is often not possible.</p> <p>Neil Shaw and JW are exploring all options regarding this as it is an innovative project and is due to finish in December. She is unsure if there is resource to extend.</p> <p>Clinical Educator role Kelly Smith (KS) has been appointed as network clinical educator working alongside JW. Education is a key priority for nurses, AHPs, pharmacists and all involved in children's cancer pathways.</p> <p>KS will be prioritising nursing training and education (children's & TYA) and reaching out to those who signed up at the Education Day for the nursing steering group.</p> <p>JW hopes this will sustain a robust training and education programme which is accessible to all. She wishes to be visible to PTCs, POSCUs and Designated Hospitals with a strategy in place by end of 2025 and operational by April 2026. There are preliminary talks underway with the North West and North East networks about exploring a northern approach.</p> <p>KPa encouraged contacting JW and KS with training ideas who will try and facilitate.</p>	
4. Radiotherapy Mutual Aid Update	<p>LTHT has been providing radiotherapy mutual aid for SCH due to consultant staffing issues. This has posed significant challenges for families and the LTHT team.</p> <p>She noted uncertainty over the future of services with no final decision made. There is a commitment by NHSE to have a decision by March 2026, and it seems likely paediatric radiotherapy will remain in LTHT. Further discussions are ongoing and are now also involving the North East as well as Yorkshire. For the time being, South Yorkshire and NLAG patients will continue to be treated in LTHT. Commissioners agreed TBI for stem cell transplant can remain in both Leeds and Sheffield which is essential to sustain both transplant services.</p> <p>JW wished to acknowledge all those involved in the mutual aid process and patient care. Family feedback garnered was very positive which is testament to LTHT and SCH teams working together. KPa stated the more certainty moving forward the better as standard pathways will be developed.</p>	
7. PTC & POSCU Update	<p>Sheffield PTC HQ updated the group. There is a virtual ward pilot for haematology and oncology patients which is supported by ICBs. The febrile neutropenia pathway has launched and is</p>	

	<p>managing patients currently. Ambulatory chemotherapy pathway will be managed through virtual ward soon.</p> <p>Nursing establishment has been reviewed enabling the creation of new band 6 clinical education hours for the ward. An additional rotation for nursing staff has been created to cover the day care unit.</p> <p>Demand for the nurse led laser therapy for mucositis is increasing which has 24/7 accessibility for all. Transplant activity remains high. An additional consultant has been recruited to cover the non-malignant haematology service. There are capacity issues within day care and SCH is currently facing challenges with the outreach team due to one member leaving.</p> <p>KPa highlighted the Bristol transplant service is closed, so Sheffield is taking on patients from South Wales.</p> <p>Leeds PTC JW updated the group. As noted, LTHT are providing radiotherapy mutual aid for SCH. 8 beds have been closed for a long time. There has been a recruitment drive but vacancies are still present in nursing roles. Application submitted for uplift on band 5 roles.</p> <p>OWLS (oncology and haematology walk-in liaison service) team has funding in place and has had a real benefit for patients. Over the last 18 months band 7 roles have come from other specialities including the clinical educator role. Staff are getting up to speed with clinical expertise and experience whilst bringing lots of other skill sets and qualities.</p> <p>The virtual ward has confirmed extension funding through ICBs with pre-chemotherapy assessments taking place through this. Work is ongoing to streamline this pathway.</p> <p>The ambulatory chemotherapy project is 6 months in and funded by West Yorkshire and Harrogate cancer alliance. 3 individuals are covering the CNS role and JW plans to speak with HQ about how both centres can share experience and work. She has plans to finalise referral pathways into LTHT over the coming weeks.</p> <p>Airedale RL updated the group. Gemma Williams (GW, Lead Clinician) is on maternity leave until the end of December. Phillipa Rawling (Deputy Lead Clinician) will not be able to attend meetings as there is no time in her job description.</p>	
