



North Central London  
Health and Care  
Integrated Care System









North Central London  
Cancer Alliance

# North Central London Cancer Workforce Strategy



# 1 NCL Cancer Workforce Strategy on a page

<p>Mission statement</p>	<p>To cultivate 'one workforce' that is diverse, skilled and dedicated to advancing cancer care and research within North Central London, with a focus on sustainability to ensure the best patient and staff experience.</p>					
<p>Strategic aims 2024-2028</p>	<p><b>WF1. Increase the supply of a diverse and skilled cancer workforce which reflects our local population</b></p>		<p><b>WF2. Develop and retain our cancer workforce</b></p>		<p><b>WF3. Support system-wide transformation in the cancer workforce</b></p>	
<p>Strategic objectives 2024-2028</p>	<p><b>WF1.1 Attracting skilled people:</b> attract people to work within cancer in NCL, ensuring they have relevant skills, are competent, and thrive at the start of their cancer career</p> <p><b>WF1.2 Improving data:</b> improve cancer workforce data collection and analysis to better inform workforce planning, resource allocation, and policy development promoting collaboration and innovation, and fostering a culture of agility</p>		<p><b>WF2.1 Retaining people:</b> retain people through ensuring they remain engaged and motivated and are recognised for their contributions to cancer</p> <p><b>WF2.2 Enhancing capability:</b> enhance capabilities of the cancer workforce through the provision of tailored cancer education, training and development opportunities</p>		<p><b>WF3.1 Ways of working:</b> embrace new ways of working by leveraging technological advancements, promoting collaboration and innovation, and fostering a culture of agility</p> <p><b>WF3.2 Standardisation:</b> standardise processes, protocols, and practices in the cancer workforce to improve consistency, quality, and efficiency in the delivery of cancer care</p>	
<p>Strategic principles</p>	<p>Integration</p> 	<p>Patient experience</p> 	<p>Best use of resources</p> 	<p>Leverage our assets</p> 	<p>Innovation</p> 	<p>Sustainability</p> 

## 2 Strategy overview

This is the first cancer workforce strategy for North Central London (NCL). Its purpose is to set the direction and priorities for building a diverse, skilled and dedicated cancer workforce across primary, secondary and community care that will evolve with the ever-changing landscape of cancer care and research. Through a 'one cancer workforce'<sup>(1)</sup> approach, the strategy seeks to coordinate efforts to deliver sustainable solutions to shared challenges.

It is built on the foundations of and informed by the Cancer Workforce Plan (2018) and the NHS Long Term Workforce Plan (2023). It is aligned to the three pillars set out in the NCL ICS People Strategy 2023-2028: workforce supply, development and transformation.

### The NCL Cancer Workforce Strategy comprises two parts:

Part 1 - Strategic mission, objectives and priorities.

Part 2 - Action plan.

Development of our cancer workforce strategy (part 1) involved robust engagement with local stakeholders. Workshops and a survey were conducted during the months of February - April 2024. These engagement methods enabled us to identify key challenges and potential solutions from a cross-section of our workforce across multiple professions (clinical and non-clinical), settings and organisations. We subsequently prioritised the challenges, mapping them to our overarching strategic aims.

A hybrid model will be utilised to deliver our strategy. The Cancer Alliance (CA) will lead the development of system-wide collaborative solutions, identify resources and routes for delivery, and navigate through the relevant governance processes. The Alliance will harness relationships with key partners and stakeholders to ensure that relevant elements of the delivery plan are achieved at local level.

1. Definition of 'one workforce' - NHS ICS Design Framework – 'we expect ICS NHS bodies to adopt a 'one workforce' approach and develop shared principles and ambitions for people and culture with local authorities, the VCSE sector and other partners' <https://www.england.nhs.uk/wp-content/uploads/2021/06/B0642-ics-design-frameworkjune-2021.pdf>

# 3 Introduction

NCL CA brings together patients, hospital trusts, primary care, health service commissioners, the voluntary and community sector, and local authorities to improve cancer outcomes and care. These partnerships enable care to be more effectively planned across our system, helping to drive improvements, support integration in cancer services, and address variation.

