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

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

Wednesday 14th January 2026 13:00 - 15:00

Online Meeting

Attendees:

Name	Role	Organisation
Rachel Wilkinson (RW) with Charlotte Irvin (Student Nurse)	POSCU Lead Nurse	Calderdale and Huddersfield NHS Foundation Trust
Julia Nicholson (JN)	POSCU Lead Clinician	Calderdale and Huddersfield NHS Foundation Trust
Jayne Lowther (JLo)	Clinical Manager Community Children's Services	City Health Care Partnership
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
Liz Purnell (LP)	TYA (Teenage and Young Adult) Lead Nurse	CTYACCN / South Yorkshire, NLAG & North Derbyshire Teenage Cancer Trust
Alex Chilvers (AC)	Network Manager	CTYACCN
Paddy Carley (PCa)	Data Co-ordinator	CTYACCN
Helen Richards (HR)	Network Lead Nurse	CTYACCN/ Leeds Teaching Hospitals NHS Trust
Diane Hubber (DHu)	TYA Lead Nurse	CTYACCN/ Leeds Teaching Hospitals NHS Trust
Kelly Smith (KS)	Clinical Educator	CTYACCN/ Leeds Teaching Hospitals NHS Trust
Jilly Adams (JA)	Children's Community Nurse Lead	Harrogate and District NHS Foundation Trust
Jo Lyons (JL)	POSCU Lead Nurse	Hull University Teaching Hospitals NHS Trust
Theresa Bowen (TB)	General Manager	Hull University Teaching Hospitals NHS Trust
Anna Sowersby (AS)	Matron	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
Amy Ruffle (AR)	Paediatric Consultant Oncologist	Leeds Teaching Hospitals NHS Trust
Rachel Wane (RWa)	TYA Research Champion for Yorkshire and Humber	NIHR
Sara-Jane Goodwin (SJG)	Oncology Lead Nurse	North Lincolnshire and Goole NHS Foundation Trust

Deborah Rowley (DR)	Advanced Physiotherapist and AHP Workforce Lead	Sheffield Children's NHS Foundation Trust
Alice Kay (AK)	Dietician	Sheffield Children's
Julia Dicks (JD)	Clinical Director	SYB Cancer Alliance
Hazel Rodgers (HR)	Professional and Clinical Lead - Nursing & AHP	WY&H 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
Vanessa Brown	Senior Matron CYP (Children and Young People)	Hull University Teaching Hospitals NHS Trust
Michelle Kwok-Williams	Paediatric Consultant Oncologist	Leeds Teaching Hospitals NHS Trust
Danielle Ingham	Paediatric Consultant Oncologist	Leeds Teaching Hospitals NHS Trust
Elaine McTavish	Health Engagement Manager	Teenage Cancer Trust

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** 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** KPa noted the York and Scarborough shared care agreement was agreed in principle but it would be helpful for JW to meet with the business team. She will action this.	
2. Service Improvement Projects/ Workplan Update	**Website** KPa asked for volunteers to help make junior doctor teaching videos which will be stored on the website and accessible for all. She aims to have sessions on supportive	

	care (febrile neutropenia, nausea & vomiting and mucositis) and key paediatric tumours (6 main tumour groups). The sessions will last 10-15 mins and cover key themes based on CCLG and PTC guidelines. She welcomed POSCU representatives. OB had made plans to send out recorded content for febrile neutropenia and other emergencies as she saw a gap in learning materials. She noted this could be incorporated into induction days and is happy to volunteer. KPa added lots of volunteers are needed and welcomed contact via email. HQ volunteered Pippa Blakemore in the chat. **Febrile neutropenia Audit** KPa discussed the need for a febrile neutropaenia audit from each POSCU each year and highlighted that this was separate to the CCLG national audit which centres are all encouraged to participate in. She asked if a network wide febrile neutropaenia audit template would be helpful? SJG stated NLAG would utilise and find a standardised template beneficial. HQ highlighted the network would find this useful to benchmark and measure consistency. OB stated this is helpful for trainee doctors and had recently spoke about a template with JW. KPa has the details from CCLG to inform a template. She noted areas of concern for individual centres may be added in a free text section. **Annual report** KPa noted the network asked each centre for a summary of patients, staff training, family feedback and incidents. She has received feedback and made appropriate changes to the annual report template with plans to circulate to each POSCU and PTC for the 25/26 financial year. All agreed this is reasonable and manageable. **Bolus chemotherapy** JW noted LTHT has been providing bolus chemotherapy for 5 years delivering vinca alkaloid in home setting. This was provided by the outreach team but is not a long-term option. Candlelighters funded a part-time band 6 role to improve sustainability. LTHT received very positive feedback from families so far, with indications of 13,500 miles travelling time saved. North West Network used the model and started treating recently.	