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	<p>Current caseload of 9 patients on treatment, with 3 new patients in the last few weeks. 1 patient off treatment. The monthly MDTs are well attended. Febrile neutropenia audit has been completed but the results have not yet been analysed.</p> <p>Up to date with foundation training and liaising with KS regarding cytarabine training. In GW's absence patients are being followed up at PTC.</p> <p>KPa noted inpatient management has not been affected in GW's absence and offered the network's support. RL's role and time available hasn't changed since previous discussions.</p> <p>Calderdale and Huddersfield RW and LH updated the group.</p> <p><i>Service description</i> POSCU covering Calderdale & Huddersfield with a caseload of 18 oncology children and 6 TYA. 21 patients on active treatment, 3 off treatment and 1 new patient. Inpatients deal with the febrile neutropenia pathway and blood products. CCNT deal with line cares, bloods, low-dose cytarabines. Follow-up and fast track (3 new slots per week) clinics under the care of Dr Higgs. Monthly MDTs going well.</p> <p><i>Team</i> Dr Liz Higgs – Paediatric Consultant (Lead Clinician) Dr Julie Nicholson – Paediatric Consultant (Deputy Lead Clinician) Rachel Wilkinson – Children's Oncology Lead Nurse Marie Beeson – Children's Community Nurse (Deputy Lead Nurse), unfortunately off on long-term sick currently.</p> <p><i>Service update</i> Chemotherapy clinic with 1 patient a month (no other patients pending). There is a concern regarding maintaining competencies which should be addressed locally if there is an extended break of treatment.</p> <p>Typically, 3-4 patients on treatment 1 year ago, but 2 ended treatment and 1 stopped early due to side effects. New ALL trial may result in less coming to the shared care centre. Patients are occasionally choosing to go to LTHT rather than Calderdale and Huddersfield. KPa suggested keeping an eye on this and if a prolonged period occurs then look at training competencies.</p>	
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	<p>Julie Nicholson approached Danielle Ingham regarding oncology experience and is awaiting an email about attending ALL clinics in LTHT.</p> <p>Children's ward link nurse has proved very helpful. Unfortunately, it has been difficult to deliver foundation training for nursing staff due to capacity. There are 2 dates planned for this year to deliver training with support from Leeds clinical educator. RW is also keen to be part of the clinical education nursing working group.</p> <p>Febrile Neutropenia audit was completed by previous SpR, it just needs to be presented at the audit meeting. Some issues arose around viral swabs and tests, and not using AUS scoring system to get patients' home quicker. There were positives regarding patient communication and the majority were seen and given antibiotics within 1 hour.</p> <p><i>Workforce</i> Children's community nursing team has no vacancies currently but there is a gap in cytarabine training for new staff.</p> <p><i>Service specification requirements</i> Shared Care (Enhanced Level A) but not performing day case infusional chemotherapy.</p> <p>Hull (now Humber Health Partnership incorporating NLAG) <i>Service description</i> POSCU covering Hull and East Riding with a caseload of 28 on treatment oncology children, and lots in EOT follow-up clinic. 2 CVAD flush post EOT. Total inpatient stays since Jan 2025 is 60 days (25 patients). There is a separate Community Children's Nursing service (CHCP) which covers line cares, bloods and low dose cytarabine.</p> <p><i>Service update</i> There is nurse cover available for Thursdays when CNS attends university. She is completing a prescribing course which will be of great benefit. Hopefully the cover will move into the deputy nurse role moving forward. JL is also providing some training for Airedale staff.</p> <p>AK has highlighted a trainee to conduct the next febrile neutropenia audit. AK presented last year's report and HUTH did well overall, being ~100% compliant for the 1-hour rule. One negative noted was a lack of proper documentation of children sent home on early discharge pathways. Improvements have already been implemented</p>	
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	<p>to address this such as the use of clerking flow charts for staff.</p> <p>AK has a 2ww clinic with 2-3 slots for urgent cases. Her deputy consultant only covers in AK's absence. She has taken on a paediatric neurosurgery clinic also.</p> <p>Patient survey sent to parents via Google Forms has yielded 3 replies.</p> <p><i>Referral pathways</i> Pathway in place for 16–18-year-olds. DHu clarified some staffing has changed with new staff needing additional support. The written policy is under review. Febrile neutropenia pathway to be renewed.</p> <p><i>Service specification requirements</i> JL noted her nurse GCP training is to be updated.</p> <p>NLAG KY updated the group.