NCL covers a large geographical footprint, with significant differences in each of the five boroughs that form the Integrated Care System (ICS). More than 1 in 5 people live in the 20% most deprived areas nationally, with concentrations of high deprivation in the east and south. Local data<sup>(2)</sup> shows that cancer is more prevalent in our deprived areas and individuals living in our poorest areas are more likely to be diagnosed later for certain cancers and have more complex healthcare needs. This requires a workforce that is skilled and equipped to deal with these complexities.

Demand for cancer care in NCL has never been so high, with an increase of 30% since 2019. By 2030, it is estimated that approximately 170,000 people will be accessing cancer services within NCL, whether for suspected cancer or receiving cancer treatment (Annex A). Through an increase in incidence rate, survival rate and population, the number of people living with cancer in NCL is projected to rise to 59,600 by 2030, an increase of almost 42% from 2018.

Of 21 Cancer Alliances, NCL is ranked 14th for 31-day performance, 15th for the Faster Diagnosis Standard, and 20th for 62-day

performance<sup>(3)</sup>, putting us in a challenging position when attempting to meet national performance trajectories. A contributing factor is workforce issues, with challenges reported in recruitment and retention of staff across whole cancer pathways.

To strategically plan cancer workforce requirements across NCL, it is essential to have a data-driven understanding of both current gaps and future workforce needs across the system. Obtaining comprehensive cancer workforce data has been a persistent challenge. This includes gaining a complete understanding of the distribution of capacity and expertise within NCL cancer teams, which hinders effective local cancer workforce planning. The professions in cancer for which we have the most reliable local data show a combined overall decrease in the workforce of 13% between 2019 and 2023 (Annex B), identifying a gap in supply against demand.

The current NHS workforce is under significant pressure, with challenges resulting from the COVID-19 pandemic, the largest and longest set of strikes of medical and nursing professionals in the history of the NHS, increasing medical specialisation and changing capability requirements as new technologies and models of care emerge.

2. <https://fingertips.phe.org.uk/profile/cancerservices/data#page/1/gid/1938133365/ati/66/iid/93468/age/27/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

3. Relates to national cancer waiting times standards agreed between NHS England and the Department of Health and Social Care (DHSC), and reflects data as of March 2024 <https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/monthly-data-and-summaries/2023-24-monthly-cancer-waiting-times-statistics/cancer-waiting-times-for-march-2023-24-provisional/>

# 4 Context: our current cancer workforce

In NCL, cancer care is delivered by a large and varied workforce, who work across primary, secondary and community care. Some of the workforce deal exclusively with cancer patients, whilst many others work across multiple conditions.

There is a large, and increasing, gap between the cancer workforce that we require to meet current system demand and the cancer workforce we have available (supply). We have outlined a likely workforce gap scenario which is based on the following challenges and trends:

**Over 19% leave the NCL workforce every year<sup>(4)</sup>.** Whilst we cannot identify exactly how much this relates to the cancer workforce, national data estimates that by 2030, the increase of staff leaving roles within healthcare will lead to shortages across the country of 189 clinical oncologists, 390 consultant pathologists, 1,939 radiologists and 3,371 cancer nurse specialists<sup>(5)</sup>.

**Despite significant efforts, our nursing recruitment rate is still lagging.** In 2022, there was a vacancy rate of 8% (Annex B) among cancer clinical nurse specialists (CNS) in NCL. This is anticipated to grow further, caused by several factors, including growing demand, and an ageing workforce. NCL GP nursing rates remain one of the worst in the country (13 per 100,000 compared to a national average of 27 per 100,000), which puts a pressure on our ability to prevent and detect cancers.

