



North East London  
Cancer Alliance

# North East London Cancer Alliance Workforce Strategy

29 April 2026



- 1. Introduction** - Sarita Yaganti, NELCA Personalised Cancer Care (PCC) Programme Lead
- 2. Our Workforce Strategy** - Yvonne Beadle, NELCA Workforce Programme Manager
- 3. Audience Activity** – feedback and commitments
- 4. Expert Panel Q&A**
  - Sarita Yaganti (Chair), NELCA Personalised Cancer Care (PCC) Programme Lead
  - Dr Angela Wong, NELCA Chief Medical Officer
  - Lizzie Rowland, BHRUT Lead Cancer Nurse and NELCA PCC Programme Delivery Group Chair
  - Matt Morris, Director of Workforce & Organisational Development, Health Dynamics
  - Yvonne Beadle, NELCA Workforce Programme Manager
- 5. Wrap up and close** – Sarita Yaganti, NELCA Personalised Cancer Care (PCC) Programme Lead



North East London  
Cancer Alliance

# Strategy Development

# Why a workforce strategy now?



North East London  
Cancer Alliance

WORKFORCE

NHS  
North East London  
Cancer Alliance

North East London  
Cancer Alliance  
**Workforce  
Strategy**

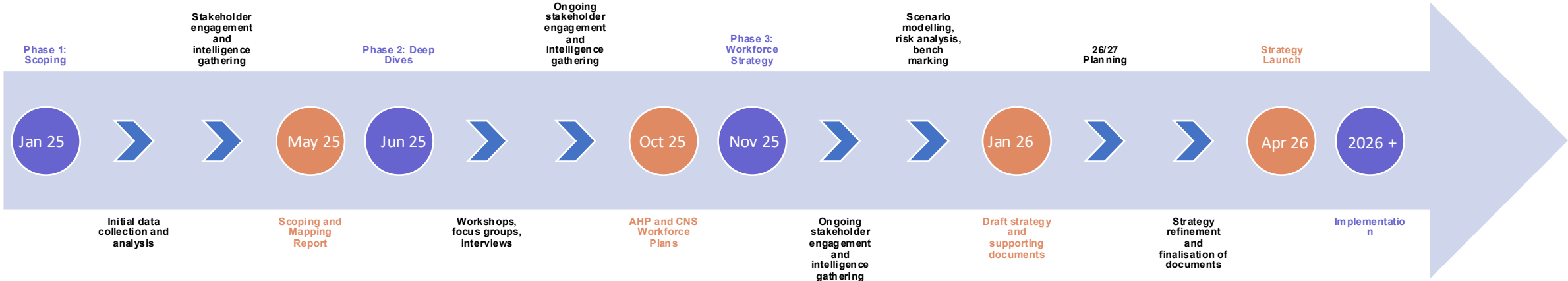


health dynamics

# Workforce Scoping and Mapping Report

North East London Cancer Alliance  
August 2025

COMMERCIAL IN CONFIDENCE



health dynamics

## NELCA AHP Workforce Development Planning

© Health Dynamics

health dynamics

## NELCA Cancer Nursing Workforce Development Plan

© Health Dynamics

North East London Cancer Alliance  
Invites you to

### Shaping the Future of Cancer Care in North East London

Launch of Our Health Inequalities, Workforce and AI Strategies

9.30am to 4.00pm  
Wednesday 29 April 2026

Grocers Wing, Tower Hamlets Town Hall,  
160 Whitechapel Rd, London E1 1BU  
<https://bit.ly/4tXMiVn>

WORKFORCE

North East London Cancer Alliance

## Workforce Strategy



North East London  
Cancer Alliance

# Strategy Overview

## Purpose & scope

“This strategy provides a whole-pathway workforce planning framework for the NELCA aligning national policy, ICS strategy, service model changes and digital transformation with local workforce realities.

It synthesises a year of mapping, deep dives and stakeholder engagement to identify risks, quantify gaps and recommend actions across nursing, AHPs, medical, diagnostics, support and coordinating roles.”

