

## Shortlist: Innovation in Workforce

This award recognises the central importance to the NHS of the people that work in it. In particular, the award prizes changes that have enabled or are enabling the cancer workforce – such as (but not limited to) better equipment, training or support to staff working at any stage of cancer pathways; introducing new roles or ways of working; or the successful redesign or redeployment of a workforce to meet evolving cancer demand.

### 1. All Wales Paediatric Cancer Predisposition Clinic

Nominee/s/Organisation/Nominated by	Why
<p><b>Nominees:</b>  Prof Mark Davies – Consultant in Medical Oncology and clinical genetics –Swansea Bay  Dr Torsten Hildebrandt – Consultant Paediatrician – Cwm Taf Morgannwg UHB  Dr Madeleine Adams – consultant in paediatric Oncology – Cardiff and vale  Shelia Palmer-Smith – Biomedical Scientist – All Wales Medical Genomics Service  Dr Hector Conti – Speciality Dr-Clinical Genetics – All Wales Medical Genomics Service  Dr Claire Morgan – Associate Professor (Cancer genetics) – Swansea Uni  Jackie Hill – Genetic Counsellor – All Wales Medical Genomics Service  Stephanie Phillips – Patient and Public representative</p>	<p>We now know that up to 20% of children with cancer have an underlying genetic predisposition to the disease. Often this is part of a complex syndrome, associated with other problems such as epilepsy or intellectual disability. Diagnosing children with a genetic predisposition to cancer is important as it can directly affect their cancer treatment, enable targeted screening and identify relatives who are also at risk. In 2019, we established the All-Wales Paediatric Cancer Predisposition Clinic (AWPCPC) to improve the care of children with a genetic predisposition to cancer in Wales.</p> <p>The AWPCPC is unique in the UK. A clinical geneticist, general paediatrician, paediatric oncologist and genetic counsellor attend every consultation, facilitating a holistic and coordinated approach to, the often complex care needs of our patients. We establish a diagnosis and create a care plan before working closely with, and supporting, healthcare professionals who deliver this care locally.</p> <p>Also:</p> <ul style="list-style-type: none"> <li>• Some care is delivered centrally. In 2021, together with radiology colleagues at the University Hospital of Wales, we developed a pioneering whole body MRI screening programme for children with Li-Fraumeni syndrome, who are at high risk of sarcomas and brain tumours.</li> <li>• In 2020, a national AWPCPC MDT was established. The MDT team includes biomedical scientists from the All-Wales Medical Genomics Service, ensuring that our genomic testing strategies are optimal.</li> </ul>

**Nominees:**

Prof Mark Davies – Consultant in Medical Oncology and clinical genetics –Swansea Bay  
 Dr Torsten Hildebrandt – Consultant Paediatrician – Cwm Taf Morgannwg UHB  
 Dr Madeleine Adams – consultant in paediatric Oncology – Cardiff and vale  
 Shelia Palmer-Smith – Biomedical Scientist – All Wales Medical Genomics Service  
 Dr Hector Conti – Speciality Dr–Clinical Genetics – All Wales Medical Genomics Service  
 Dr Claire Morgan – Associate Professor (Cancer genetics) – Swansea Uni  
 Jackie Hill – Genetic Counsellor – All Wales Medical Genomics Service  
 Stephanie Phillips – Patient and Public representative

**Nominated by:** Prof Mark Davies, Consultant in Medical Oncology and clinical genetics (self-nomination)

**Organisation:** Varied

- The AWPCPC is co-produced with the families we see. Since 2021, a parent has acted as a patient representative to the clinic, ensuring the patient voice is central to our decision making.
- We undertake educational activities, enabling healthcare professionals to improve their knowledge of paediatric cancer predisposition syndromes and of genomics – locally and internationally.
- We contribute to service development at a national and international level (e.g., on national neurofibromatosis and rasopathy genetic laboratory quality assurance; Li-Fraumeni syndrome; precision oncology.)
- Research is also embedded within the clinic.

We now see around 15 children a year in the clinic. We establish a diagnosis in over 90% of the children, sometimes of very rare conditions such as Schinzel-Giedion syndrome.

## 2. All Wales Ovarian Cancer Prehabilitation Project

Who	Why
<p><b>Nominees:</b>  Mrs Sadie Fleur Jones – ST3 Obstetrics and Gynaecology – CVUHB  Prof Kerry Lutchman-Singh – Consultant gynaecology surgeon – SBUHB  Mr Richard Peavor – consultant gynaecology oncology surgeon –BCUHB  [And wider team]</p> <p><b>Nominated by:</b> Mrs Jackie Pottle – Macmillan Cancer AHP lead in Betsi Cadwaladr UHB</p> <p><b>Organisation:</b> Betsi Cadwaladr UHB</p>	<p>The All-Wales Ovarian Cancer Prehabilitation Project (AWOCPP) team, formerly known as IMPROVE, is as an example of innovative collaboration between multi-professionals to ensure that the development of a prehabilitation service supports all ovarian cancer patients across Wales in an equitable and prudent manner.</p> <p>The engaging and clear leadership of Mrs Sadie Jones, working with teams of medics, CNS, Geriatrician, AHPs and leisure facilitators across Wales has resulted in the development of shared paperwork, agreed outcome measures and unified interventions for all patients.</p> <p>The project is delivered via three cancer centres in Wales (Cardiff, Bangor and Swansea). At each cancer site, a team of allied health professional have created and delivered a multi-modal prehabilitation programme that includes input from dietetics, occupational therapists, care of the elderly physicians, and the national exercise referral scheme. Following an initial assessment consultation, a personalised prehabilitation programme is designed for the patient through to completion of chemotherapy.</p> <p>This project has been an outstanding example of innovative sharing skills to develop best practice for patients; collaboration so that teams that previously worked in isolation, can now work seamlessly together. This has resulted in improved understanding and knowledge of each other's role, improved exchange of information and better use of resources across Wales. For example:</p> <ul style="list-style-type: none"> <li>- the development of Occupational Therapy led, co- created behavioural change sessions, providing support to all patients across Wales</li> <li>- close collaboration with CNS and National exercise referral (NERS) service team ensures that evidence-based messages are shared in a consistent manner – thus increasing chances of long-term behavioural change</li> <li>- The collaboration of the OT services across Wales ensures a prudent use of resources and allowing more patients to be seen in right place and at right time with equitable access to information.</li> </ul>