	The LTHT Triumvirate team have agreed to fund the post for a further 6 months to embed and allow more time for governance work. Unfortunately, if chemotherapy is made in the trust, LTHT is not licensed for it to be delivered by staff from another trust. JW has navigated around Cytarabine as a robust training programme exists but changes in key personnel in POSCUs is changing how to provide this as an outreach model. She acknowledged resources are tight, so it is important to have clarity over how they are used. KPa added formal feedback will make funding decisions easier. JL asked if honorary contracts are a possibility. JW stated the logistics of honorary contracts for all individuals is difficult as it must be extended out to all POSCUs and community teams. She noted most work is Bradford based and is looking at shared care agreements to include details to navigate this. Other centres have overall agreements with trusts and organising an honorary contract is a lengthy process. **Ambulatory chemotherapy** JW noted LTHT have treated 7 patients (including soft tissue sarcoma and germ cell) and delivered 12 courses of treatment. Initial data suggests 29 bed days have been saved but this needs to be certified. LTHT has supported 8–17-year-olds with other centres not treating below 12-year-olds. Families have given positive feedback with less side effects, reduced financial burden and travel costs. She noted the next steps include high dose methotrexate preparation with policies and protocols to be arranged. The main challenge has been issues with larger litre bags. Patients come back daily for changing of hydration fluid and chemotherapy with the first cycle as an inpatient. JW acknowledged without investment from the cancer alliance for technical aspects, training, resources, protocols this project wouldn't be possible. KPa highlighted similar work in SCH which would also be difficult without cancer alliance funding. She highlighted the aim is availability to all patients in the network. JW hopes to share resources as it makes a huge impact on quality of life. HQ noted SCH utilised honorary contracts through their legal team for Cytarabine but acknowledged the smaller number of POSCUs make this more manageable. **PPIE** HR noted the project has been running for a year and	

	shared the infographic poster showing evidence of goals and outcomes. She asked for centres to disseminate to POSCU families with the QR code available directing to a form posing the question, "what would make your day better?" She is undertaking qualitative interviews in LTHT with opportunities for staff and patients to give feedback. The executive network board is hoping to recruit a patient representative from a charitable organisation and HR has a meeting with YLvC this week. She acknowledged there is lots of work to do in raising the network's profile and hopes the social media page will help. HQ asked if HR needed help with SCH patients. She recently visited with Alex and has more dates in the diary with conversations to be had to embed successfully. HR hopes to share a lengthy update as part of the newsletter. **Clinical Educator updates** KS shared her update slides available here: Nurse Education and Training Workplan Update – Children's.pptx KS welcomed any questions and encouraged staff to join the group. JW noted it is a requirement of the service level agreement that the network has an overarching view of training and education.	
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.	
5. PTC & POSCU Update	**Sheffield PTC** HQ updated the group. *Service description* • Slight lull in HSCT activity in December but this is due to pick up again in January. SCH continue to take out of area referrals. • Virtual Ward activity continues to increase *Service update* • Under 16 Patient Experience data published and results remain positive. No immediate actions required. *Workforce*	

	• Becky Parnham has left her post as Daycare Ward Manager. Ella Berrington has been appointed and will commence in post in April 2026. • Sickness absence improved but several colleagues on/due to commence maternity leave. *Referral pathways* • Becky Rodger (Hospital Play Specialist) commenced in post as the first ever Anthony Nolan funded HSCT Specialist Play Specialist January 26. *Service specification* • The unit currently only has Dietician cover for four days a week. Currently exploring options to increase this. **Leeds PTC** JW updated the group. *Service description* • LTHT cover 0–18-year-olds across North, West, East Yorkshire and North East Lincolnshire. 2025 saw 127 new patients, 21 relapses, 20 deaths, 15-20 allogenic SCT and 0-5 autologous SCT. • No dip in activity seen. *Service update* • There has been a big investment from the trust after the CQC inspection and Tessa Jowell application. • There was a consistent theme that nursing establishment was not in line with other centres. • Further recruitment to uplift to new nursing establishment but training is still to take place. • LTHT has implemented the OWLS service which has a dedicated team available 24/7. Their role is to triage and assess walk-ins in the day unit or on the ward. This has had a significant impact on both teams and led to a better experience for families acutely. • Virtual ward has been in place for 2 years helping 227 patients across 5 pathways. Data shows 478 bed days may have been saved but this is to be certified. Overall, good feedback from families. • 8 bed closures with a 33% of capacity closed due to staff shortages and estate issues on the teenage unit causing logistical issues. Patients are experiencing some delays in chemotherapy treatments with Datix being submitted.	