## Strategic intent

Create a sustainable, equitable, digitally enabled “one workforce” across NEL that:

- expands and stabilises critical capacity
- redesigns roles and teams for earlier diagnosis, treatment at/closer to home and personalised, culturally sensitive care
- embeds digital/genomic competence
- strengthens system-level workforce intelligence and governance

# Executive Summary – Headline Findings

- **Structural shortages** exist across key professions—particularly clinical/medical oncology, therapeutic radiography, radiology, histopathology, psychosocial care, nursing (incl. palliative/district nursing) and several AHP groups—with small, fragile teams amplifying the impact of vacancies and turnover.
- **Demand is rising and changing**, driven by earlier/faster diagnosis ambitions, expanded screening, survivorship growth, multi-morbidity and inequalities—**requiring broader skills, advanced practice, and stronger community/primary care integration.**
- **Digital, AI and genomics** are now structural drivers of role change (not add-ons), creating needs for data-savvy pathway coordination, AI governance, genomics literacy and virtual-ward/remote-monitoring capability.
- **Retention and pipelines** (domestic training, apprenticeships, ethical international supply) must be pursued alongside **skill-mix redesign and productivity**, given constrained finances and London labour-market competition.



# Executive Summary – Priorities and Outcomes

## Immediate priorities (years 1–2)

- Targeted **recruitment/retention for red-risk roles** (oncology, histopathology, therapeutic radiography, psychosocial and palliative/district nursing).
- Accelerated **CNS and AHP development** (ACCEND), formal rotations, and protected supervision.
- **Diagnostics productivity** (reporting radiographers, advanced/consultant practice, digital pathology) aligned to FDS and 62-day recovery.
- Establish Alliance-level **workforce analytics, AI/digital capability** pathways, and **navigation/support roles** to improve patient experience at key transitions.

## Five-year outcomes

- **Reduced vacancy/agency** reliance
- Improved pathway **performance** (FDS/62-day)
- Equitable access to specialist roles
- Demonstrable improvements in **patient experience** (communication, continuity, psychosocial support)
- A workforce model **resilient** to sustained demand and technology change

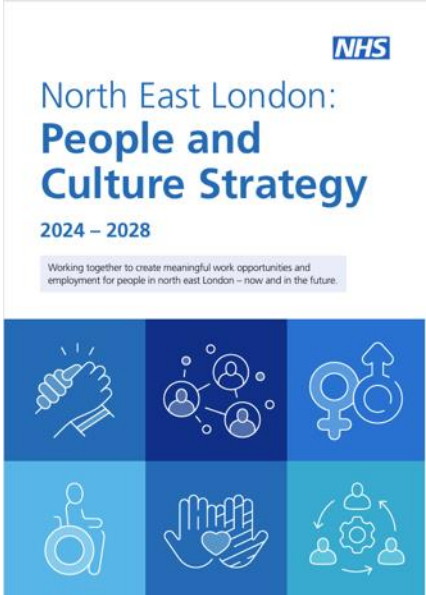


**NHS**

North East London  
Cancer Alliance

# Drivers for Change

# Drivers for Change: Strategic



# Drivers for Change: Service model changes, digital transformation, population health demands



# Workforce Implications



North East London  
Cancer Alliance

- A **diagnostic workforce** with the capacity and capability to support the diagnostic expansion (imaging, endoscopy, pathology, genomics)
- A **multi-professional workforce**, utilising **advanced non-medical practice roles**, able to deliver personalised care and manage complexity and co-morbidities **both in and out of hospital**, often with extended hours coverage
- New **roles in AI, genomics and data**, alongside expansion and upskilling across all roles
- **Personalised care** that embeds rehabilitation, psychological support, navigation, cultural competence as core pathway components, integrated with primary care and VCSE partners.
- A shift to remote assessment, triage, coordination and escalation, particularly for **nursing and AHP roles**, requiring new skills sets
- **Administrative work** becomes supervision of automated workflows, not manual chasing – **changing roles** rather than removing them.
- System-level commissioning and provider collaboration require **networked roles**, shared rotas and Alliance-level leadership.
- **Training, educator and supervisor capacity**, and **protected time** to develop new skills, must be built into workforce plans, otherwise benefits will not be realised
- Local **recruitment and retention programmes**, including apprenticeships, mid-career and succession planning
- Plans that explicitly target **high-need neighbourhoods** and underserved groups



North East London  
Cancer Alliance

# North East London Workforce Analysis

# Current Workforce System Overview



## Age Profile

Barts has a younger workforce = lower retirement risk but a greater career progression and training demand

BHRUT and Homerton have more 50+ staff = greater retirement and succession planning risk



## Banding and Workforce Structure

The majority of staff are employed within core clinical grades (Bands 5 - 7).

