

WELCOME to the Wessex Cancer Alliance Workforce Conference

**21st February 2023
10am to 4pm**

**Chair: Matthew Hayes, Medical Director,
Wessex Cancer Alliance**



Housekeeping



@NHS_WCA

#WCAWorkforce





Agenda



09.15	Registration, Refreshments and Networking	
10.00	Welcome, Introduction to the Day	Mr Matthew Hayes Medical Director, WCA (Chair)
10.05	Keynote Address: The New NHS Long Term Workforce Plan	Professor Peter Johnson, National Clinical Director for Cancer NHSE
10.25	WCA Strategic Approach to Cancer Workforce Challenges; Integrating workforce challenges into SACT Closer to Home	Kathy Cooke, Workforce Programme Mgr; Claire Marsh, SACT Project Lead.
11.00	Grab a coffee!	
11.15	The Role of Leadership in Transforming the Cancer Workforce	Dr Jane Winter, Lead for Nursing and AHPs, WCA
11.30	(ACCEND): Aspirant Cancer Career and Education Development programme: Transformational reform in the education, training and career pathways for cancer support workers, nurses and AHP's supporting people affected by cancer.	June Davis, WCA AHP Expert Advisor and ACCEND co-programme lead John Gale, ACCEND Programme Manager, Cancer Support Workstream Heather Nisbett, HEE SE Advancing Practice Supervision and Assessment Lead.
12.05	Introducing New Support Roles to the Cancer Workforce	Jo Tibbles and Mary Edwards Workforce Project Managers
12.20	Capabilities in Practice for the Specialist Cancer Workforce	Mary Edwards and Helen Perry Workforce Project Managers
12.45	Open Floor: Questions and discussion from the morning session	Mr Matthew Hayes, Medical Director, WCA
13:10	Lunch break and networking	
14.00	Facilitated discussion 'Shaping the Oncology Workforce Priorities	
15:20	Refreshments and reflection time	
15:40	Feedback, summary, next steps and close at 4pm	

WCA Strategic Approach to Cancer Workforce Challenges

Kathy Cooke,
Workforce Programme Manager



How do we work?

Our work focuses on five key programmes of work:

- Prevention and Early Diagnosis
- Faster Diagnosis
- Personalised Care
- Treatment
- **Workforce**

[Our Work - Welcome to Wessex Cancer Alliance](#)

Through our work programmes we ensure that we:

- Put patients at the heart of what we do
- Work proactively in partnership with patients, the public and all our professional stakeholders
- Make the most of the data that we have
- Realise the benefits of innovation and research



