

Workforce Strategy Launch

Summary of table-top discussions and survey results
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Table-top Discussions











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What does the NELCA workforce strategy mean for me?

Overall Themes

This strategy gives me hope for a more **supported, skilled and representative** workforce, with opportunities for **development, collaboration and innovation**. It's success depends on turning ambition into **practical, well-resourced action**.

1.  **Representation, Equity & Community Focus**
2.  **Workforce Capacity, Retention & Wellbeing**
3.  **Career Development, Training & Progression**
4.  **Collaboration & System Working**
5.  **Technology, Innovation & Pathway Transformation**
6.  **Communication & Patient Experience**
7.  **Delivery, Resources & Realism**
8.  **Service Design & Future Readiness**

Themed responses in more detail



Representation, Equity & Community Focus

- A stronger emphasis on **representation and equality**, ensuring the workforce reflects the diverse communities it serves.
- Recognition that currently the workforce often isn't "**talking the patient's language**" (culturally or literally).
- Opportunity to **break down cultural barriers**, improve dialogue, and deliver more equitable care.
- Increased focus on **community-based roles** and **care closer to home**, shifting resources from acute to community settings.
- Greater involvement of **neighbourhoods, primary care, voluntary sector, PPI, and community members** in shaping services.



Workforce Capacity, Retention & Wellbeing

- Clear concern about **staff shortages, burnout, and lack of resilience** across roles (CNS, admin, radiology, etc.).
- Ongoing challenges with **recruitment and retention**, especially in lower-banded roles and high-cost living areas.
- Need for **better workforce planning**, including ratios, skill mix, and addressing gaps (e.g. histopathologists, AHPs, CNSs).
- Strong desire for a workforce that is **not fatigued** and can provide **continuity of care**.
- Strategy highlights need for **better work-life balance**, flexible working, and supportive environments.

Career Development, Training & Progression

- Positive recognition of the need for **funded training** and **expanded learning opportunities**.
- Need for **clearer career pathways**, especially for nursing and early-career staff, to avoid losing talent.
- Importance of **mentorship, secondments, apprenticeships**, and progression routes across bands.
- Acknowledgment that **time, permission, and resources to learn and practice** are essential.
- Risk identified where **training is provided but roles aren't sustained**, leading to attrition.

Collaboration & System Working

- Opportunity for better **collaboration across organisations, teams, and disciplines**.
- Need to move away from **siloes working** toward genuine **system-wide alignment**.
- Calls for clarity on:
 - **Who** is leading what
 - Who to contact
 - **How** partners (e.g. voluntary sector) integrate into delivery
- Potential for **population health approaches** and more joined-up planning across NEL.

Technology, Innovation & Pathway Transformation

- Recognition of the potential of **AI, automation, and digital tools** to:
 - Improve patient tracking
 - Reduce admin burden
 - Streamline referrals and diagnostics
- Need for better **data sharing and system interoperability** (e.g. GP access to scans, cross-borough records).
- Emphasis on **transforming pathways** to reduce inefficiencies and delays (e.g. 2WW).
- Balanced with a need for **confidence, training, and trust** to adopt new technologies.

Communication & Patient Experience

- **Patients feeling unheard or unclear about their care.**
- Need for:
 - Better **signposting of services**
 - Improved **accessibility of communication**
 - Named contacts and clearer **care navigation**
- Concerns about **non-clinical staff handling clinical/emotional queries** due to workforce gaps.
- Opportunity to **improve understanding of roles** across the care pathway.

Delivery, Resources & Realism

- Questions remain around **how the strategy will be implemented and funded**.
- Recognition of **budget constraints and recruitment freezes**.
- Need to ensure **resources (time, space, staff)** are available to deliver ambitions.
- Call for:
 - Clear **metrics** for success
 - Realistic delivery **timelines**
 - Sustained **funding** beyond short-term pilots
- Some **optimism**, but also **apprehension** about whether the strategy is achievable.

Service Design & Future Readiness

- Opportunity to **redesign roles and redistribute workload** (e.g. admin → CNS → doctors).
- Shift toward **preventative care, early diagnosis, and education**, especially in primary care.
- Need to address **system inefficiencies** (e.g. unnecessary referrals, pathway delays).
- Focus on becoming a **“fit for the future” workforce** through innovation and adaptability.



What's my role in delivering the NELCA workforce strategy?

Overall Themes

My role is to actively **shape, support, and embed** the workforce strategy – by **developing people, improving services,** and making sure **patients and communities are at the centre** of what we do.