Support roles (Bands 2 - 4) form a significant base, particularly at Barts Health and Homerton

Senior roles (Bands 8+) represent the smallest proportion of the workforce across all Trusts



## Turnover and Vacancies

Higher turnover is seen in AHPs and admin/support, lower in medical staff  
7.7% overall at BHRUT, admin/clerical concentrated low net vacancy at Barts  
12.5% at Homerton (admin and selected senior clinical)

# National Census and Benchmarking Data

North East London is particularly challenged in terms of workforce provision in the following areas:

- **Clinical oncology**
- **Therapeutic radiography**
- **Radiotherapy physics**
- **Radiology**
- **Sonography**
- **Cancer CNSs**



# Comparisons with other Cancer Alliances



High demand areas with a more stable and resilient workforce



Rural areas who manage unforeseen resource shortages and vacancies in specialist roles



London peers with examples of better workforce retention

# Stakeholder Engagement



North East London  
Cancer Alliance

**56**  
meetings

**71**  
interviews

**57**  
board meetings

**26**  
sources of data

**31**  
roles/  
professionals

**9**  
workshops

**5**  
surveys

**55**  
reports

**775**  
hours



# CNS and AHP Key Themes



## Challenges

- Length of time, supervision and education needed to develop cancer expertise
- Vulnerability of small teams and lone posts
- Fragile workforce supply and inconsistent training routes
- Structural barriers such as insufficient clinic space, lack of administrative support and organisational awareness.
- Burnout, emotional load, high caseloads and lack of protected development time impact retention

## Opportunities

- Properly resourced and systematised solutions, including - rotational roles, shared training, apprenticeships, skills mix, support for supervision
- Clear role design and career pathways including leadership frameworks
- Advanced practice and non-medical prescribing - essential for future workforce models
- Assistive and supportive roles, such as support workers, to address the administrative burden and release clinical capacity.

# Patient Engagement Themes

## Recommended action points from the NELCA Workforce Patient Experience Survey

1. Strengthen support at diagnosis and early pathway stages
2. Improve communication during waiting periods
3. Clarify points of contact across the care pathway
4. Enhance emotional and psychological support provision
5. Protect and promote continuity of care
6. Use digital tools in a patient-centred, flexible way
7. Reinforce respectful, individualised care



# Workforce Risks by Pathway Stage

## Diagnostics

- **Imaging** – national shortages, demand outstrips growth, high vacancy rates
- **Pathology** – histopathology bottleneck
- **Endoscopy** – aging workforce and gaps in non-medical roles
- **Nuclear medicine** – limited expertise is a constraint

## Treatment

- **Oncology consultants** – rising shortfalls, rising demand, aging workforce
- **Oncology pharmacists** – persistent recruitment challenges and workload pressures
- **Nursing** – workload pressures and supply gaps in **SACT nurses** and **CNSs**
- **Radiotherapy** – workforce and infrastructure gaps particularly in **therapeutic radiographers** and **radiotherapy physics/dosimetry**
- **Surgery** – pressures in colorectal, UGI/HPB, urology, thoracic, gynae-onc
- **MDT co-ordinators, pathway co-ordinators/trackers** – often unseen but critical to performance

## Living with and beyond cancer

- **Nursing** – insufficient capacity and an aging workforce in CNSs, palliative care nurses and district nurses (who are also experiencing declining numbers)
- **AHPs** – national shortages, variable and constrained supply
- **Psychological support** – patchy provision, gaps, significant capacity risks
- **Support workers** – variable provision, often unseen, critical to patient experience and releasing clinical capacity

## Research and Data

- **Research nurses/clinical trial practitioners** – increasing vacancies and declining medically trained research staff
- **Cancer data managers/analysts** – often unseen but critical to performance and targeted interventions

## What does this all tell us?

The NEL challenge is our intersection of high population demand with workforce stability risk. The solution is as much about strengthening workforce resilience by improving recruitment, retention and development, particularly for nursing and diagnostic roles, as it is about capacity.

The workforce narrative becomes not only one of recruitment and capacity, but of equity, capability and redesign. This aligns the future workforce with the realities of population need in NEL.



