



**Meeting of the Somerset, Wiltshire, Avon and Gloucestershire (SWAG)
Cancer Operational Group
Wednesday 12th October 2022, 10:00-11:00
MS Teams Virtual Meeting hosted by Gloucester Hospitals**

Present:

Amy Smith	CAG Administrative Coordinator	SWAG CA CAG Support Service
Belinda Ockrim (BO)	Lead Cancer Nurse	Yeovil District Hospital NHS FT
Chris Levett (CL)	Lead Cancer Nurse	Somerset NHS FT
Claire Milne (CM)	Deputy Cancer Manager	Gloucestershire Hospitals NHS FT
Ed Nicolle (EN)	Cancer Manager	Royal United Hospitals Bath NHS FT
Eleanor Hanman (EH)	Lead Cancer Nurse	Gloucestershire Hospitals NHS FT
George Thompson (GT)	Cancer Manager	Salisbury District Hospital NHS FT
James Curtis (JC) (Chair)	General Manager Cancer Services	Gloucestershire Hospitals NHS FT
Juliette Sherrington (JS)	AHP Cancer Lead	Gloucestershire Hospitals NHS FT
Lisa Wilks (LW)	Lead Cancer Nurse	North Bristol NHS Trust
Patricia McLarnon (PMcL)	Manager	SWAG Cancer Alliance
Rosie Edgerley (RE)	Cancer Programme Manager	Somerset NHS FT
Zena Lane (ZL)	Cancer Manager	Somerset NHS FT

Apologies:

Hannah Marder (HM)	Cancer Manager	University Hospitals Bristol & Weston NHS FT
Helen Dunderdale (HD)	CAG Support Manager	SWAG CA CAG Support Service
Natalie Heath (NH)	Associate Cancer Manager	University Hospitals Bristol & Weston NHS FT
Rosalie Helps	Lead Cancer Nurse	Royal United Hospitals Bath NHS FT
Ruth Hendy (RH)	Lead Cancer Nurse	University Hospitals Bristol & Weston NHS FT

1. Welcome and apologies

J Curtis (JC) 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 COG meeting held on 17th August 2022 were agreed.

All open actions were reviewed:

005/22: Circulation of Lead Cancer Nurse Audit results to all Cancer Managers: AS circulated the LCN audit template on behalf of R Hendy to all COG members on 18th August 2022. **L Wilks (LW) will circulate to E Hanman (EH)**, newly appointed Lead Cancer Nurse for Gloucestershire Hospitals and will re-circulate to Cancer Managers. Action closed.

002/22: Update of the MDT Mode Assessment Results for SFT Urology service: H Dunderdale was unable to attend this morning's meeting for update. The item will remain open and ongoing.

Two remaining open actions from 2021 had been updated as part of 2022 rolling open actions. All 2021 actions were closed during this meeting.

From the agenda:

3. Operational Issues

3.1 Actions Arising from the Taunton Pathway Meeting

JC had been unable to attend this meeting. Therefore, E Nicolle (EN) thanked Somerset FT for hosting the breakout Cancer Manager and Lead Cancer Nurse Pathway meeting held in Taunton on 21st September. HD was unable to attend today's meeting but had circulated core actions arising from this with updates.

The meeting had been set for all Cancer Managers and Lead Cancer Nurses to discuss specific problems and more broadly share practice in their first face to face meeting together since the COVID-19 pandemic. P McLarnon (PMcL), Manager of the SWAG Cancer Alliance, requested relevant updates from breakout meetings, to update assurance templates and to keep regional NHSE colleagues up to date with operational issues.

Pre-meeting there had been a discussion about extra Oncotype DX test funding. It appears Trusts may not have invoiced for these additional tests (possibly HER-2 positive patients) which had received funding during the COVID-19 pandemic. These should be identified by each Trust and forwarded to P McL who had not been aware of this or accounted for it within this year's financial funding.

Action 007/22: All Cancer Managers to identify funding not invoiced for extra Oncotype DX testing (potentially HER-2 positive patients) and return to P McLarnon within eight weeks, i.e. by Wednesday 7th December 2022

The recruitment and retention of MDT Coordinators had been discussed during the pathway meeting. The SCR has a training programme. HD had actioned that all MDT Coordinators were emailed an invitation to free cancer training for administrators. More widely, a meeting is set up with the training team (and Lisa Brown) to discuss implementation of similar format to one used by Eastern Cancer Alliance. Outcome updates will be discussed at a future COG meeting.

