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

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

Wednesday 16th July 2025 13:00 - 15:00

Online Meeting

Attendees:

Name	Role	Organisation
Rachel Wilkinson (RW)	POSCU Lead Nurse	Calderdale and Huddersfield NHS Foundation Trust
Julia Nicholson (JN)	POSCU Lead Clinician	Calderdale and Huddersfield NHS Foundation Trust
Natalie Kisby (NK)	Head of Family Support	Candlelighters
Natalie Kisby (NK)	Head of Family Support	Candlelighters
Jayne Lowther (JLo)	Clinical Manager Community Children's Services	City Health Care Partnership
Paddy Carley (PCa)	Data Co-ordinator	CTYACCN
Julie White (JW)	Lead Nurse	CTYACCN / Leeds Teaching Hospitals NHS 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
Helen Richards (HR)	Network Lead Nurse	CTYACCN/ Leeds Teaching Hospitals NHS Trust
Diane Hubber (DHu)	TYA Lead Nurse	CTYACCN/ Leeds Teaching Hospitals NHS Trust
Jo Lyons (JL)	POSCU Lead Nurse	Hull University Teaching Hospitals NHS Trust
Michelle Kite (MK)	Matron	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
Sara-Jane Goodwin (SJG)	Oncology Lead Nurse	North Lincolnshire and Goole NHS Foundation Trust
Hassan Al-Moasseb (HAM)	POSCU Lead Clinician	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
Jo Wilson (JW)	Children's Nurse	York and Scarborough NHS Foundation Trust

Apologies:

Name	Role	Organisation
Alex Chilvers	Network Manager	CTYACCN

Hilary Quinton	Lead Nurse for Haematology and Oncology	CTYACCN / Sheffield Children's NHS Foundation Trust
Ashwini Kotwal	POSCU Lead Clinician	Hull University Teaching Hospitals NHS 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
Umaima Aboushofa	POSCU Deputy Lead Clinician	North Lincolnshire and Goole NHS Foundation Trust
Julia Dicks	Clinical Director	SYB Cancer Alliance
Lynn Mcnamee	Diagnostics Programme Lead	West Yorkshire and Harrogate Cancer Alliance
Hazel Rodgers	Professional and Clinical Lead - Nursing & AHP	WY&H Cancer Alliance

Action	**Responsible person**
JW/PC to continue work on York and Scarborough SCA.	**JW/PC**

Item	**Minutes**	**Action**
1. Standard business	**Welcome and Introductions** KPa introduced the group and encouraged all members to introduce themselves in the chat. **Minutes from previous meeting** All members agreed the minutes were accurate. **Declarations of Interest** No declarations of interest noted. **Network Participation Tracker** PCa noted good attendance from all centres for meetings and the Education Day. Any issues will be raised to the network team.	
2. Benchmarking update	KPa noted all reports are currently with the relevant management teams. She wants to know how centres are progressing with the areas for improvement from the benchmarking reports and encouraged people to include this in annual report. The benchmarking process will be repeated in the second half of 2026 with plans to reduce the spreadsheet length and remove irrelevant information for POSCUs.	
3. Service Improvement Projects/ Workplan Update	**Website** KPa asked if there was any improvements or additions to be made, highlighting the guidelines section as key. SJG noted NLAG added the network website to the live hub meaning all staff can access the shared guidelines, which is especially helpful for febrile neutropenia. KPa	

	emphasised there is only a limited number of guidelines and is happy to add more if it would be useful. DR asked if there were links to ACCEND framework as it would be useful for training and education. JW and Kelly Smith (Clinical Educator) are currently working on the training and education strategy, building on from the previous CTYA framework. JW encouraged suggestions if anything is missing. She noted a national drive for pharmacy training but is unsure if AHPs are involved, highlighting gaps for lots of professionals in training and education. DR is currently completing leadership module assignment on training and education and is happy to link in with JW and KS. **Shared care** JW noted LTHT have some work to do on York and Scarborough's shared care agreement (SCA) but other centres all reflect the current service specification. She highlighted national debates as to whether SCAs are needed if a Memorandum of Understanding (MoU) or operational policy is in place. She noted AC is taking the network operational policy forward. JW stated NLAG has its own operational policy but there is no national agreement on what works best and no guidance from NHSE. In previous conversations commissioners stated SCA are detailed and helpful for roles and responsibilities. JW aims to complete this work in Q3 of this year. She wants to combine the two separate SCAs with York and Scarborough into one to reflect the trust partnership. SN agreed that SCAs are detailed but this is useful locally for business cases and commissioning purposes. JW concurred and plans to draft the SCA and subsequently meet with SN, RP and the business team. **ACTION.** **Bolus chemotherapy** JW noted the Bolus chemotherapy project is 18 months in and was funded by Candlelighters. The project started in Leeds PTC during covid offering chemotherapy to patients who met the eligibility criteria. This garnered positive feedback from families and the project lead wanted to explore working with shared care partners. Due to governance issues and legalities for aseptic licenses bolus chemotherapy was unable to be delivered in shared care centres. JW stated it needs to be available as an outreach model and is conducting an options appraisal with a presentation to the triumvirate team in LTHT to follow.	**JW/PC to continue work on York and Scarborough SCA.**