**NHS**

North East London  
Cancer Alliance

# The Priorities

# Workforce Risk Heat Map



## Highest (red) risk areas:

- Genomics/molecular pathology
- Medical oncologist
- Histopathologist
- Clinical psychologist
- Clinical oncologist
- Palliative care nurse
- District nurse
- Clinical Nurse Specialist
- Dietician



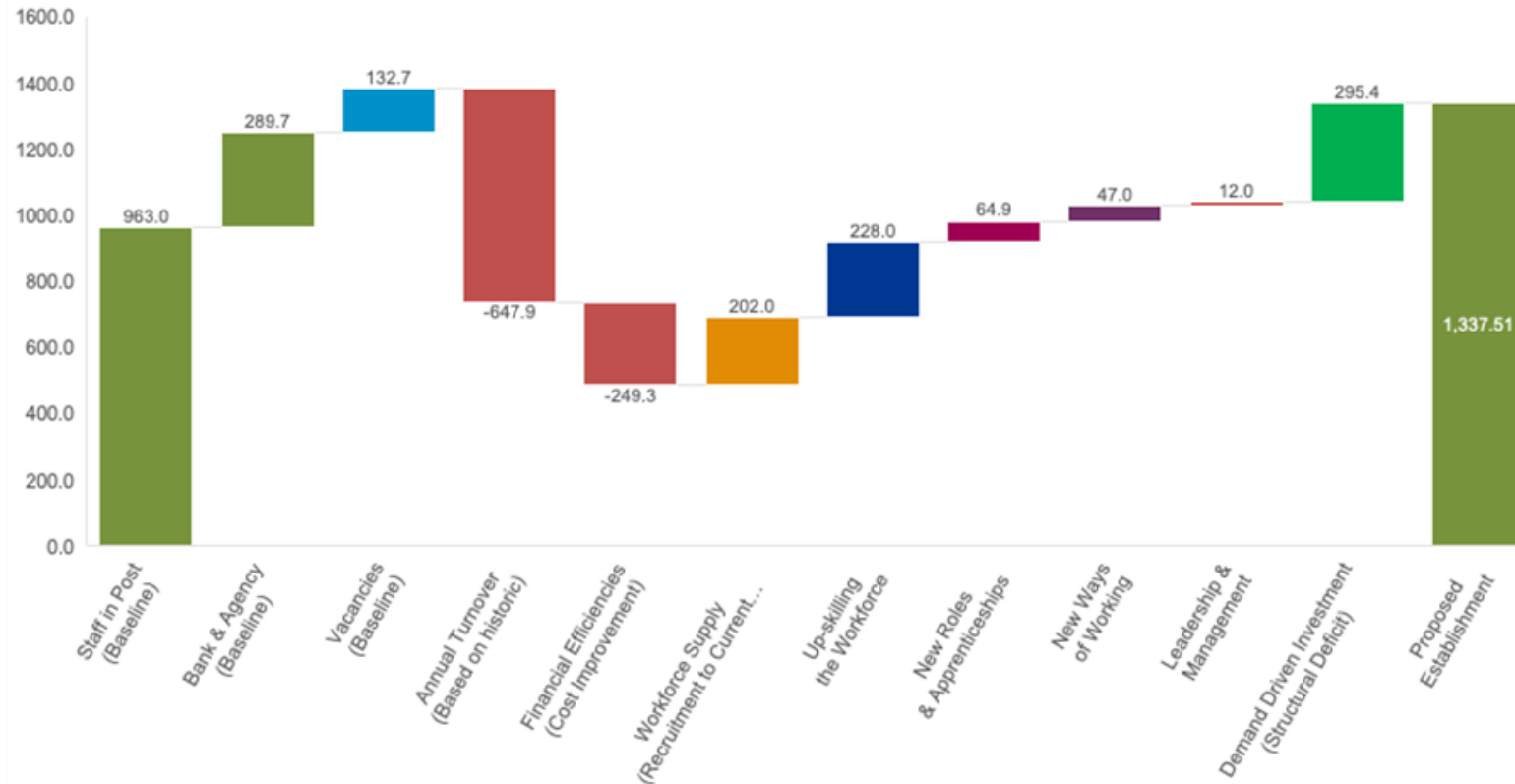
## Amber risk areas:

- Radiologists
- General practitioners
- Sonographers
- Therapeutic Radiographers
- Diagnostic Radiographers
- General surgeons who treat cancer
- Practice nurses
- Speech and Language Therapists
- Pharmacists
- Biomedical Scientists

# Workforce Modelling



North East London  
Cancer Alliance



## Five-year scenarios

- The model integrates turnover (~12%), modest reductions in agency reliance, phased efficiency/productivity gains, demand-driven workforce investment and incremental role redesign.
- While conservative, it demonstrates the **scale of change required** and the importance of aligning workforce interventions to service transformation and population need.