1.  **Developing and Supporting the Workforce**
2.  **Workforce Planning and Improvement**
3.  **Collaboration and Sharing Best Practice**
4.  **Patient-Centred Care and Community Engagement**
5.  **Using Technology and Innovation**
6.  **Communication and Leadership**
7.  **Service Transformation and New Ways of Working**
8.  **Resources, Funding and Practical Delivery**

Themed responses in more detail

Developing and Supporting the Workforce

- I have a role in **empowering colleagues** (CNSs, AHPs, support staff) to engage with and use the strategy
- I need to **support training, mentoring, and supervision**, and help build confidence in new ways of working
- I should use frameworks like **ACCEND** in appraisals and workforce planning
- I'm expected to **identify skills gaps, complete training needs analysis, and support career development and succession planning**

Workforce Planning and Improvement

- Part of my role is to **understand our current workforce, identify gaps, and plan for the future**
- I need to **review job descriptions, roles, and skill mix** to better meet service needs
- I should contribute to **local and system-wide workforce plans**
- I'm expected to help **identify and address recruitment and retention challenges**

Themed responses cont..

Collaboration and Sharing Best Practice

- I should **work across teams, organisations, and with NELCA** to develop new workforce models
- Sharing **learning, successes, and innovation** is part of my role
- I need to **reduce duplication and improve communication** across services
- I should engage with **partners like primary care, voluntary sector, and community groups**

Patient-Centred Care and Community Engagement

- I have a responsibility to **advocate for patients** and ensure their voices are heard
- I should actively **seek, use, and promote patient feedback** to improve services
- I need to support **engagement with underserved and seldom-heard communities**
- My role includes helping to **improve accessibility, reduce inequalities, and address cultural barriers**

Themed responses cont..

Using Technology and Innovation

- I'm expected to **adopt and promote technology (AI, digital tools)** to improve efficiency and patient care
- I need to **balance digital innovation with human interaction**, ensuring care remains person-centred
- I should support **safe use of AI and improved data sharing**, while challenging digital exclusion

Communication and Leadership

- I have a role in **communicating the strategy clearly to teams and stakeholders**
- I should **raise awareness of services, support routes, and engagement opportunities**
- I'm expected to **lead by example**, supporting change and building confidence in others

Themed responses cont..

Service Transformation and New Ways of Working

- I need to support **redesigning services and roles**, including shifting care into the community
- This includes **empowering different roles to work at the top of their skillset**
- I should help **streamline pathways, reduce inefficiencies, and improve access to care**

Resources, Funding and Practical Delivery

- I have a role in **identifying funding opportunities and supporting** investment in workforce development
- I need to be realistic about **capacity, time, and financial constraints** while still driving improvement
- Supporting **sustainable models** (not short-term fixes) is part of my responsibility



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Survey Results

Key Insights



- 57 responses received as of 18/05/26
- A strong majority (70%) of respondents reported having a particular interest, expertise, or knowledge in one of the four priority areas and/or a specific profession, indicating high engagement among participants.
- The most popular areas of interest were 'Retain, Support, Develop' (24%), 'Redesigning Roles and Teams' (22%), and 'Growing the Cancer Workforce Pipeline' (20%).
- 80% expressed willingness to contribute to developing NELCA strategic plans or projects in their area of interest.
- Common themes from open-text responses include –
 - requests for better data collection and gap analysis
 - addressing digital exclusion and communication barriers
 - increasing funding and training opportunities
 - supporting volunteer and palliative care roles
 - the importance of upskilling, local recruitment, and developing a local cancer workforce strategy.

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.

What else could the Alliance be doing to help with workforce challenges and realising workforce opportunities in cancer?



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The Alliance can add the greatest value by **strengthening data and communication, securing funding and stability, growing and retaining talent, investing in community and primary care, and turning strategy into prioritised, measurable action**—while keeping both staff experience and patient voice central.

- **Strengthen evidence and insight**
Use shared data and gap analysis to align workforce capacity, population need, funding and voluntary sector support—and track impact over time.
- **Invest in people, retention and pipelines**
Advocate for funding, fair pay, longer contracts, reviewed job roles, apprenticeships, ACCEND and clear career pathways to attract and keep staff.
- **Improve communication and core skills**
Upskill the workforce in basic communication, empathy and accessibility to improve patient experience and team effectiveness.
- **Support smarter, inclusive ways of working**
Enable safe use of technology and AI, tackle digital exclusion, reduce duplication and backfill priority roles.
- **Prioritise community, primary care and inequalities**
Expand community outreach, work with voluntary and faith partners, and focus on underserved areas across all of NEL.
- **Move from strategy to delivery**
Clarify priorities, engage frontline staff, set actions with follow-up, and monitor progress transparently.

What one action can you take?

Across the responses, people see their “one action” as:



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Developing people and careers



Strengthening workforce planning with data



Improving collaboration



Amplifying patient and community voices



Embedding the strategy locally through everyday actions



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Further information

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](#)



Get in touch



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For more information or to get involved in delivering the strategy, please contact:

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