**Between 2019 and 2023, we have seen significant shortfalls amongst our cancer medical professions** (Annex B). The numbers of clinical oncologists across NCL has decreased by 32%. We have seen a 9% reduction in substantive consultant histopathologists, of which, nearly a third who remain in post are aged over 55. As the cohort retire, the issue is likely to get significantly worse and hinder our ability to support early diagnosis and improve patient outcomes.

**Allied Health Professionals (AHP) shortfalls<sup>(6)</sup>** have been identified amongst groups who make up the profession and contribute significantly to supporting people living with cancer across many different tumour types. For example, local pressures have been identified within Occupational Therapy. There has been a reduction of 44% of occupational therapists since 2019.

**Our non-clinical workforce play a crucial role in our cancer patient pathway** but our qualitative data on these groups are limited and inconsistent. It has been reported locally that there is a high turnover of roles such as MDT coordinators and cancer support workers, who contribute towards supporting our patients throughout the cancer pathway.

4. <https://nclhealthandcare.org.uk/wp-content/uploads/2023/07/NCL-ICS-People-Strategy-FULL-Final.pdf>

5. House of Commons Report on Cancer, 2022 Cancer services (parliament.uk)

6. <https://www.england.nhs.uk/wp-content/uploads/2023/06/nhs-long-term-workforce-plan-v1.21.pdf>

# 4 Context: our patient and staff experience

Ensuring a positive patient experience is not only crucial for the wellbeing and satisfaction of those receiving care, but also plays a vital role in boosting staff morale and job satisfaction in our cancer teams.

It is important for us to ensure we support our organisations to create a culture for our cancer workforce where staff feel valued and supported to improve both patient experience and staff satisfaction across NCL. Research shows that when NHS patients feel supported and valued by staff, it can lead to a sense of fulfilment and pride amongst the workforce, ultimately enhancing the quality of care provided<sup>(7)</sup>.

Despite the continued efforts of our cancer workforce to give excellent care, in the most recently published National Cancer Patient Experience Survey (NCPES, 2023),

NCLCA was ranked in the lowest quartile. We were benchmarked 19th out of 21 Cancer Alliances in overall patient experience in cancer care<sup>(8)</sup>.

The 2023 NHS staff survey data was aggregated for our cancer teams (as best as possible)\*, and morale was found to be lower in the cancer teams compared with NCL generally (59% v 61% respectively).

This looked at three main areas of morale: whether staff were thinking about leaving, work pressures and stressors.

## Local results of NCPES and NHS staff surveys (from cancer teams) highlight areas where we scored poorly:



### Patient experience<sup>(8)</sup>

**Hospital care:** patient was always able to discuss worries and fears with hospital staff while being treated as an outpatient or day case (Q39). **NCL CA 70% / England 78%**

**Finding out you had cancer:** patient was told they could have a family member, carer or friend with them when told their diagnosis (Q12). **NCL CA 69% / England 76%**

**Your treatment:** hormone therapy – patients said that once their treatment had started, they were given enough information in a way they could understand (Q42). **NCL CA 65% / England 72%**

**Support while at home:** During treatment, the patient got enough care and support at home from community or voluntary services (Q50). **NCL CA 44% / England 50%**

**Deciding on the best treatment:** Family and/or carer were involved as much as the patient wanted them to be in decisions about treatment options (Q22). **NCL CA 74% / England 80%**



### Staff experience<sup>(9)</sup>

**We are recognised and rewarded:** A simple thank you for day-day-day work, formal recognition for our dedication and fair salary for our contribution. **NCL CA 56%**

**We are safe and healthy:** We look after ourselves and each other, wellbeing in our business and our priority, we have what we need to deliver the best possible care. **NCL CA 62%**

**We are always learning:** Opportunities to learn and develop are plentiful, we have equal access to opportunities, we attract, develop and retain people. **NCL CA 59%**

