



Greater Manchester
Cancer Alliance

Greater Manchester Cancer Workforce and Education Strategy Feedback

Consultation period: 13th - 26th March 2023



The Greater Manchester Cancer Workforce and Education Strategy has recently been refreshed to be in line with the GM People and Culture Strategy, launched in March 2023. The draft strategy was discussed at a system-wide workshop and then went out to consultation for a period of 2 weeks during March 2023. The consultation documents went out to numerous networks across all sectors

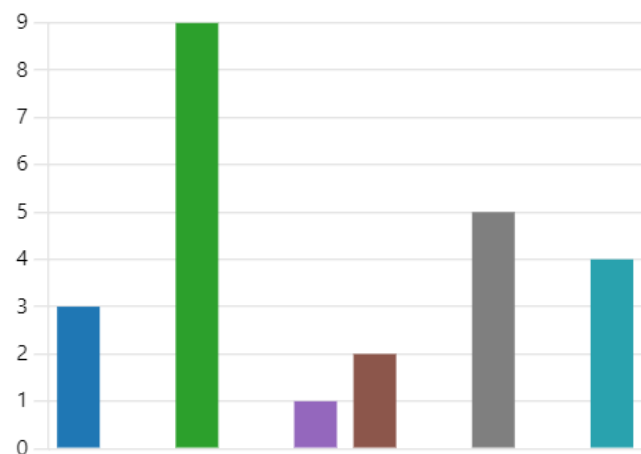
Response to consultee comments on the draft strategy can be found below.

1. Respondents

a. Where respondents were from:

Secondary care and Cancer Alliance two highest responding groups

Integrated Care Partnership	3
Primary Care Network	0
Secondary Care	9
Community Care	0
Patient Representative	1
Tertiary Care	2
Social Care	0
GM Cancer Alliance	5
Voluntary Community and Socia...	0
Other	4