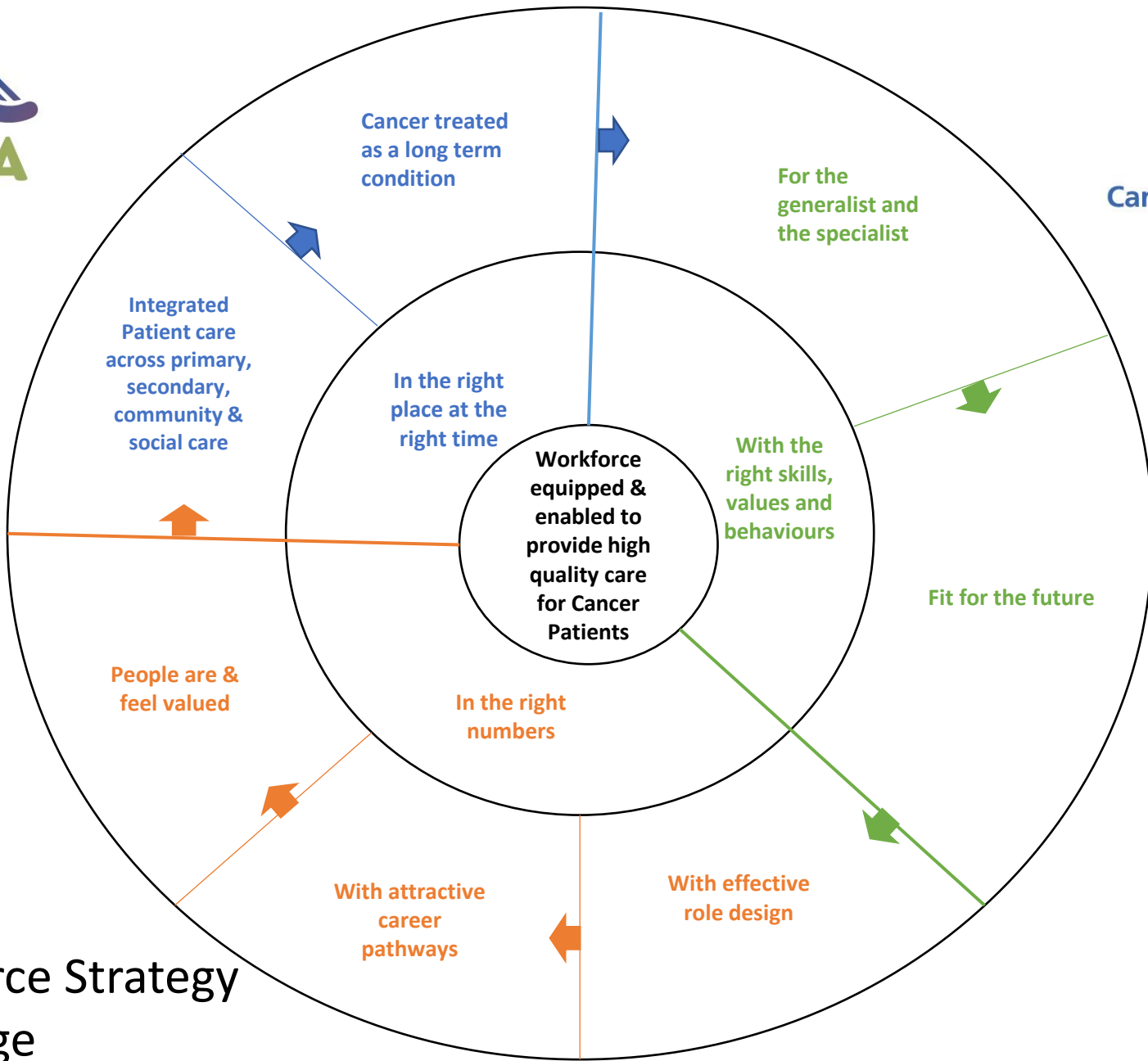
Cancer-Workforce-Strategy-2022-2025



- **‘Working together to lead and inspire innovation and improvement for cancer care for all people in Dorset, Hampshire and the Isle of Wight’**



Partnership Working is key to achieving our workforce ambitions



Workforce Strategy
on a page



Cancer-Workforce-Strategy-2022-2025



Governance

- WCA Workforce Programme Board to WCA Board
 - HEE SE and SW
 - NHSE SE and SW
 - ICSs – Dorset and HIOW
- Project Steering Groups
- Patient and Public Involvement Steering Group

Engagement

WCA Website – News and Resources pages, Workforce Page, Education Resource Page (coming)

WCA Workforce Bulletin (and WCA Bulletin , Primary Care Bulletin)

Forums, Communities of Practice

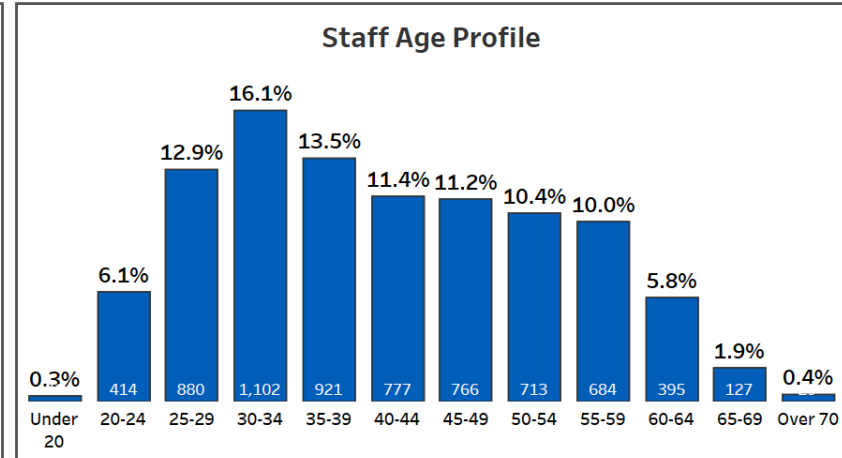
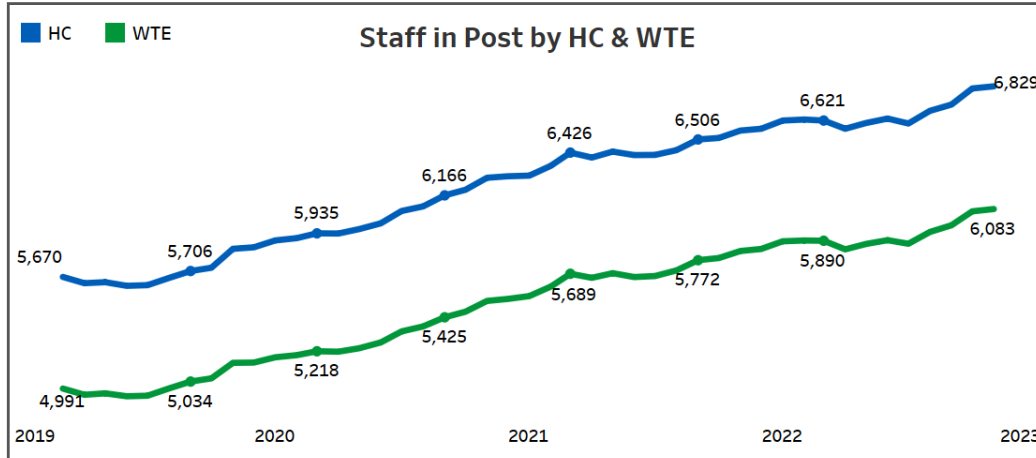
Education and Development Events and Offers