**Morale (Theme):** Thinking about leaving; work pressures; and stressors. **NCL CA 59%**

7. Johnson A, Conroy S, Thompson D, Hassett G, Clayton A, Backhouse E. Staff Experience in the NHS: A National Study—An Experience-Based Design Approach. Journal of Patient Experience. 2022;9. doi:10.1177/23743735221143921

8. <https://www.ncpes.co.uk/>

9. <https://www.nhsstaffsurveys.com/results/local-results/> and based on the NHS People Promise <https://www.england.nhs.uk/our-nhs-people/online-version/lfaop/our-nhs-people-promise/the-promise/#we-are-recognised-and-rewarded>

\* average data from UCLH, GOSH, WH, and RFH

# 5 Our mission

In NCL, we envision a workforce that is diverse, skilled, and dedicated to providing the highest quality care to cancer patients and their families.

Our strategy is not only be an anchor for the development of local cancer workforce plans, but also enable:



# 6 Our strategic aims and objectives...

**Our strategic aims (WF1, WF2 and WF3)** are aligned to the three pillars set out in the [NCL ICS People Strategy 2023-2028](#): workforce supply, development and transformation.

**Our strategic objectives (WF1.1, WF1.2, WF2.1, WF2.2, WF3.1, WF3.2)** have been developed to respond to a number of prioritised workforce challenges identified through our recent engagement. Please see Annex C for the prioritisation matrix which includes detail on rationale for prioritising these challenges and the challenges which we have not recommended taking forward as priorities.

Strategic aims 2024-2028	<b>WF1. Increase the supply of a diverse and skilled cancer workforce which reflects our local population</b>	<b>WF2. Develop and retain our cancer workforce</b>	<b>WF3. Support system-wide transformation in the cancer workforce</b>
Strategic objectives 2024-2028	<p><b>WF1.1. Attracting skilled people:</b> attract people to work within cancer in NCL, ensuring they have relevant skills, are competent, and thrive at the start of their cancer career</p> <p><b>Prioritised challenges:</b></p> <ul style="list-style-type: none"> <li>• NCL is not attracting newly qualified staff entering cancer, as there is no direct promotion of the roles to this cohort.</li> <li>• Limited advertising of roles outside the NHS jobs platform, to show role availability within cancer teams across NCL. This impacts the accessibility of roles to individuals not already working in the NHS.</li> <li>• There are vacancies in all trusts for oncology clinical psychologists which has resulted in variation in provision of level 3 and 4 psychological support across NCL.</li> </ul>	<p><b>WF2.1. Retaining people:</b> retain people through ensuring they remain engaged and motivated and are recognised for their contributions to cancer</p> <p><b>Prioritised challenges:</b></p> <ul style="list-style-type: none"> <li>• Limited opportunity for networking and learning from peers across NCL who are working in cancer.</li> <li>• There is a high turnover of staff within cancer, particularly within the lower banded roles.</li> <li>• Limited opportunities for showcasing innovation or new initiatives across cancer, and no reward scheme for recognition of good practice.</li> <li>• Limited emotional support for the cancer workforce.</li> </ul>	<p><b>WF3.1. Ways of working:</b> embrace new ways of working by leveraging technological advancements, promoting collaboration and innovation, and fostering a culture of agility</p> <p><b>Prioritised challenges:</b></p> <ul style="list-style-type: none"> <li>• Non-agile workforce and inflexibility of job roles, limits opportunity for cross-organisational working as 'one workforce'.</li> <li>• The system is still working within a competitive environment and there is a lack of collaboration.</li> <li>• Current workforce is overworked to compensate for gaps in the workforce.</li> <li>• A lack of coordination between NHS and VCSE to build a holistic person-centered support for patients living with cancer.</li> <li>• The gaps in the diagnostic workforce means delays in patients receiving outcomes to tests.</li> </ul>