## 1. Grow and diversify the cancer workforce pipeline

- a. “Grow your own” and local recruitment schemes, apprenticeships and outreach to North East London communities.
- b. Ethical international recruitment with strong support and progression into cancer specialisms; ability over the five years to refocus recruitment on more local recruitment and less international.
- c. Expanded training capacity and educator roles aligned with the Long-Term Workforce Plan (LTWP) and ACCEND.

## 2. Redesign roles and teams across the whole cancer pathway

- a. Skill-mix and advanced practice in diagnostics, treatment and survivorship.
- b. New roles in navigation, community outreach, digital/remote monitoring and inequalities programmes.
- c. Team-based models that avoid single-handed posts and enable cross-organisational working.

## 3. Retain, support and develop staff

- a. Systematic retention programme: workload, flexible working, wellbeing, supervision, and inclusive leadership.
- b. Clear, visible career pathways (clinical, academic, leadership, digital) for all staff groups.
- c. Embedding digital, AI and sustainability competencies into ongoing professional development.

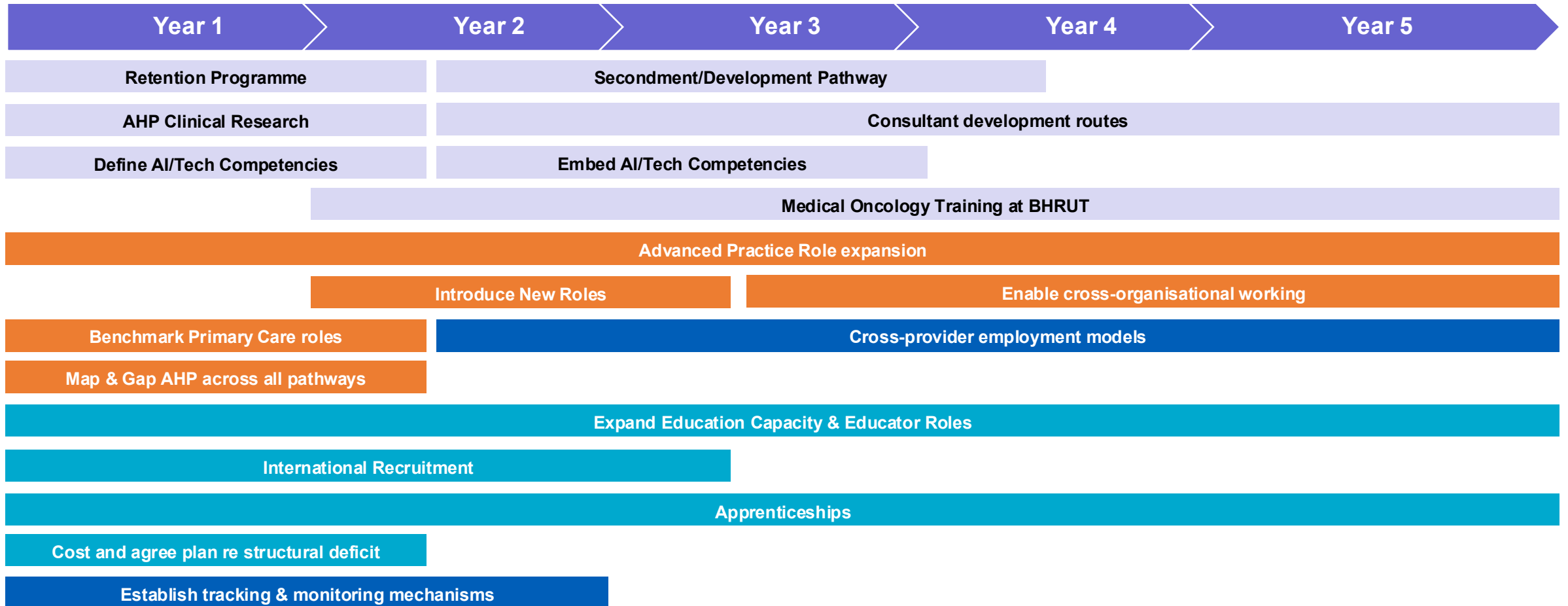
## 4. Strengthen system-level workforce intelligence and governance

- a. Dedicated North East London Cancer Alliance workforce planning and analytics function with robust data-sharing across the ICS.
- b. Governance frameworks for new roles, AI, cross-provider employment and information-sharing.
- c. Continuous evaluation of workforce changes against inequalities, quality, performance and staff experience metrics.