	Workforce • Junior skill mix. 49 inpatient staff with 61% foundation trained, 44% SACT competent, 22% advanced cancer specific trained. JW noted a challenge to cover competencies. • 19 day care staff: 89% foundation trained, 74% SACT competent, 47% advanced cancer specific trained. • Consultants are very stretched with a vacant SCT post and maternity, paternity and sickness. *Referral pathways* • High level referral pathway to be completed. **Airedale** No attendee from Airedale to present. **Calderdale and Huddersfield** RW updated the group. *Service description* • Caseload of 18 children and 2 TYA (15 on active treatment 3 off, 1 new and 1 relapse). • Deliver febrile neutropenia, blood products, line care bloods and low dose cytarabine. • POSCU MDTs. • No changes to staffing. *Service update* • KS visited and delivered foundation training. • Patient feedback awaiting reply from Leeds. JW will action. *Workforce* • No vacancies in the CCN team. • Playworker has started and doing lots of work with oncology children. • 3 Band 5 vacancies and training to do with new staff. • HQ visited and conducted cytarabine training. *Service specification requirements* • JN may require extra training from LTHT team as her background is not in oncology. She plans to flex the job plan to allow this. KPa offered network support in arranging this. **Harrogate** JA updated the group. *Service description*	

	• Shared care centre supporting CYP aged 0-19 years. The service level agreement may be quite old so JA will contact JW after this meeting. • Supported by cancer nurses, especially Gabi Reynolds (link nurse). • Low caseload (5 currently) offering pre-chemotherapy bloods, NGT and line care. She highlighted the exciting news about ambulatory chemotherapy. • No agreement to administer cytarabine. *Service update* • Service can flex up to offer out of hours support for palliative care as required. Ongoing work with ICBs/PCTs around palliative care. • Palliative caseload is very low which presents a challenge. • Good support given by the tertiary CNS but all 3 staff members are non-medical providers. *Workforce* • Low turnover of staff. All have initial CVAD training with tertiary team as part of induction. • No medical oncology lead or POSCU status. This is unlikely to change due to proximity to Leeds and small caseload. • Challenge to train up ward staff to offer a robust service. *Referral pathways* • Shared use of ICE makes it easier for tertiary centre to access blood results. JW expressed her thanks to JA and team for their work and noted how much value CCN teams add to CYP care. She acknowledged a different service level agreement may be needed. **Hull (now Humber Health Partnership incorporating NLAG)** JL updated the group. *Service description* • POSCU covering Hull and East Riding. • Caseload of 19 on treatment and 30 on end of treatment follow up. • Total inpatient stays since January 2025 – 150 days (66 separate episodes). • Separate Community Children's Nursing service (CHCP).	

	Service update • Designated Deputy Nurse in place (Lily Bone 13 hours per week, Monday and Thursday). • Funding given for PBM machine locally. • Local SOP for mucositis is with governance. *Workforce* • Started using SACT workbook for new staff. • Deputy Nurse to apply for Oncology module. • Keyworker is off on longer term sick. *Service specification requirements* • No local psychology support. JLo noted Hull community team offer pre-chemotherapy line care and palliative care support. There is a list of staff signed off in cytarabine training and those who have received the update and foundation training log. Across the CCN team there is 10 nurses who are being trained or fully trained. JW noted the continued support is exceptional and thanked both teams for their work. **NLAG** SJG updated the group. *Service description* • Grimsby has 10 Sheffield patients, 1 TYA patient and 1 on end-of-life care. • Scunthorpe has 9 patients, 2 from Leeds and 6 offered bereavement support locally. *Service update* • Local admissions continue to increase with good working relationships. • Network information available on the NLAG hub page. • Study day in Sheffield upcoming. • Discharge letters available on WebV for Sheffield staff. • Benchmarking has been completed and monitored through the improvement group. *Workforce* • 4 POSCU study days supported by Pippa Blakemore available until the end of March. • CVAD buddy days to support training days.	

	• Not meeting criteria of 2 trained per shift due to high staff turnover. *Referral pathways* • Referral pathways are monitored on an annual review. • Organisational meetings between NLAG and SCH handed have been handed over to business teams. *Service specification requirements* • Annual reports are outstanding. KPa highlighted an uptake of patients in NLAG with inpatient care being transformative for families in the area. She noted discussions regarding off treatment low risk follow up locally to save travel for patients and improve patient experience. HQ agreed the service is excellent and relationship is great. **York** SN updated the group. *Service description* • York is a Level 1 enhanced shared care centre. • Scarborough is used to stabilise and transfer to York. • York has 14 on active treatment, 0 off treatment, and 2 on end-of-life care. • Scarborough has 9 on active treatment and 1 off treatment. • Monthly MDTs taking place. • Psychology support for Oncology patients locally. • 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/memory making is a vital and well received element to the team this year. • Continuing delay for treatment on wards due to patient flow and staffing. • Late blood requests or absent blood requests. *Workforce* • Good engagement with MDT.	

	• Psychology input for staff and patients. • At times joint working is limited. *Referral pathways* • SN is looking into hospital at home pathways. JW noted the logistics of the area and challenges in Scarborough with inpatient care is complex. The enthusiasm and commitment make a huge difference to families and she thanked the team for their work. SN noted it is hard to explain the reasons to a family when travelling from Scarborough to York.	
6. Education Day 2026	KPa stated this has been alternating between Leeds and Sheffield. There is no fixed date for 2026 yet, but the network is keen to hear what topics should be covered. Feedback has been very positive from the last few years.	
7. AOB	HQ highlighted the CCLG meeting in March and SIOP Europe in Glasgow in May as ideal opportunities to network with wider colleagues.	
Dates of Next Meetings (all 1-3pm)	• April 22nd 2026 • July 8th 2026 • October 7th 2026	