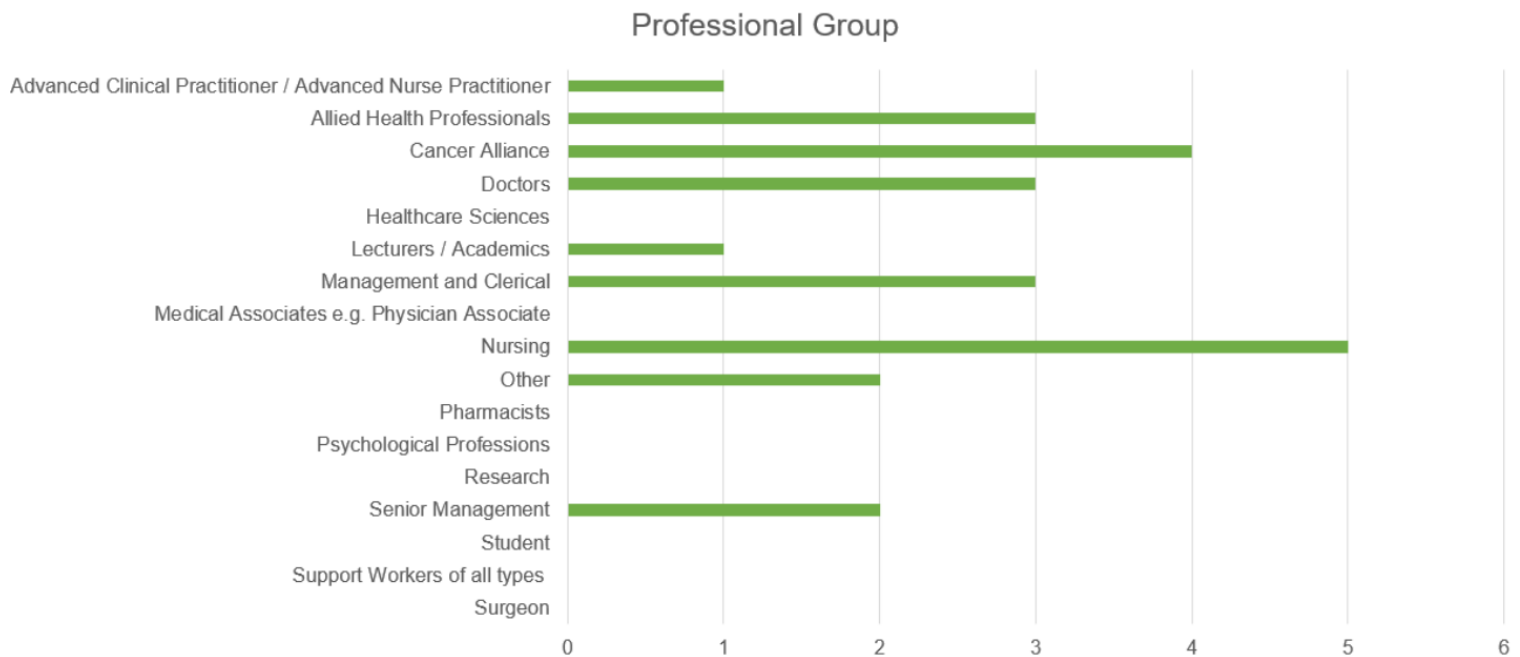


Other:

- University
- Ambulance service
- GM Imaging and Pathology Network
- UNISON, the Trade Union

b. Respondents by Professional Groups:

Nursing & the GM Cancer Alliance two highest responding groups



Other:

- GM Imaging and Pathology Network
- Various (Response from Union Rep)

2. Strategy Purpose Feedback

To what extent do you feel our strategy purpose matches what you expect from GM Cancer Alliance Workforce and Education Team?



Response

Action/GM Cancer Response

<p>It reads well, it depends on what is deliverable.</p>	<p>Thank you for your comment. The actual deliverables are noted in the proceeding sections.</p>
<p>It meets expectations -</p>	<p>Thank you for your comment. No action required.</p>
<p>For the most part the strategy purpose matches with the exception of raising awareness and promotion of work opportunities to begin a career in the cancer field either with school leavers, college students, return to work or retrain to work.</p>	<p>Thank you for your comment. Attracting the future workforce is a core component of the strategy and activity linked to this can be found in the proceeding section 'Growing and developing our workforce'. This section makes reference to working with education providers (HEIs and Colleges) to raise the profile of a career in cancer. There are also plans to lead a number of promotional campaigns and to link in with GM Access to ensure careers in cancer are included.</p>
<p>The strategy lays out what is trying to achieve, why, the drivers behind the strategy taking into account other relevant work streams. Having sat on some meeting it is clear that the team are working to address the workforce issues in terms of growing and developing the work force and addressing inequalities.</p>	<p>Thank you for your comment. No Action required.</p>



I have absolutely no idea what this sentence means. I had no idea that a GM Cancer Alliance Workforce and Education team existed so had no expectation. I started to read the linked document but it is so long and full of jargon I gave up. A single slide clearly stating purpose would be better. If this is so complex that this cannot be done you have made it too complex.

Thank you for your comment. The workforce and education team will continue to raise the profile of the programme and link in with relevant workforce and education forums across the network. The priority areas align with the Greater Manchester People and Culture strategy, and the Cancer Workforce Strategy supports transformation across a number of different professional groups, therefore it would be difficult to capture anything meaningful on a single slide. Once the strategy is finalised a summary slide deck will be available for dissemination.

I think the purpose could be stronger - the sentence which states: " the ambition is to align and support organisational and locality workforce plans where (sp error here!) possible - is not strong enough when you consider all you have achieved so far. I don't think the ambition should be tentative and that the purpose could be more clearly stated. I like the links to national and ICP strategy and the reports of what has been achieved - gives credibility and an impressive starting point.

Thank you for your comment. The original strategy included a vision / statement of ambition, this will be refreshed to be more inclusive and reinstated into the final version:

To develop and grow the cancer workforce in Greater Manchester to ensure the workforce is representative, inclusive, and supported to respond to the needs of people affected by cancer, by adapting to new, improved ways of working, and embrace innovation and technology to deliver the best quality healthcare.