# Timeline



North East London  
Cancer Alliance



Key/Theme:



# NELCA 26/27 Workforce Delivery Plans



North East London  
Cancer Alliance

Project Title	Outputs	Outcomes	Workforce Strategy			
			Grow and diversify the cancer workforce pipeline	Redesign roles and teams across the whole cancer pathway	Retain, support and develop staff	Strengthen system-level workforce intelligence and governance
<b>Cancer CNS Workforce Development Lead Project</b>	1:1 development offer Universal education offer Aspirant cancer nursing offer	Improved CNS recruitment and retention				
<b>Embed the ACCEND Framework</b>	Resource suite Implementation plans Stakeholder engagement plans Digital tools	Improved supply, clear career and development pathways with associated education and training				
<b>Develop the NELCA training, education and development offer</b>	Expansion of the NELCA Cancer Academy Improved workforce webpages Training offer aligned to ACCEND and our strategic priorities Explore apprenticeships, entry level programmes, and advanced practice opportunities Networking opportunities	A strategic approach to improve access and uptake of training, education and development opportunities.				
<b>Strengthening Cancer Nursing and AHP Leadership</b>	NELCA AHP Leadership role Input and delivery of our Nursing, AHP and PCC projects including ACCEND, rehab, physical activity	Strengthened strategic Clinical Leadership of our workforce priorities and projects				
<b>NELCA Workforce Governance</b>	NELCA Workforce group providing oversight to our workforce strategy and projects Pan-London workforce data project	Strengthened system level workforce governance and intelligence				
<b>Barking &amp; Dagenham Improving the Cancer Journey Project</b>	Cancer Community Health Workers Learning to apply to emerging neighbourhood models	Testing a new community based model of care and support. Understand training, education and development needs				