Action 008/22: Outcomes from meeting with training team to implement similar training format to one used by Eastern Cancer Alliance

EN said the outcome from discussions was that all Cancer Managers would identify how many MDT Coordinators need to go through training. It would benefit all RUH MDT Coordinators to go through refresher training every three years. JC agreed. Historically there was a stable MDT Coordinator workforce at Glos. Higher staff turnovers recently mean a standardised set of competencies would be useful. C Milne (CM) confirmed that an opportunity for all MDT Coordinators, or particular specialties, to meet together would help their development, to be able to learn from each other. From discussions at the pathway meeting, H Marder (HM) said she would look at how apprenticeships are incentivised at UHBW and update at a future COG meeting. A Rossiter, NBT Cancer Manager, also had this listed as an action point from the pathway meeting.

Action 009/22: H Marder review of incentivised apprenticeships at UHBW for MDT Coordinator / Cancer Services administration recruitment

There are wider issues with recruitment and retention of administrative and clerical staff. This is resulting in typing backlogs and known booking delays of up to four weeks. Many clinical staff, navigator posts and support workers have to spend more time completing administrative tasks. However, they often lack the skills and accuracy for these particular tasks. Private sector salaries are more attractive, and healthcare administrative roles have large and complex workloads for salaries

offered. E Hanman agreed this led to a huge blurring of roles for new clinical staff members and support workers who were taking on administration. While focus has been on recruitment of clinical staff, the impact of administrative staff recruitment and retention problems is impactful across all sectors. This is notable in terms of medical secretaries and booking staff and MDT Coordinators are critical to a fully functioning MDT. When people are recruited it can take six to nine months to develop competency. In hindsight Cancer Workforce recruitment and retention issues should have included wider cancer services teams and not just focused on clinical staff.

C Levett (CL) stated that he and LW are part of the Workforce Strategy Working Group. LW confirmed they are due to meet later this week. CL has raised MDT Coordinator staffing issues at a previous group meeting but no actions have come from this to date. CL and LW will raise again at this week's meeting, including wider administrative staffing issues.

Action 010/22: C Levett and L Wilks to raise message of MDT Coordinator and administrative teams staffing issues through the Workforce Strategy Working Group meetings, next meeting w/c 11th October 2022

PMcL commented this can be picked up and worked up as a commissioning project for next financial year 2023/24.

4. Network Issues

4.1 SCR Discussion Feasibility of Automation into the Register

This had been raised by EN, as RUH processes are administrative heavy and require a lot of manual entry, except for two week wait entry. R Edgerley (RE) led update today as Somerset FT face issues with the amount of data entry required for the SCR. Certain elements, such as endoscopy data entry, are particularly manual and time consuming. Z Lane commented that for MDT meetings, the MDT Lists are exported from SCR in the wrong portrait format; this takes MDT Coordinator time to manipulate into the correct format.

COG agreed a digital strategy is needed. This is a complicated issue that has not moved further since the September meeting. CL commented potentially IT Digital Team focus within Trusts is on implementing big systems programmes to automate across multiple divisions and departments. An adjunct registry might not be seen as a priority. At Somerset FT focus is to roll out a new electronic patient record (EPR) system for example. However, RE commented she raised this issue one year ago, before EPR rollout, and still there is no action to implement automated links.

JC commented that although Gloucester use a different system, Infoflex, there have been similar problems. Local IT were keen to get Cancer Services to use Trust EPR rather than support automation of a separate system. There is transferability but the EPR does not support cancer care performance.

PMcL supported little tweaks COG can make. SWAG Cancer Alliance will aim to support within financial year 2022/23 if needed and take up issues with ICBs.

LW said she and HD had action to contact Maidstone and Tunbridge Wells NHS Trust Cancer Services to share practice on the automated process that has enabled them to improve data collection /

Cancer Waiting Time (CWT) performance. There is a meeting for a Teams call in Lisa's diary, date uncertain, for this.

Action 011/22: L Wilks and H Dunderdale follow up and outcomes from Teams meeting with Maidstone and Kent Cancer Services about automated data collection processes

4.2 Any Other Business

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

Date and time of next meeting: 10:00-11:00 Wednesday 7th December 2022, via MS Teams, to be hosted by Somerset FT.

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