National Cancer Alliances Workforce Forums



Current Workforce Profile | Wessex | All Cancer Workforce

as at November 2022



Equality, Diversity & Inclusion

- 26%** are Male
- 74%** are Female
- 3.2%** of the workforce identify as **LGBT+**
- 21.0%** of the workforce are **BAME**
- 7.1%** of the workforce have a declared **disability**
- 20.5%** of the workforce are from **outside UK**

- 6,829** Headcount
- 6,083** Whole Time Equivalent
- 89.1%** Participation Rate
- Workforce 3-Year Change **21.9%** Difference of **1,091.8 WTE**
- Retention **166.1%**
- The average age is **41 years**
- 18.1%** of the workforce are **aged 55 & over**

Notes: Definitions for Participation Rate, Retention are found on 'User Guide' tab [Show Filters](#) [Homepage](#)

5,890

Whole Time Equivalent
March 2022

WTE Change

▲ 899

2019 - 2022

WTE % Change

▲ 18.0%

2019 - 2022

7,016

Projected Workforce
March 2025

Cancer Workforce Supply and Projection

[Hide Filters](#)

[Homepage](#)

		March 2019	March 2020	March 2021	March 2022	% Change	Participation Rate	WTE Aged 55+	WTE % Aged 55+	Projection March 2023	Projection March 2024	Projection March 2025
Grand Total		4,991	5,218	5,689	5,890	18.0%	88.4%	971	16.5%	6,244	6,618	7,016
Medical and Dental	Total	657	694	741	793	20.7%	92.8%	110	13.8%	848	906	969
	Chemical pathology	6	6	6	<5							
	Clinical oncology	89	99	107	105	17.1%	92.9%	12	11.0%	110	117	123
	Clinical radiology	211	216	216	236	11.4%	93.7%	39	16.4%	245	254	264
	Gastro-enterology	96	120	131	137	43.6%	95.8%	18	13.3%	157	180	206
	Haematology	77	80	92	97	25.3%	95.0%	17	17.7%	105	113	123
	Histopathology	80	78	84	90	12.2%	90.4%	15	17.0%	93	97	101
	Medical oncology	46	50	53	68	48.0%	93.7%			79	92	106
Palliative medicine	52	46	51	57	10.1%	82.1%			59	61	63	
Nursing & Midwifery	Total	871	922	997	1,088	24.9%	86.7%	171	15.7%	1,179	1,277	1,383
	Cancer Nurse Specialist (from Pos Title)	392	423	403	445	13.5%	86.6%	69	15.5%	465	486	508
	Other Registered Nursing	479	499	594	643	34.4%	86.8%	101	15.8%	717	799	890
AHPs	Total	879	956	932	945	7.5%	88.1%	120	12.7%	968	993	1,017
	Radiography (Diagnostic)	722	730	751	783	8.5%	87.8%	113	14.4%	805	828	851
	Radiography (Therapeutic)	157	226	181	162	2.9%	89.3%	8	4.8%	163	165	166
Healthcare Scientists	Total	1,065	1,071	1,127	1,172	10.1%	91.4%	167	14.2%	1,211	1,252	1,294
	Life Sciences	593	582	616	647	9.1%	92.6%	97	15.0%	667	687	708
	Physiological Sciences	280	299	307	315	12.8%	87.9%	34	10.6%	329	343	357
	Physical Sciences & Biomedical Engineering	192	191	204	209	9.0%	93.4%	36	17.2%	216	222	229
Support to Clinical	Total	1,221	1,250	1,470	1,451	18.8%	85.7%	269	18.5%	1,542	1,639	1,742
	Support to Nursing	110	120	143	122	11.2%	86.4%	23	18.7%	126	131	136
	Support to AHPs	270	283	309	303	12.4%	81.8%	87	28.8%	316	329	343
	Life Sciences	586	584	753	752	28.5%	86.4%	109	14.5%	824	902	988
	Physiological Sciences	135	137	141	143	6.0%	85.4%	26	18.0%	146	149	152
	Physical Sciences & Biomedical Engineering	121	126	123	131	7.8%	91.9%	24	18.1%	134	137	141
Administrative and Clerical	Total	298	324	422	441	47.9%	87.3%	135	30.7%	511	593	687
	Estates		<5	11	11		98.3%					
	NHS Infrastructure and Support	298	323	412	430	44.3%	87.1%	133	31.0%	493	566	650

Region
(All)

Filters

Use filters below to select desired workforce. NOTE: Filters below apply to workforce data only in this dashboard. Use separate filters to filter the Joiner and Leaver Insights, Operational Plan, and Diagnostic data sheets.