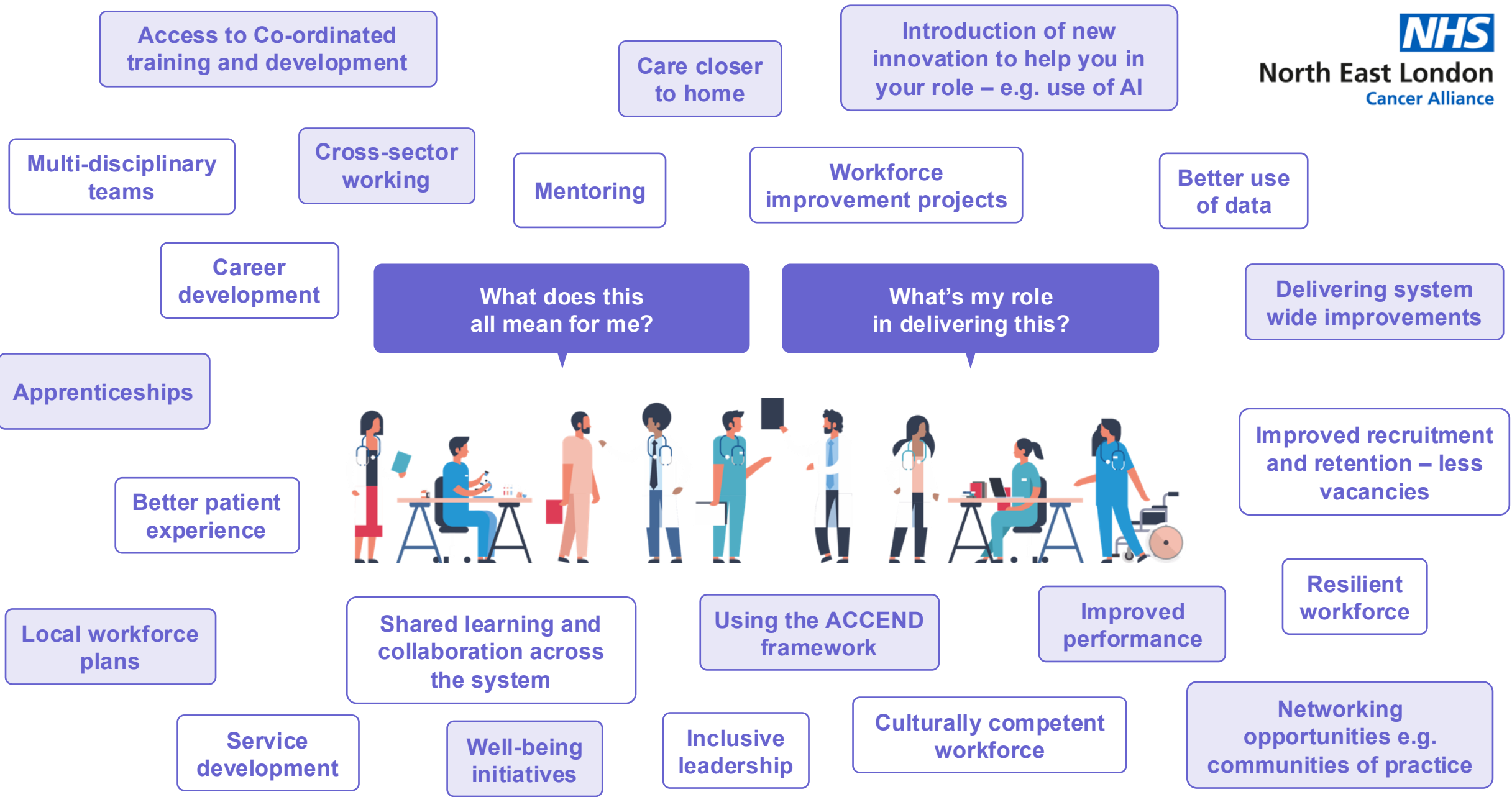
North East London  
Cancer Alliance

# What Next?

What does this  
all mean for me?

What's my role  
in delivering this?





## NELCA Workforce Strategy and Action Plans



## Further Information

- Read the full workforce strategy report and accompanying documents on our [strategy webpages](#)
- Listen to our podcasts on the workforce strategy, workforce projects and hear from some of our North East London cancer professionals [Taking Control of Cancer | North East London Cancer Alliance](#)
- Find further information about the [Aspirant Cancer Career, Education and Development Framework \(ACCEND\)](#)
- Find out more about the [London Cancer CNS Development Programme](#)
- Our Delivery Plan for 2026/2027 will be uploaded to our website in the next few weeks [Our Work | North East London Cancer Alliance](#)
- Slides and further information will be available after the event



# Expert Panel Q&A



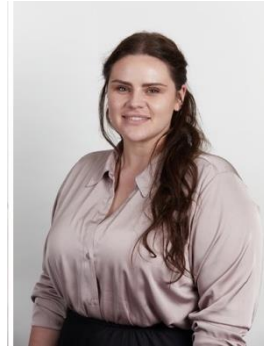
North East London  
Cancer Alliance



Sarita Yaganti  
Personalised  
Cancer Care  
Programme Lead  
North East London  
Cancer Alliance



Dr Angela Wong  
Chief Medical  
Officer  
North East London  
Cancer Alliance



Elizabeth Rowland  
Associate Director  
of Nursing & Lead  
Cancer Nurse  
Barking, Havering &  
Redbridge  
University Trust



Matt Morris  
Director of  
Workforce Strategy  
& Analytics  
Health Dynamics



Yvonne Beadle  
Workforce  
Programme  
Manager  
North East London  
Cancer Alliance

# Coffee Break



North East London  
Cancer Alliance



## NELCA Workforce Strategy and Action Plans





North East London  
Cancer Alliance

**Web:** [www.nelcanceralliance.nhs.uk](http://www.nelcanceralliance.nhs.uk)

**Facebook:** @NelCancerAlliance

**Instagram:** @CancerNEL

**LinkedIn:** <https://www.linkedin.com/company/north-east-london-cancer-alliance/>

**Reddit:** <https://www.reddit.com/user/CancerNEL/>

**TikTok:** @nelcanceralliance

**WhatsApp:** <https://bit.ly/4oSF8Ku>

**X:** @CancerNel

**YouTube:** <https://www.youtube.com/@nelcanceralliance>