



THE ROLE OF LEADERSHIP IN TRANSFORMING THE CANCER WORKFORCE.

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Its not just COVID

Before COVID we were in trouble.

Vacancy rates
Staff stress,
Absenteeism,
Presenteeism,
Turnover

Intentions to leave had reached alarming levels among nurses and midwives in late 2019.

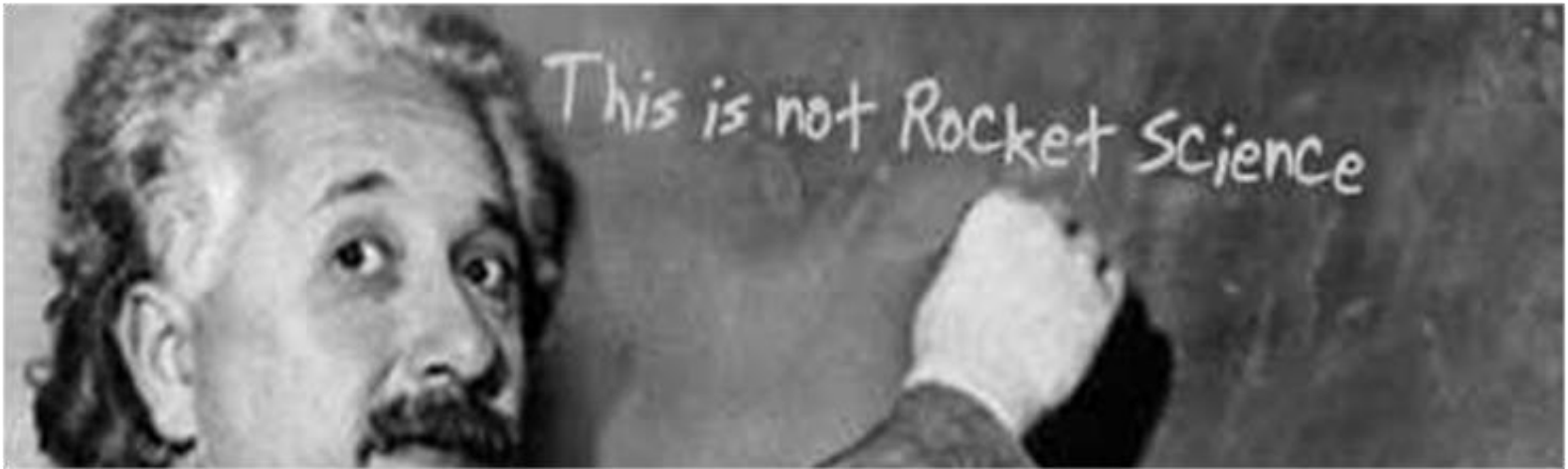
The UK-wide Royal College of Nursing (RCN) employment survey 2019 suggested that nearly a quarter of nurses and midwives were looking for a job outside the NHS.

And then the Covid-19 pandemic struck.

RCN report 13/2 – tens of thousands of people are leaving – many aged 21 – 50 (32%)
Application for training is down 18% this year from January last year

Its not just nursing and midwifery

ONS on 15/2/23 – 1:10 UK job vacancies are in healthcare (190,000!)



THERE ARE PEOPLE WHO 'LEAD' OR ARE IN LEADERSHIP ROLES AND THEN THERE ARE LEADERS.



Leadership has a direct correlation with outcomes:

- Clinical effectiveness
- Patient safety
- Patient experience
- Efficient resource utilisation
- Health, well being and engagement of staff
- Innovation across the system
- Dominant , hierarchical, top-down approaches to leadership are the most ineffective ways of managing organisations

(West et al 2014)



WHY DOES LEADERSHIP MATTER SO MUCH??

Easy to focus on: what, when and how we are doing what we are doing, but the most important question should be

WHY??

After all we have a common aim.



'Challenging and exhausting'.

'...burnout can also be regarded as a social form of depression, a systemic dysfunction that is directly related to the work environment and one's role and position in it. The individual is thus not responsible for falling prey to the condition but can be considered a victim of an alienating work environment and broader psychophysically damaging sociocultural development beyond their control' (p.216)

As leaders...take a breath.

- Recognise
- Acknowledge
- Have the emotional intelligence to feel what is happening
- Normalise it
- Don't fear it
- Don't marginalise it





So what can we do?

Of course, there's no magic wand.

But our primary task as leaders is to re-energise our colleagues, recognise their worth and make them feel valued.

RCN feb 2021 – 70% said they were leaving because they felt undervalued

Its still not rocket science

But how do really do that???











WHY THIS REALLY MATTERS.



We talk a lot about intention
What matters is impact

We need alignment with other policy drivers and systems.

Otherwise we create conflict – there is a place for constructive awkwardness – but there's more at stake – as leaders what are we aiming for??

For example.....



**If you think it's expensive to hire
a professional to do the job, wait
until you hire an amateur.**

Red Adair



WHY OUR MESSAGING AS LEADERS MATTERS

- What is the best outcome we should expect in the current climate and context?
- Our reach should be more than our grasp
- BUT be measured and emotionally intelligent
- Or we will fail

We need purpose, meaning and focussed action

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Can we talk about antecedents!!!

We talk a lot about organisational culture, shaped by values, behaviours, Vision statements, missions,.....



BLAH
BLAH
BLAH

And then there is reality!



Organisations don't have cultures



People do!

What we do as leaders, becomes that culture.

Of course we all know the characteristics of good and great leaders but we need to live them, not just write them on a screen saver!

It comes from what we do.

We feel mis-alignment and conflict constantly. But we need to hold our course. Its not someone else's job!



We want people we work with feel valued



All individuals at every level deserve a workplace which values and respects the work they do and commits to their development

We need a skilled and capable workforce which drives up the quality of care individuals and their families receive

Achievable and attainable

Investing in the workforce is fundamental to this.

The unique and vital role which is played by our clinical leaders.

Their contribution matters – we can't say it enough.

But we can't keep asking for just a little bit more!
Discretionary effort is precisely that!



Lets have a strategy!



A strategy which connects

A strategy which matters to the workforce.

You can have a great strategy , structure and system but leadership will drive its success or failure.

We need to recognise the role of leadership across services and specialties.

As Alliances we have a unique opportunity to offer leadership opportunities and experience.

Strategy





So that....

They are valued as experts.

We invest in the right workforce to deliver comprehensive and personalised care and treatment for patients and their families, in the right place at the right time.

We recognise the changing context of healthcare: post pandemic, digital infrastructure, increasing inequality and inequity – in society and the workforce, changing service models and changing expectations.

The workforce is equipped and enabled to provide high quality care from the point the patient enters the healthcare system.

However, from a nursing and allied health care perspective, the role of senior staff members is essential to ensuring that a 'culture of leadership' filters through all levels in the healthcare system.



SO.....

- Lets show how much we value our workforce.
- Invest in them as healthcare professionals and as human beings
- Lets inspire, motive and nurture that talent and make cancer careers everywhere worthwhile and valuable.
- We need to lead now to create the next generation of cancer leaders; locally, system level, regionally and nationally



WHY????

So we work together to lead and inspire innovation and improvement in cancer care for everyone in Dorset, Hampshire and the Isle of Wight.

Wessex Cancer Alliance Vision



THANK
YOU.