Cancer Alliance
Wessex

Organisation
All

High Level
All

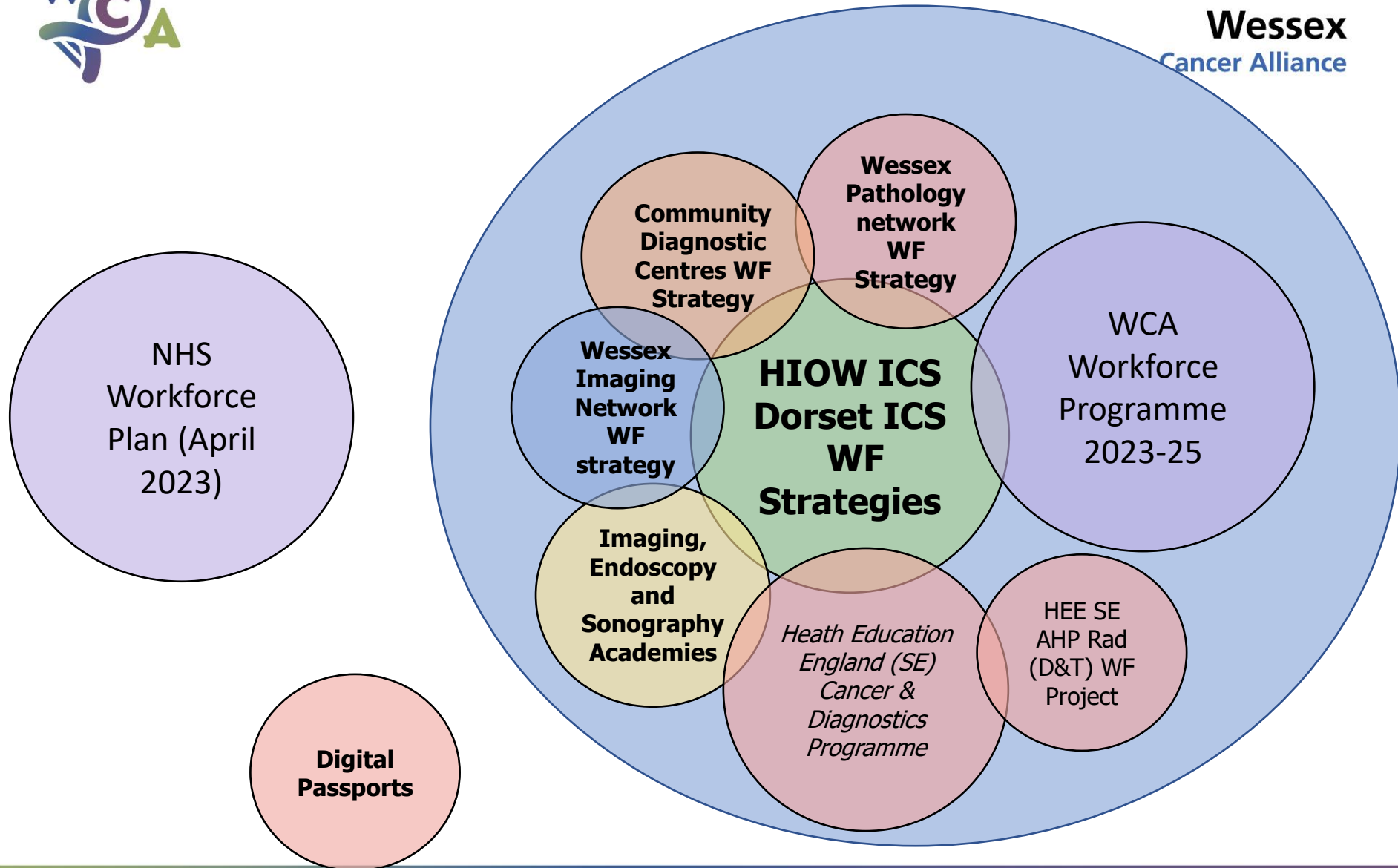
Staff Group
All

Profession
All

Further advanced filters can be found on the 'Homepage' tab.