## 6 ...Our strategic aims and objectives (continued)

Strategic aims 2024-2028	WF1. Increase the supply of a diverse and skilled cancer workforce which reflects our local population	WF2. Develop and retain our cancer workforce	WF3. Support system-wide transformation in the cancer workforce
Strategic objectives 2024-2028	<p><b>WF1.2. Improving data:</b> improve cancer workforce data collection and analysis to better inform workforce planning, resource allocation, and policy development</p> <p><b>Prioritised challenges:</b></p> <ul style="list-style-type: none"> <li>• There is a lack of knowledge regarding the roles that contribute to cancer pathways.</li> <li>• No available data on who the cancer workforce are and those with the greatest supply challenges and gaps, which hinders the ability to undertake effective workforce planning.</li> <li>• Poor succession planning for all roles working in cancer.</li> </ul>	<p><b>WF2.2. Enhancing capability:</b> enhance capabilities of the cancer workforce through the provision of tailored cancer education, training and development opportunities</p> <p><b>Prioritised challenges:</b></p> <ul style="list-style-type: none"> <li>• No clear career route progressions for many roles working within cancer or support to develop beyond current role</li> <li>• No local platform for induction, learning and development opportunities and information relevant to cancer for NCL workforce (NHS and VCSE)</li> <li>• Digital advancements are causing inequalities amongst workforce, as staff skills are not keeping pace with developments (time / workload restrictions)</li> <li>• Lack of focus on development and training for cancer non-clinical, lower-banded roles (B2-4), AHPs and consultants.</li> </ul>	<p><b>WF3.2. Standardisation:</b> standardise processes, protocols, and practices in the cancer workforce to improve consistency, quality, and efficiency in the delivery of cancer care</p> <p><b>Prioritised challenges:</b></p> <ul style="list-style-type: none"> <li>• Lack of consistency of roles against banding and qualification requirements across NCL</li> </ul>

# 7 Our strategic principles

When designing initiatives and engaging partners across NCL CA, we will uphold the following principles to guide strategic decisions and prioritise resources

## Integration



Deliver on the strategic objectives of NCL Cancer Alliance and the aims of Integrated Care Systems<sup>(10)</sup>

## Patient experience



Ensure meaningful patient engagement to help shape and feedback on cancer workforce initiatives

## Best use of resources



Through a more agile, flexible and integrated workforce, enhance productivity and make the best use of limited resources

## Leverage our assets



Grow our NCL cancer workforce by leveraging on the people and assets we have in the North Central London local population and wider health service

## Innovation



Continuously improve and maximise the power of innovation within cancer to drive productivity and efficiency

## Sustainability



Ensure our investments are sustainable to enable resources to be used efficiently and effectively, leading to long-term success and impact

