Yorkshire & Humber Children, Teenage & Young Adult Cancer Clinical Network

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

Wednesday 22nd April 2026 13:00 - 15:00

Online Meeting

Attendees:

Name	Role	Organisation
Gemma Williams (GW)	POSCU Lead Clinician	Airedale NHS Foundation Trust
Rachel Lyles (RL)	POSCU Lead Nurse	Airedale NHS Foundation Trust
Rachel Wilkinson (RW)	POSCU Lead Nurse	Calderdale and Huddersfield NHS Foundation Trust
Julia Nicholson (JN)	POSCU Lead Clinician	Calderdale and Huddersfield NHS Foundation 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
Liz Purnell (LP)	TYA (Teenage and Young Adult) Lead Nurse	CTYACCN / South Yorkshire, NLAG & North Derbyshire Teenage Cancer Trust
Paddy Carley (PCa)	Data Co-ordinator	CTYACCN
Alex Chilvers (AC)	Network Manager	CTYACCN
Helen Richards (HR)	Network Lead Nurse	CTYACCN/ Leeds Teaching Hospitals NHS Trust
Bob Phillips (BP)	Lead Clinician	CTYACCN/ Leeds Teaching Hospitals NHS Trust
Angela Snelson (AS)	Children's Nurse	Harrogate and District NHS Foundation Trust
Jo Lyons (JL)	POSCU Lead Nurse	Hull University Teaching Hospitals NHS Trust
Ashini Kotwal (AK)	POSCU Lead Clinician	Hull University Teaching Hospitals NHS Trust
Michelle Kite (MK)	Matron	Leeds Teaching Hospitals NHS Trust
Omobolaji Badejoko (OB)	Oncology HST	Leeds Teaching Hospitals NHS Trust
Rachel Newby (RN)	Ward Manager	Leeds Teaching Hospitals NHS Trust
Umaima Aboushofa (UA)	POSCU Lead Clinician	North Lincolnshire and Goole NHS Foundation Trust
Karen York (KY)	POSCU Lead Nurse	North Lincolnshire and Goole NHS Foundation Trust
Deborah Rowley (DR)	Advanced Physiotherapist and AHP Workforce Lead	Sheffield Children's NHS Foundation Trust
Stacey Needham (SN)	Oncology Lead Nurse	York and Scarborough NHS Foundation Trust
Rebecca Proudfoot (RP)	POSCU Lead Clinician	York and Scarborough NHS Foundation Trust
Kate Hall (KH)	Oncology Link Nurse	York and Scarborough NHS Foundation Trust
Jo Wilson (JWi)	POSCU Deputy Lead Nurse	York and Scarborough NHS Foundation Trust

Apologies:

Name	Role	Organisation
Phillipa Rawling	Deputy Lead Clinician	Airedale NHS Foundation Trust
Jayne Lowther	Clinical Manager Community Children's Services	City Health Care Partnership
Julie White	Lead Nurse	CTYACCN / Leeds Teaching Hospitals NHS Trust
Kelly Smith	Clinical Educator	CTYACCN/ Leeds Teaching Hospitals NHS Trust
Simone Wilkins	Consultant Paediatric and TYA Oncology	Leeds Teaching Hospitals NHS Trust
Rachel Harrison	Lead Nurse for CYP Research	Leeds Teaching Hospitals NHS Trust
Sara-Jane Goodwin	POSCU Lead Nurse	North Lincolnshire and Goole NHS Foundation Trust
Julia Dicks	Clinical Director	SYB Cancer Alliance
Elaine McTavish	Health Engagement Manager	Teenage Cancer Trust
Hazel Rodgers	Professional and Clinical Lead - Nursing & AHP	WY&H Cancer Alliance

Action	Responsible person
KPa to amend Febrile Neutropenia spreadsheet to include all patients	KPa
KPa to clarify nursing education section of annual report template with JW	KPa/JW
Network team to decide on method of uploading guidance	All

Item	Minutes	Action
1. Standard business	**Welcome and Introductions** KPa introduced the group and encouraged all members to introduce themselves in the chat. Bob Phillips was introduced as the new network Lead Clinician, splitting dedicated network time with KPa. **Minutes from previous meeting** All members agreed the minutes were accurate. **Declarations of Interest** Declarations are stored in network files. **Network Participation Tracker** KPa noted good attendance from all centres for meetings and the Education Day. Any issues will be raised to the network team. **Previous actions** N/A	