Wessex Diagnostic Workforce



Workforce - programme overview 22/23

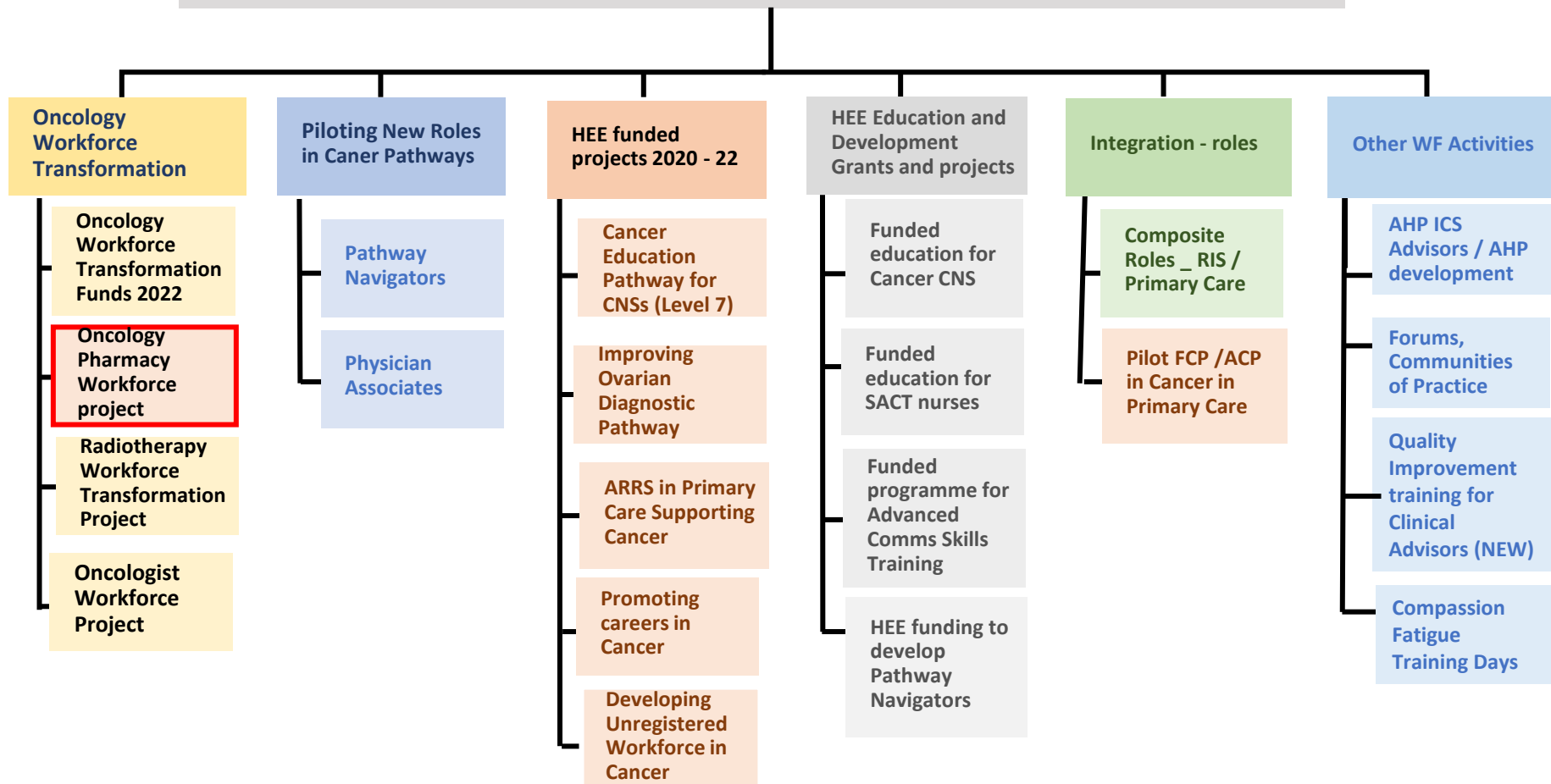
Workforce Programme Board

Core: WCA Team; HIOW and Dorset ICB WF leads, HEE Cancer and Diagnostics (SE and SW), NHSE Cancer Programme (SE and SW)

Invited: WF project leads and relevant key updates.

Chair: Sally Rickard, MD WCA

[Cancer-Workforce-Strategy-2022-2025.pdf \(wessexcanceralliance.nhs.uk\)](#)