10. <https://www.england.nhs.uk/integratedcare/what-is-integrated-care/>

# ANNEX A

## Projected growth in cancer future demand



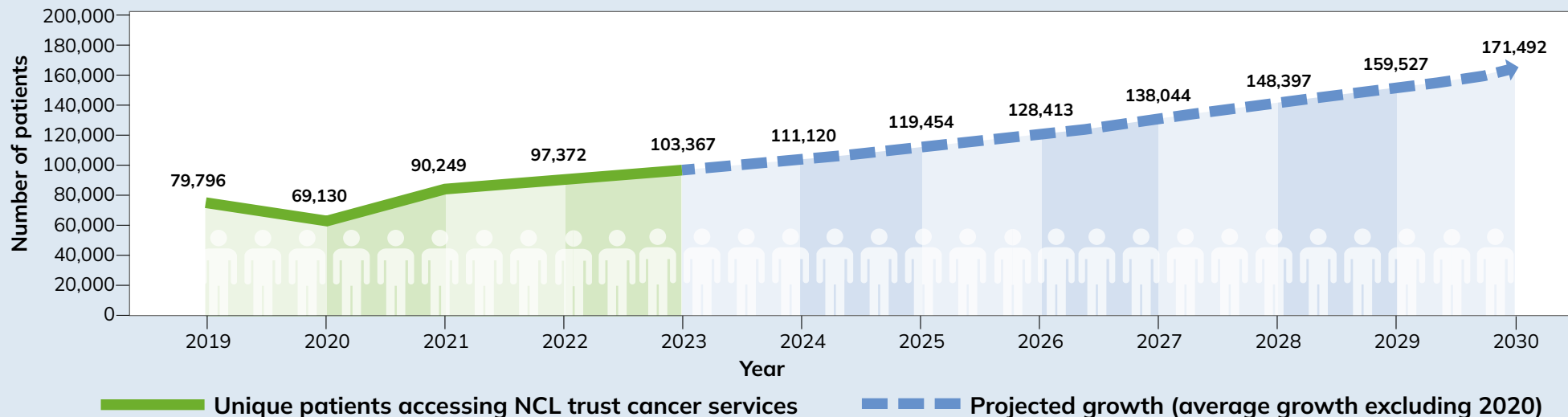
# Projecting future demand

The data table shows the number of patients accessing NCL trusts between 2019 and 2023 and the projected growth until 2030.

This is an annual count using Cancer Waiting Times data where a patient has been:

- first seen after urgent suspected cancer referral or upgraded to a 62 day pathway by a consultant
- moved off the faster diagnosis pathway
- started treatment

Patients accessing NCL Trust cancer services and projected growth 2019 to 2030



<https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-collections/cancerwaitingtimescwt>

# ANNEX B

## NCL cancer workforce data



# Data for medical and allied health professionals

The professions in cancer for which we have the most reliable local data show a combined overall decrease in the workforce of 13% between 2019 and 2023.

	2019	2023	Variation number	Variation %
Histopathology	68	62	-6	-9%
Diagnostic Radiography	618	504	-114	-18%
Clinical Radiology	167	169	+2	+1%
Medical Oncology	63	59	-4	-6%
Clinical Oncology	25	17	-8	-32%
Therapeutic Radiography	105	128	+23	+22%
Occupational Therapists	36	20	-16	-44%
Physiotherapists	58	34	-24	-34%
Speech and Language Therapists	20	21	+1	+5%
Dietitians	36	25	-11	-31%
<b>TOTAL</b>	<b>1,196</b>	<b>1,039</b>	<b>-157</b>	<b>-13%</b>

**Data source (ESR) / (\*workforce census, 2022) and Cancer AHP mapping returns obtained from Trusts**

For medical professions, numbers are consultant level. It is possible that actual numbers performing functions associated with these roles may be higher, due to variations in job roles and titles

N.B These numbers are not absolute and do not include the entirety of the cancer workforce. Illustrated above is to give a small snapshot of some of the available data and the difference in staffing over a given period

# Data for cancer nurse specialists

**Cancer prevalence is expected to increase by 42% by 2030.** Assuming that CNSs on average spend 70% of their time on individuals within their first year of diagnosis, and only 30% of their time with individuals a year or more after diagnosis, to keep the same ratio of patient-to-CNS, the number of CNSs in NCL would have to increase to 228, **a rise of almost 33% in 9 years.\*\***

This growing gap is caused by several factors, including increasing demand and an **ageing workforce**: 37% of the specialist nurse population were over 50% in 2017, against 33% in 2014.<sup>(1)</sup>

	CNS in post 2022	CNS vacancies 2023
All cancers	159	12
Breast	18	2
Urology	24	2
Colorectal	12	1

## Data source (local workforce census)

It is possible that actual numbers performing functions associated with these roles may be higher, due to variations in job roles and title.

\*\*Assumption of 70/30 split made based on Macmillan analysis. The current ratio is calculated based on total WTE (in post and vacant).