2. Benchmarking update	KPa is planning on sending an amended spreadsheet from the previous benchmarking. There were lots of repeatable questions which will simplify the process moving forward. The network will ensure to give POSCUs plenty of notice to arrange the next visit. She welcomed any questions via email or this meeting.	
3. Service Improvement Projects/ Workplan Update	**Website Videos** KPa noted this was discussed at the previous meeting and GW has already volunteered to record a 'Febrile Neutropenia' video. Other topics include 'Nausea and Vomiting' and 'Diarrhoea and Mucositis'. OB and Maya Garside (Calderdale) have also volunteered and will contact KPa separately. KPa noted there are network template slides available with plans to record through PowerPoint and upload directly to the website. DR has reviewed assessing toxicity of vincristine neuropathy training from the London networks developed by physiotherapists. She is happy to speak with them about sharing their work. GW added blood transfusions would be a useful training module concerning transfusion thresholds. Photobiomodulation machines were discussed after highlighting mucositis training. BP stated Hull is the only POSCU in England with this machine and it can be used in the community in the Humber. AK stated the TYA unit is also hoping to use the machine, but training and SOP is required. KPa suggested developing a poster for the CCLG conference. JL stated she is developing an audit for preventative patients and will research the poster. **Febrile Neutropenia Audit** KPa has drafted version which will be circulated soon. She hopes completion will be simpler using dropdown boxes with additional, specific local questions to be added if required. JL noted some differences in the decision of early discharge oral antibiotics with multiple patients going home on co-amoxiclav. AK questioned this on a few occasions with the on-call registrar and feels advice must be consistent; noting a concern of non-neutropenic patients going home on antibiotics. KPa stated the template may be extended for any group and suggested auditing oncology patients with a fever and	**KPa to amend Febrile Neutropenia spreadsheet to include all patients**

	note an outcome. This can be used to improve care pathways. BP feels there is a possibly of running a trial for the issues Hull are facing as the guidance for early discharge is clear and not what stated above. It is helpful to know as Leeds can pick up on this. GW agreed this is a great form and added the POSCU team should be auditing all oncology patients but may not be able to complete AUS scoring. **Annual Report Template** KPa hopes that questions arising from the previous version have been answered and feedback taken on. She will share widely in the coming weeks. She welcomed any more suggestions. GW asked if Late Effects was included in the activity section under follow up. KPa clarified this is for POSCUs, not PTCs. The network is asking how many patients completed cancer treatment and are actively being followed up. PTC Late Effects patients are not included in this. KPa will clarify elements of the nursing education with JW. KPa has confirmed this report covers the financial year and if patients have access to the POSCU and febrile neutropenia management or active treatment they should be included. BP acknowledged the number of patients doesn't affect activity, but this provides a proxy and is practically useful activity level which is easily accessible. **Ambulatory Chemotherapy** KPa noted Ambulatory Chemotherapy is running in Leeds and Sheffield. HQ noted SCH has ambulated 2 patients successfully with a third online shortly. It has saved bed days and the patient feedback is very good. Social media updates are to follow as well as developing additional regimens. Unfortunately, the impact on inpatient beds and day case activity is not as great as first thought. David King and Lauren Banks have driven this initiative in Sheffield. BP stated Ambulatory Chemotherapy has experienced some issues in LTHT concerning high-dose Methotrexate. HQ and Jess Morgan had previously discussed this. **PPIE** HR noted the PPIE project is ongoing using qualitative interviews with families and staff alongside the QR code. Unfortunately, there hasn't been as many responses as hoped for. Previous network business cards will be	**KPa to clarify nursing education section of annual report template with JW**

	updated with the PPIE QR code and posters will be sent to POSCU wards. HR is writing a SOP document with the goal of making PPIE 'business as usual'. KPa asked if it would be useful to add what hospital the feedback is obtained from. HR noted this is possible and will be looked at. AK attended the TYA study day on 21st April and noted a theme of issues around surgical experience for TYAs. She wondered if it was worth collecting information on this and trying to improve the initial excision of tumour. HR acknowledged feedback has shown there is often communication issues between departments, especially in patients with additional needs. A useful piece of family feedback was the use of a transfer form with all relevant details on. **Clinical Educator Updates** KS and JW sent apologies for the meeting but provided a written update. KS has prioritised looking at gaps and the education strategy is being written by JW. Both steering groups are working together and a request for training figures to be sent to KS was noted. SN has sent figures and is noted good performance on foundation training. She emphasised competence and confidence are different issues and welcomed training developments. York have been using adult CVAD dummies recently. KPa asked if there was anything PTCs can do to support. SN noted a mixed experience with the oncology day unit in Leeds due to business and underprepared staff. Unfortunately, patients were unwilling to have trainee use CVADs. AK noted portacaths are limited to oncology children. JL offers training sessions using a dummy. Unfortunately, young nurses have been appointed and struggled with training also. KY echoed issues but noted Sheffield is willing to have visits and support. KPa is happy to facilitate on a good day with a larger number of patients and agreed it needs to be acceptable for patients. GW agreed and added Airedale received some family given feedback that Leeds nurses are more competent in this area. She feels it needs expectation management from PTC.	

