

#### Meeting of the Somerset, Wiltshire, Avon and Gloucestershire (SWAG) Cancer Operational Group

## Wednesday 14<sup>th</sup> June 2023, 10:00-11:00 MS Teams Virtual Meeting hosted by North Bristol Trust

Present:		
Anna Rossiter	Cancer Manager	North Bristol Hospital
Belinda Ockrim	Lead Cancer Nurse	Yeovil District Hospital
Ed Nicolle	Cancer Manager	Royal United Hospital Bath
Eleanor Hanman	Lead Cancer Nurse	Gloucestershire Hospitals
Hannah Gay	Cancer Manager	Gloucestershire Hospitals
Hannah Little	Lead Cancer Nurse	North Bristol NHS Trust
Hannah Marder	Cancer Manager	University Hospitals Bristol and Weston
Helen Dunderdale	Clinical Advisory Group Manager	SWAG CAG Support Service
Lisa Wilks	Lead Cancer Nurse	North Bristol NHS Trust
Luke Curtis	Lead Cancer Nurse	Salisbury District Hospital
Natalie Heath	Associate Cancer Manager	University Hospitals Bristol & Weston
Nicola Gowen	Programme Manager	SWAG Cancer Alliance
Rosalie Helps	Lead Cancer Nurse	Royal United Hospital Bath
Rosie Edgerley	Cancer Programme Manager	Somerset Hospitals
Ruth Hendy	Lead Cancer Nurse	University Hospitals Bristol & Weston
Zena Lane	Cancer Manager	Somerset Hospitals
Apologies:		
Chris Levett	Lead Cancer Nurse	Somerset Hospitals
George Thompson	Cancer Manager	Salisbury District Hospital

#### NOTES

#### 1. Welcome and apologies

Chair A Rossiter welcomed all group members. Apologies received prior to the meeting are noted above.

## 2. Network updates

#### 2.1 Notes and actions from the last meeting

The notes from the previous meeting held on Wednesday 8<sup>th</sup> February 2023 will be amended to refer to the ACCEND project, rather than ASSEND. As there were no further amendments, the notes were agreed as finalised.

# Actions 05/23: To protect the CNS workforce from the increasing pressure to provide ward-based clinical duties.

The roles and responsibilities of the CNS workforce are being clearly defined to ensure there is wider understanding about the need to protect the role from being diverted to provide cover during industrial action.

Work is also underway regionally and nationally to define the appropriate number of staff required per site.

NHSE/I have worked with Human Resources on a Cancer Diagnostic Workforce plan which includes apprenticeship schemes for clinical scientists; the document produced will be circulated.

# Action: H Marder to circulate NHSE/I Cancer Diagnostic Workforce document

Action 05/23 will be closed for COG and picked up by the Lead Cancer Nurses group, who will provide updates to COG when relevant.

# Action 04/23: National planning guidance. RUH to share the plan to improve staging data.

Further resources are required, including data management support and improvements to the Somerset Cancer Register before it is possible to improve recording of TNM Staging.

# Action 03/23: Memorandum of Understanding (MoU) for CAG Service. To update MoU to include 2024/25 and 2025/26 now that a further 2 years of funding has been secured from the Cancer Alliance

Awaiting feedback from R Carr to establish if this is still possible.

# Action 02/23: Delays caused by phlebotomy.

Action closed.

# Action 01/23: MySunrise pilot sites. The Lead Cancer Nurses and Cancer Alliance will arrange another meeting with MySunrise to discuss further prior to the next COG meeting.

Another meeting has been held following interest from SFT and GRH to pilot the application. This could be included in the Cancer Alliance Personalised Care and Support (PCS) Investment Proposal.

A PCS day is planned in the near future where the priorities for funding will be discussed further.

# 011/22: Maidstone and Kent Cancer Services automated data collection process

This action will be handed over to the Integrated Care Board Digital Leads

# Action 09/22: A Rossiter to provide information on incentivised apprenticeships at NBT for MDT Coordinator / Cancer Services administration recruitment

A summary will be circulated after the meeting today.

# Action 008/22: R Edgerley to liaise with L Brown about arranging an MDT Coordinator Training opportunity similar to an event held by the Eastern Cancer Alliance.

To remain open as awaiting feedback from L Brown.

## Action 006/22: Cancer Leadership roles: review of LCN and CM job descriptions

This action is on hold awaiting results from the Cancer Alliance Workforce Strategy Delivery Group. It has been specifically flagged to the workforce group by P McLarnon.

# Action 002/22: MDT-Mode Assessment updates and SFT Urology MDT participation in DEONTICS project

To be discussed further outside the meeting today.

# 2.2 Cancer Clinical Advisory Group (CAG) update

Since the previous COG meeting, Haematology, Breast, Oesophago-Gastric, Cancer of Unknown Primary, Colorectal and Brain CAG meetings were convened. Urology and the South West Immunotherapy Group are scheduled before the Summer Holidays and the next tranche of meetings will be held in the Autumn.

New Clinical Chairs have been appointed to the Lung, Urology and Colorectal CAGs. A new Chair may be needed for Haematology.

A Patient Representative well known to the group has recently passed away.

It had not been possible to shortlist a candidate for the CAG Administrative Coordinator post.

## Action: H Dunderdale will amend the Job Description aiming to appoint to a term-time post.

There are now 377 SACT protocols uploaded on to the website; 53 have been either produced or reviewed in 2023 to date.

The next MDT-Mode Assessment scheduled is a baseline assessment of the UHBW Haematology MDT.

## 3. Operational updates

## 3.1 Cancer Waiting Time performance

Performance in NBT had deteriorated since April due to strike action and Bank Holidays after a previously successful number of months. Recovery actions are being explored, but it is unclear how these can be delivered.

The situation with performance is the same across all SWAG Trusts for the same reasons.

Scatter plots have been produced and made available on the Futures website that show the number of patients identified in each Trust that will not meet ≤62 day target in the hope that these figures can provide insights, but it unclear how these can be used.

## 3.2 Cancer Workforce update

LCN E Hanman will provide a workforce update at the next meeting.

LCN R Helps is setting up a dedicated Cancer Workforce Group to determine outstanding requirements and succession plan. It was hoped that help could have been sourced from Macmillan to support the immunotherapy workforce model but all applications for funding had been rejected; feedback will be requested.

The work involved in facilitating Personalised Stratified Follow Up (PIFU) pathways needs to be formally acknowledged in Job Plans.

There are many issues with implementing digital platforms to support Personalised Care and Support; investment in IT is required.

There is a shortage of Cancer Support Workers across the board who are pivotal in completing Holistic Needs Assessments.

A face to face Navigator event is due to be held on Wednesday 12 July 2023, organised by T Gail and R Shah. Consultant Respiratory Physician V Masani will provide a presentation on the importance of the role. There will also be a session on Making Every Contact Count and What Matters to Me; LCN are asked to support attendance.

When the CWT mandatory two week wait guidance has been changed to the 28 day guidance by Parliament, Patient Representatives will be consulted to ensure that all related literature is appropriately updated.

LCN B Ockrim will be retiring from the role of LCN in YDH at the end of August 2023 and was thanked for her years of service.

Date and time of next meeting: 10:00-11:00 Wednesday 11<sup>th</sup> October 2023 via MS Teams, to be hosted by Gloucestershire FT.

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