Assumption made that the numbers of patients in years 1-5 would increase by 42%, consistently with prevalence as a whole, whereas patients in year 0-1 would increase by 0.8%, based on CRUK incidence projections.

1. addressing-the-gap-report (macmillan.org.uk)

# ANNEX C

## Developing our priorities and prioritisation matrix



# Developing our priorities

**To identify the priorities for the North Central London Cancer Alliance Workforce Strategy, we:**

- held two **stakeholder workshops** focused on identifying challenges and solutions across the three pillars of the ICS People Strategy (workforce supply, workforce development, workforce transformation), which equate to our strategic aims
- attended a cancer clinical nurse specialist away day, which focused on identifying challenges along the cancer pathway
- sent a survey out to those working in cancer teams across NCL to understand current workforce challenges and potential solutions.

**Through this direct engagement, we received over 250 challenges, which were grouped into overall challenges. We:**

- carried out a **prioritisation** of the grouped challenges based on several factors (to note, where additional challenges were identified through further engagement, these have also been included in the prioritisation):
  - what theme the challenge relates to
  - whether the challenge is in the scope of the Alliance/our Trusts to tackle;
  - whether there is work already happening to tackle the challenge; and,
  - whether there are existing programmes of work that could help to tackle the challenge.
- **identified the key themes** that our cancer workforce strategy will focus on (see slide 10) by taking together the prioritised challenges, further insight from stakeholders, and what we know from NCL's strategic context. These themes map to our strategic objectives.

# Prioritisation matrix - challenges

## Workforce supply

Challenge	Theme / Strategic objective	High priority at workshop?	KEY			Overall assessment
			Level 1 priority	Level 2 priority	Not a priority for workforce programme	
There is a lack of knowledge regarding the roles that contribute to cancer pathways	Improving data	Yes	Yes	Yes – nationally.	<i>Level 1 priority More systematic approach needed</i>	
No available data on who the cancer workforce are and those with the greatest supply challenges and gaps, which hinders the ability to undertake effective workforce planning	Improving data	Yes	Yes	Yes – nationally However, unlikely to provide granular details	<i>Level 1 priority More systematic approach needed</i>	
Poor succession planning for all roles working in cancer	Improving data	Yes	Yes	Yes – Cancer nursing	<i>Level 1 priority More systematic approach needed</i>	
NCL is not attracting newly qualified staff entering cancer, as there is no direct promotion of the roles to this cohort	Attracting skilled people	No	Yes	Yes - but in year 3	<i>Level 2 priority More systematic approach needed</i>	
Limited advertising of roles outside the NHS jobs platform, to show role availability within cancer teams across NCL. This impacts the accessibility of roles to individuals not already working in the NHS	Attracting skilled people	No	Yes	Partially – but not exclusive to cancer	<i>Level 2 priority More systematic approach needed</i>	
There are vacancies in all Trusts for oncology clinical psychologists which has resulted in variation in provision of level 3 and 4 psychological support across NCL	Attracting skilled people	No	Yes	Yes – in the PCCand commissioning programmes	<i>Level 2 priority More systematic approach needed</i>	
Pay and pensions impact on the supply of staff	System structure	Yes	No	Yes – nationally	Not a priority for workforce prog <i>Out of Alliance/Trust scope</i>	
Expensive university fees for students training for clinical / medical roles	System structure	Yes	No	Yes – nationally	Not a priority for workforce prog <i>Out of Alliance/Trust scope</i>	
Retirement of workforce from primary care, impacts the delay in cancer identification and pre-diagnosis.	Retiring workforce	No	No	Some work at ICB level	Not a priority for workforce prog <i>Work already in train in via ICB Primary Care Committee</i>	
Lack of staff benefits (parking, location of Trusts, variations in salary across our Trusts) make some roles less attractive to new recruits	Attracting people	No	No	Some work at Trust level to address structural issues	Not a priority for workforce prog <i>Out of Alliance/Trust scope</i>	
HR processes are long and drawn out, meaning staff are lost through the recruitment process	System structure	No	Yes – Trust	Some work at Trust level and ICB level	Not a priority for workforce prog <i>Out of Alliance/Trust scope</i>	