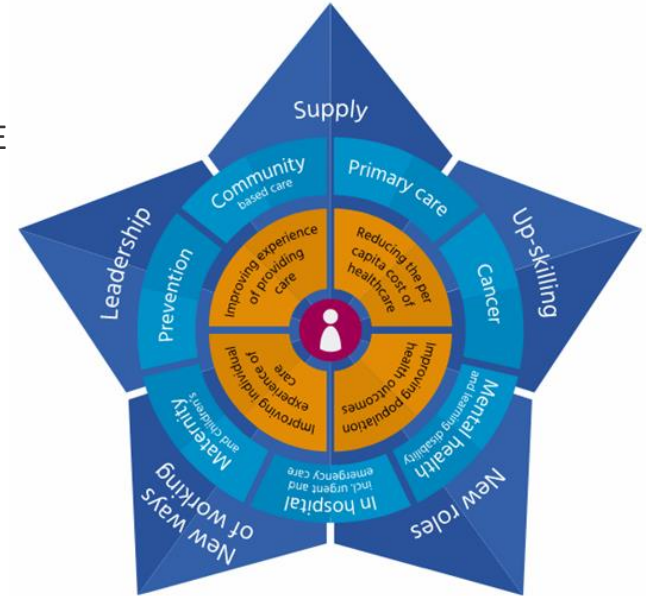




HEE Star Workshop



- The HEE Star is a workforce transformation model based around 5 key areas
- Conservative estimates suggest that for every £1 of staff time spent on HE Star, savings in staff time of between £3 and £6 are achievable (see <https://www.hee.nhs.uk/our-work/workforce-transformation/hee-star-proven-value>).
- **Bringing together key voices from across the system(s)**
- **Setting the scene and the challenge**
- **Facilitating a conversation within each of the HEE Star domains**
- **Action-oriented and solution focussed to capture project ideas**





Explore the potential for maximising the supply and career pathway of the Oncology Pharmacy workforce

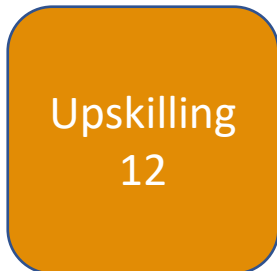


Attendance

- Pharmacy Workforce Experts from **ALL** acute Trusts: Chief pharmacists; deputy chief pharmacists; specialist pharmacists; aseptic service leads; pharmacy technicians; prescribing leads
- Contributed : ICS Pharmacy Workforce Leads and Pharmacy Support Workers
- HEE C&D, WF Transformation Leads, Deans for Schools of Pharmacies
- WCA Medical Director and Workforce PM



34 Project Outputs





Workforce Transformation – what do we need to do differently?



Wessex

Cancer Alliance

Supply

Identifying current and future workforce availability in terms of skills, capabilities and numbers, in order to identify the appropriate workforce interventions.

Upskilling

To improve the aptitude for work of (a person) by additional training *

the aim of which is to create:

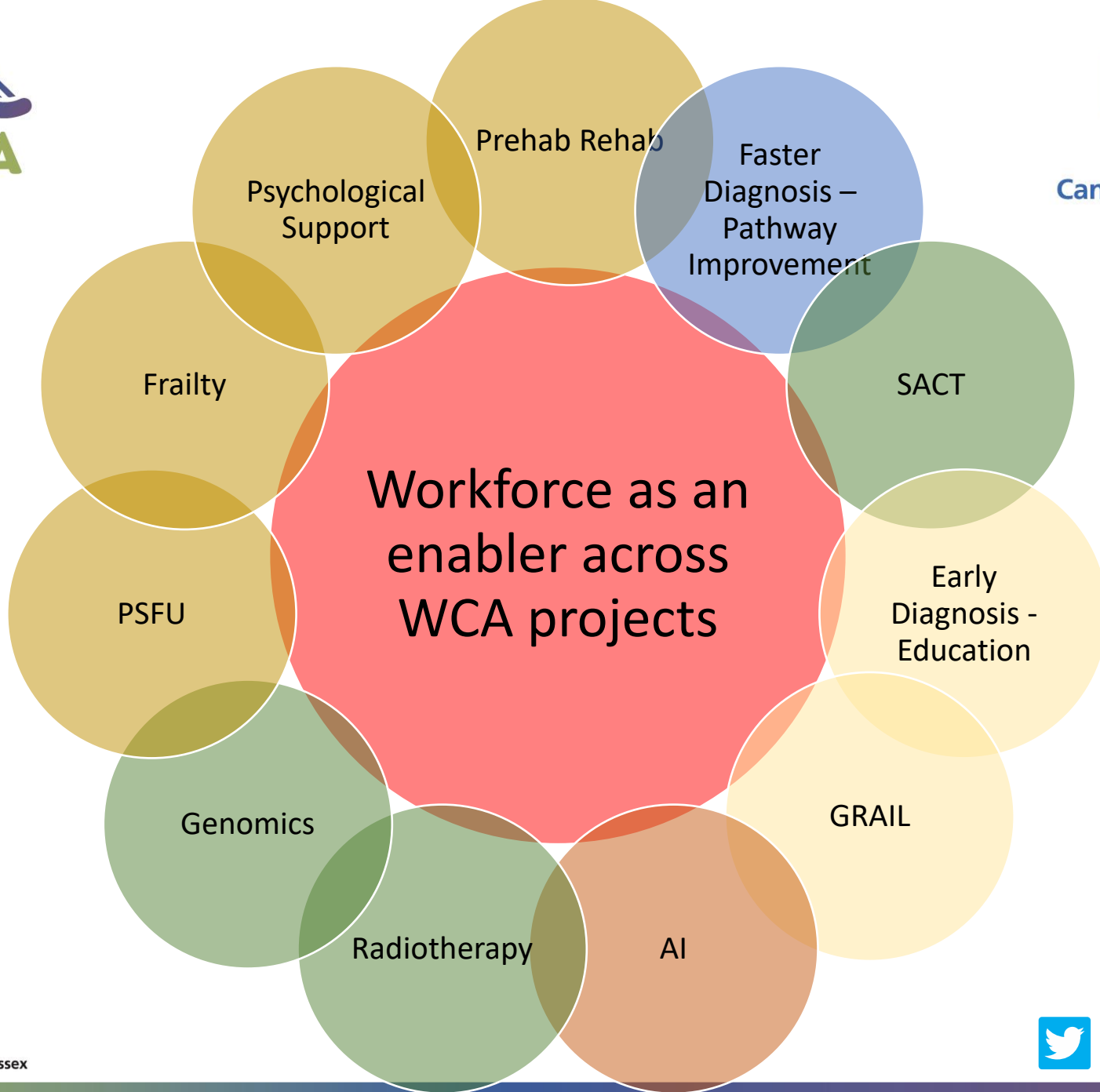
- A competent workforce working to its maximum potential
- An agile workforce that may be flexibly deployed
- A capable workforce with future-facing knowledge and skills