	She highlighted the impact on cancer journeys and is keen to maintain the service moving forward. **Ambulatory chemotherapy** The ambulatory chemotherapy project started 8 months ago with the pharmacist and clinical fellow producing a SOP and pathway together. They are hoping to pilot a first patient in Autumn. KPa asked if there was a specific ambulatory chemotherapy nurse. JW stated this would be initially co-ordinated by an individual but practicalities are still to be arranged. She noted an administration process of booking will be needed but the nursing and clinician team will lead the project due to training and education requirements. The project is due to end in December 2026 with plans to become 'business as usual' afterwards. There is a bay already chosen on the ward for this purpose. JW highlighted the need for a rigorous pathway with patients coming in for pre-assessment 48 hours prior to commencing treatment. However, not many patients are eligible to begin with. KPa stated this is an exciting project which will make a difference to patients and families. She noted similar work taking place in Sheffield with 2 nurses visiting UCLH as a scoping exercise. **PPIE** HR has been working on incorporating PPIE into the network in her role as lead nurse. She is keen to use existing formats and not reinvent the wheel, showing that patients are at the heart of the network. She noted the importance of having tangible work to show to NHSE. HR shared her project plan (PPIE project infographic.pdf). She is hoping for volunteers to get involved. HR sees the best route of giving feedback as via an app or smartphone. So, she has decided to share the QR code via posters on wards and in outpatients. The feedback tool will be live with one question for patients; "how could your day be improved?". The tool will provide some demographics to help data collection and analysis, with the question subject to change dependent on the current climate. HR is hoping to conduct interviews on wards with families across the region dependent on time. LP noted from a TYA perspective patients are more likely to answer one question than multiple and sees this as a positive start. HR noted her research has shown improvement of communication and trust builds	

	credibility for care givers. She also wants to promote the network more and emphasise achievements and positive stories. HR stated she will need help with qualitative data collection. For example, utilising medical students for conducting interviews as KPa had mentioned previously. HR encouraged anyone with an interest in PPIE to get in touch. KPa noted due to the small number of patients in POSCUs who come and go for treatments, PPIE collection will be less predictable and harder to capture data in one visit. DR noted she is underway with a PPIE project and acknowledged how time consuming it is. She highlighted the skill of asking the right question at the right time. She suggested HR contact the PPIE lead in each trust. HR wants to be more communicative with other centres and make PPIE a network-driven response with support from charities and stakeholders. JW stated a key part of lead nurse role is PPIE. If the network is clear about the question, she asked if this could be considered in the day-to-day work of POSCU lead nurses, as she is keen from a PTC perspective. SN noted York conduct a PPIE survey monkey feedback form every 2 years. Currently, the trust is trying to use the friends and family's feedback tool, so it would be an ideal time to link with the York PPIE lead (SN has sent to HR). For POSCUs, SN suggested using the CCN team as they see patients regularly. HR stated if patients and families help build the PPIE program it grows faster. Once HR returns from leave, she will work with PC to start disseminating the QR code. KPa stated patients are able to answer multiple times, with HR emphasising the importance of live feedback. **Instagram** PC and HR are in the process of setting up and Instagram account. This will only enable one-way communication due to governance issues. HR encouraged all to share once it goes live. **Clinical Educator role** Kelly Smith (KS) and JW are working on this project. KS has been in post from April 2025 and chose to focus on nursing workforce to begin with as it is the largest. JW shared their project road map (Training and Education Strategy.pdf).	