# Prioritisation matrix - challenges

## Workforce development

						KEY	Level 1 priority	Level 2 priority	Not a priority for workforce programme	
Challenge	Theme / Strategic objective	High priority at workshop?	Within scope of Alliance/ Trusts to include as part of strategy development to tackle challenge?	Is there work already happening to tackle this challenge?	Overall assessment					
Limited opportunity for networking and learning from peers across NCL who are working in cancer	Retaining people				Level 1 priority <i>More systematic approach needed</i>					
There is a high turnover of staff within cancer, particularly within the lower banded roles	Retaining people	Yes	Yes	No	Level 1 priority					
Limited opportunities for showcasing innovation or new initiatives across cancer, and no reward scheme for recognition of good practice	Retaining people	Yes	Yes	Yes – local but not specific to cancer	Level 1 priority <i>System-wide approach required</i>					
No clear career route progressions for many roles working within cancer or support to develop beyond current role	Enhancing capability	Yes	Yes	Partially – locally and ACCEND	Level 1 priority <i>System-wide approach required</i>					
Limited emotional support for the cancer workforce	Retaining people	Yes	Yes	Yes – local H&W initiatives	Level 1 priority					
No local platform for induction, learning and development opportunities and information relevant to cancer for NCL workforce (NHS and VCSE)	Enhancing capability	Yes	Yes	Yes	Level 2 priority					
Digital advancements are causing inequalities amongst workforce, as staff skills are not keeping pace with developments (time / workload restrictions)	Enhancing capability	No	Yes	No	Level 2 priority					
Lack of focus on development and training for cancer non-clinical, lower-banded roles (B2-4), AHPs and consultants.	Enhancing capability	Yes	Yes	Partially – nationally. ACCEND framework but does not include admin / clerical or medical	Level 2 priority <i>System-wide approach required</i>					
Cancer education for the primary care workforce is limited and not consistent	Enhancing capability	No	Yes	Yes	Not a priority for workforce prog <i>Key focus of PC Strategy</i>					

# Prioritisation matrix - challenges

## Workforce transformation

		KEY	Level 1 priority	Level 2 priority	Not a priority for workforce programme
Challenge	Theme / Strategic objective	High priority at workshop?	Within scope of Alliance/ Trusts to include as part of strategy development to tackle challenge?	Is there work already happening to tackle this challenge?	Overall assessment
Non-agile workforce and inflexibility of job roles, limits opportunity for cross-organisational working as 'one workforce'	Ways of working	Yes	Yes	Yes – ICB Development Board	Level 1 priority
Lack of consistency of roles against banding and qualification requirements across NCL	Standardisation	Yes	Yes	No	Level 1 priority System-wide approach required
The system is still working within a competitive environment and there is a lack of collaboration	Ways of working	Yes	Yes	Yes – ICB and Trust mergers	Level 2 priority
Current workforce are overworked to compensate for gaps in the workforce	Ways of working	Yes	Yes	No	Level 2 priority System-wide approach required
A lack of coordination between NHS and VCSE to build a holistic person-centered support for patients living with cancer	Ways of working	Yes	Yes	Yes – PCC programme	Level 2 priority Avenue for workforce prog to explore
The gaps in the diagnostic workforce means delays in patients receiving outcomes to tests	Ways of working	No	Yes	Yes – ICB Diagnostic Board	Level 2 priority Room for further system-wide approach
NHS terms and conditions, including changes to the retirement age and agenda for change has disadvantaged those who have worked in the NHS for years	Ways of working	Yes	No	No	
There is a disparity in London weighting across NCL for doing the same work	Standardisation	No	No	No	Not a priority for workforce prog Out of Alliance/Trust scope