*Collins English Dictionary, 2014

New roles

New Ways of Working
Emphasis on developing an integrated workforce culture that empowers it to break through system barriers to deliver a practical response, resonating with ICS needs, to person-centred care.

Leadership





Wessex
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Claire Marsh

SACT Closer to Home Project Lead



Background

- Project commenced June 2021
- Rescope of all SACT services – 3 months
- Varied services across the WCA
- Increase in Oral SACT during COVID
- Outreach services launched –
Dorchester & Portsmouth
- SACT Self-administration – Clinical
Champions
- SACT Stakeholder event May 2022
- SACT Pathway Workshop Dec 2022



**Wessex
Cancer Alliance**

SACT Closer to Home Project

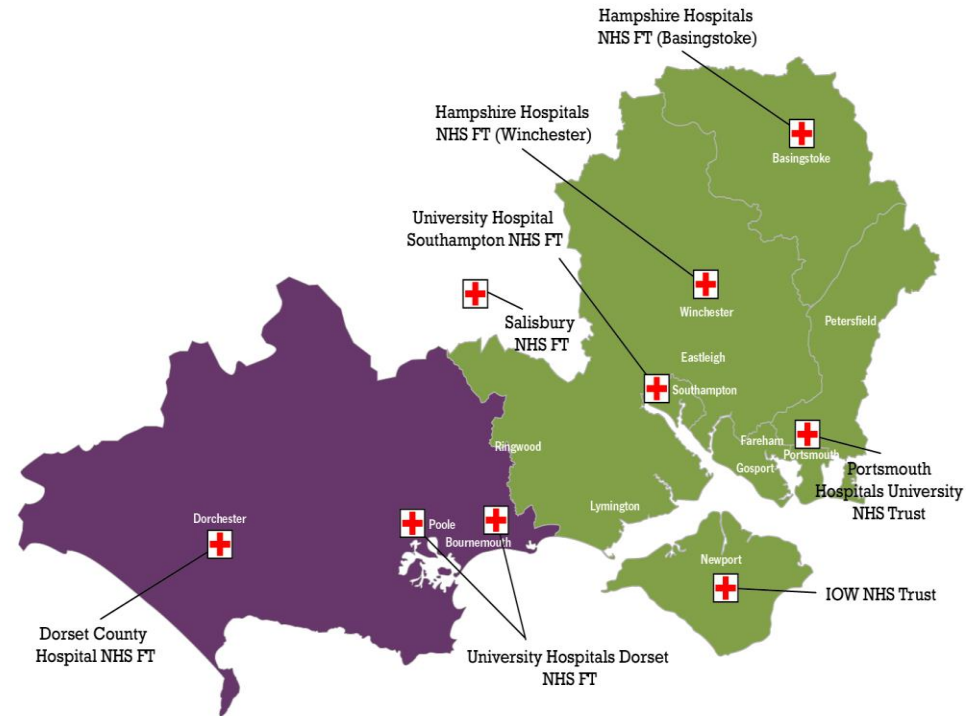
Re-scoping between June – August 2021
Encouraging the delivery of
chemotherapy in the community





SACT Nurse Census

- Good practice from Peer Review & governance to have a SACT register
- Winter Pressures – mutual aid
- Banding of staff e.g. Band 5 or band 6, support staff and their roles
- Nurses undertaking SACT training
- Vacancy rates
- Reasons for leaving
 - Retirement
 - Promotion
 - CNS Role
 - Stress
 - Economic migration
- SACT Dashboard