4. Radiotherapy Mutual Aid Update	KPa has not seen a formal response from NHS England but he has asked for answers locally. Trusts were promised a response by the end of this financial year.	
5. PTC & POSCU Update	**Sheffield PTC** HQ updated the group. • Transplant activity increasing • Replacement day care ward manager has joined the team • Photomodulation and laser therapy making inroads. Collecting data on reduced bed days for admissions for mucositis and PCA/NCA use. • CCLG award for Virtual Ward progress • Developing ambulatory chemotherapy • Exploring external cancer courses, HQ will feed back to the group • Exploring Saturday clinics **Leeds PTC** MK updated the group. • Nursing job opportunities in Leeds; home bolus chemotherapy, 2 trainee ACP posts and 2 outreach nurses. • Ambulatory chemotherapy is going well with small tweaks needed with methotrexate • Ward 31 is closed due to urgent bathroom works; LTHT has started a water-light pathway and removed sinks. The need for new doors with sensors for side rooms has delayed works and the ward will be closed for 3 weeks. • Day unit is opening Saturdays for clinics after positive patient feedback. KPa asked if there was increased medical staffing for weekends. MK noted an ACP works Saturday's and all preparation is done the previous day. MK clarified ongoing chemotherapy patients will have blood counts done earlier in the week with a handful performed in the community. LTHT will require bloods 2 days before. HQ noted SCH is exploring a Saturday clinic. Non-malignant family feedback wasn't in favour but it may be necessary moving forward. RN noted positive feedback in LTHT as parents were taking less days off work. **Airedale** GW updated the group. *Service description* • Level A Standard POSCU covering 700sq miles	

	• 13 patients: 2 post-BMT, 2 end of life, 1 NBL, 3 ALL, 2 Brain, 1 HL, 2 Rhabdomyosarcoma • GW seeing follow up patients again in clinic and attends EOT meetings • Monthly MDT (last one F2F) • 2025 – patients admitted for 25 nights with 35 total attendances to Children's unit • ALLTogether Trial Continuing Care Site • Dr Williams – Lead Oncology Clinician – 1 PA/week; Dr Lyles – Lead Oncology Nurse – ad hoc time; ward link nurse – RCN Cook GW to clarify if any further time has been allocated to RL in her lead nurse role. *Service update* • Dr Williams has returned from maternity leave January 2026 • Children's unit has moved due to RAAC work until at least Feb 2027. No outside space. Fewer side rooms (6 compared with 10, 2 en-suite compared with 4) • Direct access proformas continue to be in use – QIP project to develop a proforma to bridge gap until Cerner. Alert added reminding timely antibiotics, no PR meds/ibuprofen to each S1 record • Oncology action plan is reviewed in nurse assurance meeting monthly GW to meet with ward manager to make plan for oncology patients regarding reduced side rooms. *Workforce* • Limited play service due to long term sickness • Oncology induction provided to all new medical trainees by GW as well as teaching every 10 weeks. • Deputy paediatric oncology lead about to go on maternity leave • 1 further person to train in Cytarabine • Foundation course training: 95% ward staff completed; 100% outreach staff • Limited play service on risk register *Referral Pathways* • Working on lymphadenopathy guideline • Febrile neutropenia audit June 2024-June 2025 (50% had antibiotics within 1 hour, mean time to antibiotic administration 78 minutes, median time	