### 3. Workforce Leadership – Dr Mick Button (Velindre)

Who	Why
<p><b>Nominees:</b> Dr Mick Button – multi-faceted workforce leadership</p> <p><b>Nominated by:</b> Robyn Davies – Head of Innovation – Velindre University NHS trust</p> <p><b>Organisation:</b> Velindre University NHS trust</p>	<p>Dr Mick Button is a Consultant Clinical Oncologist in the Lung Cancer, Speciality Team Lead and Assistant Medical Director for Workforce, based in Velindre University NHS Trust.</p> <p>Dr Button is recognised both internally and externally for his open-minded attitude to driving positive and inclusive change for the benefit of patients and staff. He consistently inspires those who work with him through these exceptionally challenging times, whilst balancing an incredibly demanding clinical workload. Examples:</p> <ul style="list-style-type: none"> <li>- Leadership of an All-Wales multi-disciplinary, multi-organisational team who have recently completed an innovative report on the best practice recommendations for designing and developing a sustainable workforce for non-surgical oncology. Dr Button led the group focusing on lung cancer clinic appointments and systemic therapies, looking for new ways to deliver high quality treatments, meeting increasing demand whilst looking after staff. The group are also responding to the potential crisis of demand outstripping oncologist and other health care practitioner capacity.</li> <li>- Leadership, with a senior radiographer, of a successful competitive bid to develop an All-Wales virtual academy to increase the capability and capacity of the multi-disciplinary workforce required to respond to the clinical need of advanced cancer and palliative care patients requiring rapid access palliative radiotherapy. This builds on previous work developing more advanced skills for therapeutic radiographers and a pilot 'rapid access palliative radiotherapy' clinic at Velindre. This has now seen over 300 patients with data showing rapid treatment and high levels of patient satisfaction.</li> <li>- In partnership with a GP cancer specialist, Dr Button has run oncology education events (face to face and more recently virtually) attended by a wide range of primary care/community health care professionals – with good attendance and feedback. These have been organised jointly between Velindre, Cardiff University and MacMillan. These events have also attracted GPs and a regional programme of innovative work is developing from this primary care partnership.</li> </ul> <p>Dr Button is a true role model, practicing what he preaches by continuing his own development. Alongside his clinical work, he supports high quality oncology training through his roles at the Royal College Radiologists. He has also recently been awarded a Bevan Fellowship with a sponsored PhD focusing on sustainable workforce cultures.</p>

## 4. Acute Oncology ANP workforce resilience framework – Velindre

Why	Why
<p><b>Nominees:</b>            Ceri Stubbs – Lead ANP Velindre            Rachel James – ANP            Emily Richards – ANP            Alisa Hayes – ANP            Lauren Sheppard – ANP            Rhonda Power – ANP            Melissa Davies – Trainee ANP            Jolene Williams – Trainee ANP            Rhoswen Mcknight – Trainee ANP</p> <p><b>Nominated by:</b> Mrs Viv Cooper – Head of Nursing – Velindre</p> <p><b>Organisation:</b> Velindre</p>	<p>The Acute Oncology Advanced Nurse Practitioner (ANP) Team is a critical part of the dynamic Acute Oncology Service at the Velindre Cancer Centre (VCC). They have not only sustained an already excellent service but has also continuously looked for ways of developing and innovating. The team sees up to 150 patient per month, who require the same day emergency care. Demand been increasing and the patients who are presenting have increasingly complex and supportive needs. Despite this, their figures consistently demonstrate that 75–80% of patients are discharged from the AOAU on the same day. This not only shows responsive effective treatment but also avoids hospital admission. This also translates to high overall patient satisfaction and experience. They are now developing an innovative workforce resilience framework we are calling ANP – AWESOME.</p> <ul style="list-style-type: none"> <li>- <b>Acuity:</b> The first innovation has been to implement the acuity tool which captures acuity level of patients; this is novel to the assessment unit environment.</li> <li>- <b>Workforce Balance:</b> The team has evolved well and has been flexible and adaptable by supporting nursing teams in the cancer centre, ensuring other core services are also maintained.</li> <li>- <b>Education:</b> A bespoke programme has been developed to address the need to plan for a future workforce that focuses on recognising, developing and retaining experienced internal oncology nurses who are interested in pursuing a career as an ANP.</li> <li>- <b>Speed</b> – More than 95% of patients will have a review by a senior clinician within 4 hours of presentation following initial assessment and review by an ANP.</li> <li>- <b>Outcomes for Patients:</b> Introduction of an AKI bundle has demonstrated improved outcomes for patients and is currently being rolled out across the ambulatory care units and inpatient wards, accompanied by robust training led by the ANPs.</li> <li>- <b>Managing and Leading:</b> ANPs are recognised as leaders in their field. There is always at least one ANP available on the AOAU, responsible for the overall leadership of the unit. In addition, an outreach-like role has been recently implemented.</li> <li>- <b>Empowerment:</b> The team applies the Advance practice framework; undertake training within the department and across the wider cancer centre; help lead service improvements and audit work; and introduced the WNCR (the only assessment unit in Wales where it is in use).</li> </ul>

[END]