



Meeting of the Somerset, Wiltshire, Avon and Gloucestershire (SWAG)

Cancer Operational Group

Wednesday 17th August 2022, 10:00-11:00

MS Teams Virtual Meeting hosted by NBT

Present:

Amy Smith	CAG Administrative Coordinator	SWAG CA CAG Support Service
Anna Rossiter (AR) (Chair)	Cancer Manager	North Bristol NHS Trust
Belinda Ockrim (BO)	Lead Cancer Nurse	Yeovil District Hospital NHS FT
Chris Levett (CL)	Lead Cancer Nurse	Somerset NHS FT
Ed Nicolle (EN)	Cancer Manager	Royal United Hospitals Bath NHS FT
Hannah Marder (HM)	Cancer Manager	University Hospitals Bristol & Weston NHS FT
Helen Dunderdale (HD)	CAG Support Manager	SWAG CA CAG Support Service
Lisa Wilks (LW)	Lead Cancer Nurse	North Bristol NHS Trust
Luke Curtis (LC)	Lead Cancer Nurse	Salisbury District Hospital NHS FT
Nasreen Robinson (NR) (Guest)	Cancer Operational Recruitment Manager	Royal United Hospitals Bath NHS FT
Natalie Heath (NH)	Associate Cancer Manager	University Hospitals Bristol & Weston NHS FT
Rachana Shah		SWAG Cancer Alliance
Rosie Edgerley (RE)	Cancer Programme Manager	Somerset NHS FT
Ruth Hendy (RH)	Lead Cancer Nurse	University Hospitals Bristol & Weston NHS FT
Zena Lane (ZL)	Cancer Manager	Somerset NHS FT

Apologies:

Isobel Epton (IE)	Acting Cancer Manager	Salisbury District Hospital NHS FT
Lisa Wilkes (LW)	Lead Cancer Nurse	North Bristol NHS Trust

1. Welcome and apologies

AR welcomed all group members. Apologies received prior to the meeting are noted above.

2. Notes and actions from the last meeting

Notes from the last meeting held on 15th June 2022 were accepted.

004/22 Cancer Manager and Lead Cancer Nurse Pathway Review Meeting: the date has been set for Wednesday 21st September 2022. RE has booked a room. HD asked for agenda items. The meeting will focus on the Colorectal pathway, which is common to all Trusts within SWAG. Identifying stresses, strains and pinch points for services will be discussed. RE requested members discuss workforce issues, particularly MDT Coordinator recruitment and retention, which is currently a significant issue for Somerset FT. Action closed to COG.

003/22 Development of a Regional Acute Leukaemia Group: the Peninsula Cancer Alliance will host an Acute Leukaemia Group. Beth Kingshott, Peninsula CAG Manager, will provide administrative support for the first meeting. Ongoing administrative support will need to be reviewed. Action closed.

001/22 Development of joint Neuroendocrine / Oncology CNS role at UHBW: RH informed COG that Macmillan have agreed to fund a Band 7 CNS post for two years. The NET CNS role will be hosted by UHBW's Oncology service and will be advertised soon. Action closed to COG.

016/21 Audit of Cancer Manager roles across the SWAG region. The item was to be rolled to the summer Cancer Alliance Board meeting. However, this meeting was cancelled and the departure of

the SWAG Cancer Alliance Manager has meant no further action has been taken. There may be purpose in checking the Lead Cancer Nurse Audit template and amending to cover Cancer Manager roles and job descriptions across the region. This can then be circulated to Lisa Brown and Michelle Dixon, Acting Cancer Alliance Managers, to raise as appropriate.

Action 005/22: R Hendy to circulate Lead Cancer Nurse Audit template to all Cancer Managers

Action 006/22: H Dunderdale to raise item with Michelle Dixon and Lisa Brown for potential Executive Board level action

009/21 HD to provide an update of MDT mode assessment results for Somerset FT urology services. HD and RE need to discuss. Action remains open.

The MDT mode assessment process is ongoing and a general update action will remain open long-term. At this meeting, HD confirmed she will begin baseline assessment of RUH's Urology MDT this month; the review will continue through September and October 2022. The process is time-consuming, particularly in completing the final written reports.

From the agenda:

3. Network Issues

3.1 NSS CAG Discussion

Amelia Randle was unavailable to attend the meeting. Rachana Shah, Cancer Alliance Project Manager, provided an outline update.

Cancer Managers request that the focus of the group is to concentrate on improving the quality of referrals to the NSS for the current defined indications. Many of the filter tests are not being completed prior to referral causing delays to patient pathways.

They also request that NSS CAG evaluates the different models adopted across the region to establish which pilot is the most efficient and cost effective.

As a temporary funded pilot with minimal staff, there is concern that it is too soon to consider referring all those FIT negative with concerning symptoms via the NSS pathway until the pilot concludes and permanent funding has been secured for continuation of the service, staff levels are appropriate, and the most ideal model for the service has been defined.

3.2 CAG Update

HD informed COG that ~~ten a number of~~ CAG meetings have already been scheduled for autumn 2022. These will be hybrid face to face and virtual meetings. Many members are keen to attend face to face meetings but the virtual meetings held during the COVID-19 pandemic have seen high attendance levels ~~and so. This will ensure a~~ virtual access will continue at future meetings. Wherever possible the meetings will be CPD accredited.

HD is in the process of arranging dates for the Haematology, HPB, Sarcoma, SWIG and Urology CAG meetings, which should be confirmed within the next few months.

[Updates to the Clinical Guidelines and Constitutions were progressing slowly. There are a number of different pieces of work completed by Cancer Alliance project managers that need to be incorporated when it can be established that these have been ratified.](#)

[HD is in the process of arranging Haematology, HPB, Sarcoma, SWIG and Urology CAG meetings. Arrangements will be agreed within the next month.](#)

The Cancer Manager and Lead Cancer Nurse due to attend each CAG meeting has been identified and agreed. COG members [are/were](#) advised to let HD know of any items to raise on agendas.

The SWAG Cancer Alliance CAG website continues to be well used. There are 400 hits per day currently.

[It could be relevant to add retention of MDT Coordinators to the CAG agendas.](#)

3.3 Any Other Business

EN introduced Nasreen Robinson, RUH Cancer Services' new Cancer Operational Recruitment Manager who has been in post since Monday 15th August 2022.

There was no time for a full discussion of issues concerning MDT Coordinator workforce roles and retention. Several members agreed there are difficulties recruiting staff currently. NBT has had significant support in changing the recruitment process since the end of 2021 and if all applicants are recruited, the MDT Coordinator team will be established fully soon. Posts are hindered by having roles such as Navigators or Enhanced MDT Coordinators that may be better banded. Role responsibilities and stresses are huge and banding is often a difficulty and there perhaps needs to be a wider approach to these roles both in terms of retention and recruitment. CL confirmed issues have been raised at SWAG workforce strategy meetings and have been highlighted as a risk.

The group will discuss ideas to encourage recruitment and retaining staff at the Pathway meeting in September. Suggestions for training processes will be included in this discussion, as Somerset FT have changed their MDT Coordinator training methods to meet work pressures and commitments.

There were no further items to raise at this meeting. AR thanked all members for attending.

Date and time of next meeting: 10:00-11:00 Wednesday 12th October 2022, via MS Teams, to be hosted by Gloucestershire Hospitals.

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