	to antibiotic administration 62 minutes) – this is significantly better than previously. • GP assist wording on 2-week-wait pathway may still be an issue. *Service Specification Requirements* • No psychology service but access to Sheffield's "The Lucy Project" (pilot site until 2028) • Need to obtain feedback from our families **Calderdale and Huddersfield** RW updated the group. *Service description* • POSCU covering Calderdale and Huddersfield • Caseload of 17 children; active treatment 15, 1 new patient, 1 palliative treatment • Inpatient covers Febrile Neutropenia pathway and blood products • CCNT covers line cares, bloods and low-dose cytarabines • Follow-up clinics with Dr Nicholson • Monthly MDTs • Dr Julia Nicolson – Paediatric Consultant (Lead) • Vacancy – Paediatric Consultant (Deputy) • Rachel Wilkinson – Children's Oncology Lead Nurse • Marie Beeson – Children's Community Nurse (Deputy) *Service update* • CCNT – outreach joining team work in progress (acute work) • Chemotherapy clinic stopped June 2025 with plans to re-commence in 1 year • Children's ward link nurse has an active role with oncology work • Foundation training booked with Leeds at Calderdale • Discussion around local psychology support has commenced • Discussions with adult oncology team at CHFT to make sure we're meeting all the trust requirements *Workforce* • Nursing vacancies on the Children's ward	

	• Children's Community Nursing team has no vacancies • Unable to deliver chemotherapy clinic at present due to outstanding medical training. Plan to recommence April 2027. • 2 more CCNs identified to do vincristine training • To maintain Vincristine competency with support from Leeds • POSCU Deputy Nurse is based on Children's ward 1 day a week to support patients and staff training • Ward clinical educator is supporting with CVAD competencies for nursing staff on ward • PNPs on Paediatrics SDEC are going to complete Foundation training and CVAD competencies • CVAD training plan • Junior doctor training has been arranged *Service specification requirements* • No deputy medical cover **Hull (now Humber Health Partnership incorporating NLAG)** JL updated the group. *Service description* • POSCU Level 1 shared care unit covering Hull and East Riding • Lead Consultant: Dr Kotwal, Deputy Consultant: Dr Gupta, Lead Nurse: Jo Lyons (1.0 WTE), Deputy Nurse: Lily Bone (0.4 WTE) • Caseload: 20 ACTIVE treatment oncology children; 4 POST TRANSPLANT EOT F/U with DR Kotwal 30 • Total inpatient stays since Jan 26: 26 inpatient episodes • Separate Community Children's Nursing service (CHCP) *Service update* • Quarterly newsletter sent to families • SOP done for PBM and updated febrile neutropenia proforma • PBM machine in use for preventive / treatment mucositis *Workforce* • Leeds Keyworker off long-term sick • No Psychology input for patients • Training induction sessions offered	

	• GIRFT leaflets for 2WW lymphadenopathy referrals *Referral Pathways* • CHH shared care needs discussing with Diane Hubber regarding what is expected with consultants at Castle Hill Hospital *Service specification requirements* • Deputy Nurse in post **NLAG** SJG updated the group. *Service description* • Humber Health Partnership (HHP) and Northern Lincolnshire and Goole NHS Foundation Trust • Standard level POSCU covering DPOW (North East Lincolnshire) and Scunthorpe (North Lincolnshire) covered by Lead POSCU consultant and Lead POSCU nurse on both sites. • Lead POSCU nurses work over community and hospital setting to support oncology patients • Lead POSCU nurses completed SACT training • MDT across sites • 14 patients on active treatment • 4 patients off treatment up to 6 months • On-going bereavement support for 5 patients *Service update* **Achievements** Benchmarking actions all completed on review of actions ODN Network site now live on NLAG Hub page so all staff can access the shared guidelines with ease. **Issues** Need to tighten up process of sharing documentation and notification of discharge summaries. Ensuring PTC is informed of admission management and emailing relevant personnel at SCHFT. *Workforce* • POSCU study days held regularly, facilitated by POSCU Lead nurses and SCHFT Nurse educator to cover CVAD cares, Febrile Neutropoenia protocol and foundation level training • CVAD theory refresher sessions and practical sign offs held on Buddy days and clinical skills training	