	As there are different needs for Children's and TYA separate working groups were set up. The national framework was studied and a project plan developed in line with this. KS is reviewing resources (such as the CCLG report) and correlating findings across region. KS has pulled together a CTYA competency framework and required skillset for various roles including CNS, PTC band 5 & 6, POSCU band 5 and CCN nurses. The benchmarking process has been reviewed to assess gaps as well as linking in with other networks and universities. There are decisions to be made on providing or commissioning across networks. Steering groups will look at how best to deliver information and acknowledge clear responsibilities. JW sees equity provision as important and is mindful of challenges across NHS with workforce age changing and gaps increasing. JW noted KS is only in post for one year and time is going quickly, so evaluating the model and gathering feedback is very important. She stated a business case for further funding in network or PTCs may be required to sustain this moving forward. She highlighted difficulty in focusing on multiple professional groups at the same time. If this project is a success, it makes progressing to the next group easier.	
4. Radiotherapy Mutual Aid Update	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. There is a commitment from NHSE to have definitive long-term decision from April 2026, with the service likely to remain in LTHT with Palliative fractions and TBI in SCH as well as LTHT. KPa noted this all to be confirmed however, with more updates to follow.	
5. PTC & POSCU Update	**Sheffield PTC** KPa updated the group. Staffing numbers are OK overall with a mixed skill set for nursing who are developing competencies. SCH has issues with cubicle capacity with the stem cell transplant service struggling due to Bristol stem cell centre closing. This is increasing pressures on the haematology oncology team. Changes to ALL therapy with more patients receiving blinatumomab will have implications on the ward with additional bed days required. **Leeds PTC** MK updated the group. 8 beds are closed which is delaying treatments. The business case for uplift in nursing establishment (enabling the correct	

	establishment) has been agreed. Recruitment is ongoing with 13-14 in the pipeline and 6 more to come due to probable drop outs. This will lead to a junior skill mix and it will be challenging for senior supporting staff. The senior clinical educator is on maternity leave in autumn so there will be a band 7 role out for secondment. More vacancies are available in OWLS (Oncology and Haematology Walk in Liaison Service). This is an acute triage service phone line which directs patients to the right place. They review patients on arrival similar to A&E following an escalation system. MK is hoping all vacancies will be filled in this team for a comprehensive 24/7 service. Unfortunately, there has been an increase in infections (line and C. diff). Regular IPC meetings are taking place with the situation hopefully settling down soon. JW encouraged MK to share lessons learnt around CVAD and c.diff with the group. MK is happy to share lessons learnt in any capacity. KPa suggested sharing at the education day as a joint presentation with TYA may be useful. Learning points could be shared on the website but the details included would need to be carefully considered as it is open to the public. **Airedale** No one from Airedale was present due to staffing pressures. **Calderdale and Huddersfield** RW updated the group. *Service description* - POSCU covering Calderdale & Huddersfield with a caseload of 16 oncology children and 6 TYA. 16 on active treatment, 6 off treatment and 1 new patient. - Inpatient care with a febrile neutropenia pathway and blood products. - CCNT cover line cares, bloods and low-dose cytarabines. - Follow-up clinics with Dr Nicolson. - Monthly MDT's - Dr Julia Nicolson – Paediatric Consultant (Lead) - Dr Olivia Parker – Paediatric Consultant (Deputy) - Rachel Wilkinson – Children's Oncology Lead Nurse - Marie Beeson – Children's Community Nurse (Deputy) *Service update*	

	- Staff changes with Dr Higgs leaving lead role at beginning of July. - Alice Lewis (Leeds children's oncology outreach nurse) maternity leave from end of June. Louise Lawstone commencing outreach nurse role from next week. - Chemo clinic stopped June 2025 as there is no eligible patients at present. - Children's ward link nurse has an active role with oncology work. - Foundation Training delivered by Leeds network clinical educator 12th June, another date to be arranged for November. - Febrile Neutropenic audit completed and awaiting presentation at audit meeting. - Patient feedback from 7 families about ward experience awaiting feedback from Leeds to develop action plan. *Workforce* - Nursing vacancies on children's ward – 9.6 WTE for band 5, 1.3 WTE for band 4 but with expected new starters in September. - Children's community nursing team – 1.0 WTE for band 3. - Gap in cytarabine training for new staff but in process of arranging training with Leeds. Plan is for lead nurse to carry out yearly cytarabine updates. - Unable to deliver chemotherapy clinic at present due to outstanding medical training. - POSCU lead nurse and deputy nurse to maintain Vincristine competency with support from Leeds. - POSCU deputy nurse will be 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. *Service specification requirements* - Annual report to be submitted to network. - Dr Julia Nicholson and Dr Parker have arranged oncology training in Leeds. JN introduced herself as the new oncology lead and hoped to complete oncology training with the Leeds team prior to eligible patients starting chemotherapy in Calderdale. KPa emphasised the network is happy to help with any training and support for the new members of staff.	