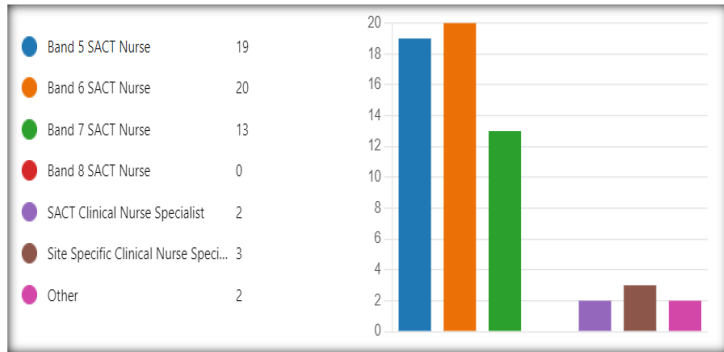


SACT Nurse Training Survey

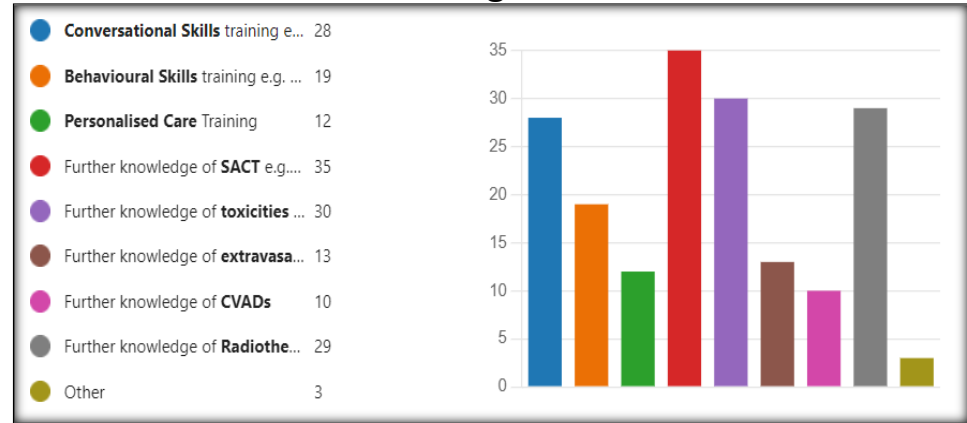
- Circulated via the SACT Nurse SSG – 59 responses



- Anonymous – banding only



- More training?

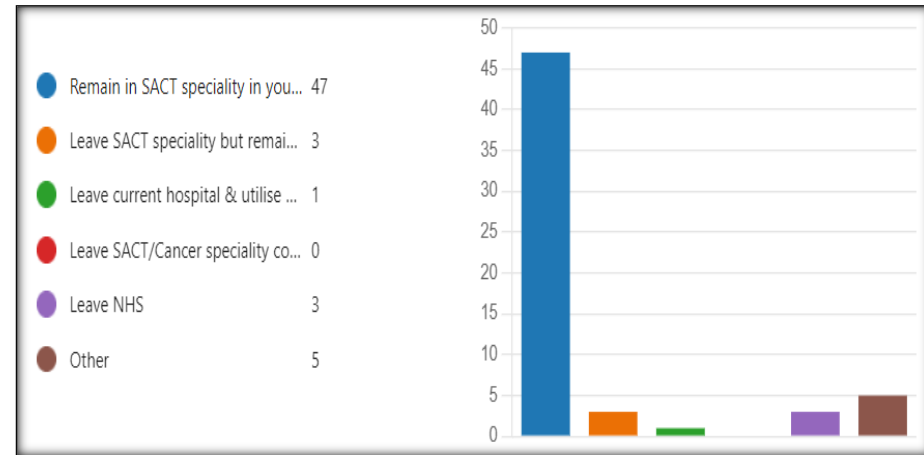


- What do you like about your job?

29 respondents (51%) answered Patient for this question.



- Future Plans (next 5 years)





SACT Capacity & Demand

- Where are we now?
- Inform on the utilisation of SACT treatment chairs
- Workforce to patient ratio
- Is the demand SACT or other treatments?
- Scenario modelling
 - BAU
 - Rising and changing demand
 - Chairs, opening hours, workforce
 - Move activity closer to home

Total number of treatments per week

90 chemo 30 Bisphosphonates 4 injections 1 blood tx 12 educations 38 PICCs	97 chemo 12 Bisphosphonates 4 injections 0 blood tx 11 educations 31 PICCs 1 PICC Insertion 1 MG+ infusion
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No of treatments deferred

24 Chemo 5 Bisphosphonates 2 Injections 4 PICCS 1 Education	18 Chemo 1 Biphosphate 3 PICCS 1 MG+ infusion 1 Education
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WHY? Pt unwell, RIP, Pt choice, Progressive disease, Tx reaction, Abnormal bloods, Hospice, In Pt.

Of those cycles that are deferred, what % cannot be reallocated

74%	71%
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Any questions?