	• Training for CVAD theory and practical placed on matrix with 2-year update on theory • POSCU Lead nurses and Lead Consultants have all completed GCP training • Rolling System in place for Dr's induction training covering Febrile Neutropoenia • Febrile Neutropoenia audit commenced in preparation for annual report • Risks - junior staff are not meeting criteria of having at 2 trained on each shift competent in CVAD and blood transfusion • Capacity - Lead Nurses find it difficult within hours to cover, train, cover day-day caseload and administration time for updates. • Training days booked • NLAG looking at a Nurse Educator post - now in place but not covering POSCU training at present • Plans to have e-rostering reflect staff competencies and Paediatric emergency nurse/Hospital @ Home team alongside generic community team to support with CVAD cares when oncology in-patient *Referral pathways* • Referral pathways remain clear within paediatrics with GP if suspecting malignancy being able to refer straight to paediatric assessment units for urgent review and further referral to tertiary centres following further assessment and investigations • GP and other NLAG services increased awareness needed on if suspecting malignancy can refer straight to local paediatric for urgent assessment • Referral pathway within operational policy which is reviewed annually *Service specification requirements* • Business meetings between NLAG and SCHFT to be organised UA added nursing and doctor teaching sessions are going well at induction. She asked if she could attend a SCH clinic as part of the service specification requirements. KPa happy to be contacted to arrange this. **York** SN updated the group. *Service description* • York: Level 1 enhanced shared care	

	• Scarborough: Level 1 – stabilise and transfer to York • Currently on MDT list: York: 13 on active treatment, 0 off. Scarborough: 11 on active, 1 off • Monthly MDTs • Psychology support for Oncology patients locally • Staffing: 1.6 WTE CCN Scarborough, 4.8 WTE CCN York, 0.8 WTE nursery nurse, Link nurse – ward 17 and Rainbow *Service update* • Oncology training for new starters on both Rainbow and Ward 17; planned as part of preceptorship • Low dose chemotherapy training completed for senior nurses in York; OSCE's in progress • End of life play therapy and memory making is vital and well received element to the team this year • Looking into utilising Trust based CVAD in-house training. Exploring if, although adult focused, it could be used for Paediatrics in order to increase training capacity for staff and enable more competence-based practice to maintain staff confidence due to prolonged gaps between oncology patients • Annual report completed • Lead Oncology Nurse role has budget constraints which mean no current plans in this financial year but looking into alternative streams of funding Risks: • Continuing delay for treatment on wards due to patient flow and staffing • Late blood requests or absent blood requests. *Workforce* • RP is undertaking regular teaching sessions • Gap in induction due to time constraints • Hoping Scarborough teaching will be picked up when Deputy Lead Clinician is back from maternity leave. • Good engagement with MDT • Psychology input for staff and patients • At times, joint working sometimes limited *Referral pathways* • Stacey is looking into hospital at home pathways • Working with patient experience team to devise a bespoke feedback form for families on the	

	caseload to discover their experience both of pre and post referral, diagnosis and on-going treatment *Service specification requirements* • Scarborough hospital has a lack of clarity about the level of care they can provide. Patients been told by Leeds team they cannot attend Scarborough. However, the service specification states that patients can come to Scarborough be reviewed and stabilised, either discharged home or transferred to York if longer term treatment is required • Continuing delay for treatment on wards due to patient flow and staffing • Late blood requests or absent blood requests. KPa noted the Febrile Neutropenia audit is to be tweaked slightly. RP agreed that all patients should be audited and has students willing to help. KPa will email with the updated audit spreadsheet once sorted.	
6. Education Day 2026	KPa stated the Education Day is booked for 1st October 2026 at Horizon, Leeds. She welcomed any suggestions for topics to cover. GW suggested a small poster presentation as it is useful for junior doctor's CVs and experience. KPa agreed and feels it is a way to inspire and grow staff for the future. LP added this would be useful for AHPs and nurses also. HQ suggested showcasing posters and presentations which had been seen nationally or internationally previously. SN asked if a section for POSCUs shared learning showcasing an understanding of roles and challenges would be applicable. The group agreed a full discussion format would be suitable.	
7. AOB	**Website guidance discussion** JL had issues with guidance loading on individual devices noting conversations with PCa. AK emphasised it would help trainees to have access. SN is struggling with access and has submitted Datix concerning this. She is hoping to avoid putting guidance elsewhere due to governance issues noted. KPa suggested uploading the most used guidance; Febrile Neutropenia and Blood Transfusions. She noted the need for a network system to check expiry dates. HR stated some long term follow up guidelines are out of date and will look into this outside the meeting.	**Network team to decide on method of uploading guidance**

	JN asked if the access codes were available for CCLG conference POSCU training. AC will forward the log in details. GW asked if this could replace some of foundation training or induction videos, but JL clarified this covered administering bolus chemotherapy.	
Dates of Next Meetings (all 1-3pm)	• July 8th 2026 • October 7th 2026 • January 20th 2027 • April 28th 2027 • July 21st 2027 • October 20th 2027	