Hull (now Humber Health Partnership incorporating NLAG)

JL updated the group.

Service description

- POSCU unit covering Hull and East Riding with a caseload of 25 on treatment oncology children, 28 EOT follow up and 2 CVAD flush post EOT.
- Total inpatient stays since January 2025 is 105 days (45 patients). Separate Community Children's Nursing service (CHCP) in place.

Service update

- JL has deputy nurse cover on Thursdays when she is at university.
- Working on local SOP for mucositis and single checker for cytarabine in place.

Workforce

- Started using SACT workbook for new starters.

Ward	**Foundation**	**Completed Workbook**
Woodland Ward	18/25	13/25
Assessment Unit	12/16	7/16
PHDU	8/11	5/11
Outpatients	9/10	6/10
Community	11/11	11/11

Referral pathways

- Pathway in place for 16–18-year-olds.
- Neutropenia proforma to be renewed.

Service specification requirements

- Need designated Deputy Nurse in post.
- No local psychology support.

JLo noted Hull CCN is still receiving late notice bloods with a record to be taken from MDTs and fed back to Leeds. JL noted the mucositis SOP was an in-house issue and is just to ensure all members of staff are aware of processes.

NLAG

SJG updated the group.

Service description

- 21 patients split over North and North East Lincolnshire.

	- Grimsby: 10 SCHFT pts and 1 TYA patient (STH) on active treatment/< 6mths EOT (8 oncology/3 Haematology), 3 newly diagnosed patients in last month. - Scunthorpe: 9 SCHFT/2 Leeds patients on active treatment/<6mths EOT (6 Oncology/5 Haematology) - Bereavement support on-going for 6 families *Service update* Achievements - Local admissions continue to increase instead of attending PTC in both Grimsby and Scunthorpe. - Good working relationships with PTC and collaborative team working with end-of-life care, which has been highlighted in CDOP. - SCHFT Haem/Onc team can access NLAG Web V system for blood results. - Cancer Clinical 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 Internal actions - Ensure PTC is informed of admission management and email relevant personnel at SCHFT. - Ask if NLAG can get discharge letters on automated send to SCHFT similar to GP practices. *Workforce* - 4 POSCU study days organised for: 26th September 2025, 7th November 2025, 23rd January 2026, 27th March 2026. - These are facilitated by POSCU Lead nurses and SCHFT Nurse educator to cover CVAD cares and febrile Neutropoenia protocol. - CVAD on buddy days and training for theory and practical placed on matrix with 2-year update on theory. - POSCU Lead nurses and Lead Consultants planned to attend the network study day October 2025. - Rolling system in place for Dr's induction training. - Risks to junior staff not meeting criteria of having at least 2 trained on each shift competent in CVAD and blood transfusion. - Capacity issues with lead nurses having difficulty within hours to cover, training, day-day caseload and administration time for updates.	

	- NLAG is looking at a Nurse Educator post. *Referral pathways* - Referral pathways remain clear within paediatrics for GPs (if suspecting malignancy). They are able to refer straight to paediatric assessment units for urgent review, with further referral to tertiary centres following assessment and investigations. - GPs and other NLAG services need increased awareness that if suspecting malignancy, they 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 taking place. - Annual Network Report is outstanding. KPa agreed business meetings would be helpful between SCHFT and NLAG to ensure governance is correct and operations are smooth. In her opinion, the processes are very effective with patients utilising the service and SCHFT hugely grateful to NLAG. **York** RP and SN updated the group. *Service description* - Level 1 enhanced shared care. - MDT list in York - 12 on active treatment and 2 off. - Scarborough - 9 on active and 0 off. - Monthly MDTs taking place. *Service update* - Cross-site febrile neutropenia audit was presented last week with similar results to last year. - Recent AGM took place. - For next user survey Y&S will use friends and family service. Y&S will hold off while network PPIE work is underway. - Excellent support provided around palliative care recently. *Workforce* - Good engagement with MDT. - New band 5 is now up to full competency. - Deputy doctor is going on maternity leave and Dr Fazio will replace.	

	Referral pathways - Lack of engagement from TYA in MDT. - SN is looking into hospital at home pathways.	
6. Education Day 2025	KPa stated the next Education Day takes place at Novotel, Sheffield Centre and encouraged all to share with their colleagues. The network welcomes suggestions of topics to cover via email or in this meeting.	
7. AOB	No other business noted.	
Dates of Next Meetings	• 1st October 2025 - Education Day - Novotel Sheffield Centre • 8th October 2025 - 1-3pm	