</p> <p><i>Service description</i> 21 patients split over North and North East Lincolnshire. Grimsby – 10 SCHFT patients and 1 TYA patient (STH) on active treatment/< 6mths EOT (8 Oncology/3 Haematology). Scunthorpe – 9 SCHFT/2 LTHT patients on active treatment/<6mths EOT (6 Oncology/5 Haematology) Bereavement support – 6 families. Lead consultants and nurses cover for each other at each site when off.</p> <p>Participating in education days with Pippa Blakemore in Sheffield. KY will liaise with the network educator moving forward.</p> <p><i>Service update</i> Local admissions increased at Grimsby and Scunthorpe instead of attending PTC. Need to tighten up process of sharing documentation and notification of discharge summaries. SCH Haematology Oncology team can access NLAG Web V system for blood results which is useful.</p> <p><i>Workforce</i> New junior nursing and medical staff on rotation conducting CVAD training and assessing which is part of mandatory training on records.</p> <p>Sara-Jane Goodwin achieved SACT training and</p>	
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	<p>KY has achieved GCP training. She was invited to the MST meeting about the SCH firefly trial.</p> <p><i>Referral pathways</i> New Febrile Neutropenia guideline cascading down. Buddy groups for nursing staff sharing resources.</p> <p><i>Service specification requirements</i> Looking at the CCLG Career and Education Framework to ensure service specification is met and evidenced in a central place.</p> <p>KPa noted the increase of inpatients in NLAG has made a big difference to patients and families over the last few years.</p> <p><i>Further discussions</i> JW and KS will be mapping out formal skill set document aligned with the educational framework for POSCUs.</p> <p>UA highlighted NLAG is emphasising the golden hour and shared care pathways in training induction for junior doctors whilst working closely with SCH PTC. Struggling as lead nurse is off on long-term sick. UA will liaise with HUTH regarding febrile neutropenia audit. AK is happy to share documents.</p> <p>KPa empathised with junior doctor training, rotating staff and induction pressures. She highlighted producing short videos to help cover topics such as supportive care or febrile neutropenia. She welcomed suggestions of existing videos, as well topics which would be useful to cover. KPa will pick this outside the meeting. JL noted HUTH staff are happy to perform simulation days if required.</p> <p>York RP and SN updated the group.</p> <p><i>Service description</i> Level 1 shared care centre with 13 on active treatment and 3 off in York, and 7 on active in Scarborough. Monthly MDTs. SN is offering more follow ups but still has space on her clinic list. This is PTC consultant preference and they are aware York and Scarborough is available. Not as many inpatients recently as there is mainly maintenance patients as of late.</p> <p><i>Service update</i> Conducted a recent febrile neutropenia audit in York (still needs completing in SGH) which highlighted issues in administering antibiotics within 1 hour.</p>	
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	<p>Activity data completed for CCN teams in York and Scarborough for year 2024. Annual report completed as part of AGM.</p> <p><i>Workforce</i> Good engagement with MDT. Clinical educator continues to provide foundation training for all new starters with 4 more dates planned for summer/autumn. York CCN team are down one WTE band 5 as previous CCN left at end of April. This post has just been recruited to and awaiting a start date. Scarborough CCN team fully staffed.</p> <p><i>Referral pathways</i> Lack of engagement from TYA in MDT and late or misdirected requests for bloods.</p> <p><i>Service Specification</i> SN is working with JW and LTHT on requirements as mentioned previously. The deputy lead nurse in SGH will be valuable taking on some of SN's work as her time for oncology has been reduced.</p>	
8. Education Day 2025	AC confirmed the Education Day will take place on 1 st October 2025 at Novotel Sheffield Centre. KPa encouraged stakeholders to suggest speakers, topics or general feedback.	
10. AOB	<p>JW highlighted the changes with NHSE and the potential impact on networks. AC had a recent meeting with specialised commissioning talking through what involvement networks have with ICBs and cancer alliances. She reassured all there are no planned changes yet.</p> <p>HQ suggested using a section on the website for useful documents. After the meeting the website QR code poster was added to the website and is available here. Please email PC with any other suggestions for the website.</p>	
11. Dates of Next Meetings	<ul style="list-style-type: none"> • 16th July 2025 - 1-3pm • 1st October 2025 - Education Day - Novotel Sheffield Centre • 8th October 2025 - 1-3pm 	