There appears to be a miss-match between the description of the workforce being in crisis, the driving force for the crisis, and the need for the strategy. The introduction describes the workforce as being in crisis, but explains that the cause of this is increase in patient demand. This suggests that there is a long-term cause for the need to be strategic about the workforce, but a strategy written for a crisis would have an end

Thank you for your comment. The workforce crisis is due to various reasons cited in the introduction – increasing demand for cancer services year on year, exacerbated by the pandemic. There are many other well-documented reasons contributing to the current challenges however, the purpose of the introduction was to summarise the current situation in a concise way, referencing all contributing factors would add to the length of



<p>point at which point the crisis is resolved.</p> <p>It is unclear why the radiotherapy workforce is not included, therapeutic radiographers, clinical scientists, and clinical oncologists are the predominant workforce, but the radiotherapy pathway includes professions (including clinical nurse specialists) from across cancer services.</p> <p>There is mention of the ODNs but no explicit mention of the Teenage and Young Adult Cancer ODN, indeed this could strengthen the strategic drivers section.</p> <p>Overall agree the purpose matches expectation. Would not expect the strategy to 'evolve', would expect plans to deliver the strategy to evolve. If the strategy evolves then the ambition changes, and the strategy becomes worthless to stakeholders.</p>	<p>the strategy. The main purpose of the document is to set out activity planned to address the current workforce challenges.</p> <p>Radiotherapy workforce was referenced. The document explains that there is a NW operational delivery network who will be developing a radiotherapy workforce strategy, which the strategy will align with and support. By including activity related specifically to the radiotherapy workforce will result in duplication however, any activity referencing Allied Health Professionals will be relevant to Therapeutic Radiographers. There is also a separate Pathology workforce strategy referenced, which will be linked to in the final version, this will cover workforce developments for clinical scientists.</p> <p>The final strategy will be updated to include reference to the TYA and childrens ODNs.</p> <p>The strategy will remain responsive and flex to align to national and regional strategies.</p>
<p>I think it reflects the ambition and scope of the strategy</p>	<p>Thank you for your comment. No Action required.</p>
<p>Fully</p>	<p>Thank you for your comment. No Action required</p>
<p>Matches well and clearly laid out</p>	<p>Thank you for your comment. No Action required</p>
<p>align closely to GM Imaging and pathology workforce strategies</p>	<p>Thank you for your comment. The workforce and education team will continue to link in with</p>



	the Greater Manchester imaging and pathology workforce groups.
I believe it has a clear strategy	Thank you for your comment. No Action required
This is very aspirational. I do not know how much of this is based in practical deliverability. I have concerns about the EDI content which I see has not been shared in this consultation.	Thank you for your comment. There is a separate section in the strategy dedicated to Addressing Inequalities.
<p>Are you going to mention the Stockport and Bolton ACCEND Education and Core Capabilities Framework Project for CNS roles. What are the plans for AHP's.</p> <p>CNS Away Days</p> <p>Are you going to refer to coproduction in the strategy purpose?</p> <p>The strategy purpose meets my expectations from the GM Cancer Alliance Workforce and Education Team.</p>	<p>Thank you for your comment. ACCEND is referenced throughout the strategy. The targeted practice education programme in Stockport and Bolton is also referenced within the Growing & Developing our workforce section.</p> <p>There are numerous plans for Allied Health Professionals referenced throughout the strategy. Once the strategy has been finalised, there will be AHP task and finish groups established to support delivery of this activity. This work will feed into the GM AHP workforce steering group.</p> <p>The strategy purpose will be updated to include reference to the strategy being co-produced with key stakeholders including service user representatives.</p>
Great strategy linking to existing programmes and wider workforce strategy	Thank you for your comment. No Action required.
The strategy purpose matches well with national and regional priorities for cancer. It would be great to see some plan to assess and establish a baseline for what workforces such CNS and cancer support worker teams need to look like to provide a robust and comprehensive service. Often these roles are difficult to fund and there is an ask to evidence the value/need for roles but this is often hard to	Thank you for your comment. There are plans to collaborate with the GM Integrated Care Virtual Workforce Information System team to collate system wide cancer workforce data. The priority for this will be the Cancer CNS workforce to help give a baseline position and identify gaps. There is also a piece of work looking at how to define safe caseloads for CNS' to help inform



<p>provide. Can nationally available data such as proportion of patients who have had a CNS contact be used to support the review and expansion of the workforce where needed. We know that not every cancer patient gets contact from a CNS at crucial times currently.</p>	<p>future workforce models which will involve reviewing current skill mix models.</p>
<p>Great. Might add to it however interlinking the GM Tackling Health Inequality Strategy and changing some of the wording (page 1) around the Digital and Innovation strategy to support digitisation and innovation for our workforce.</p> <p>Also (page 2) add innovations to - delivering a range of initiatives/solutions/interventions to be developed and implemented at system level. Within the strategic drivers - is HEE now not absorbed into NHSE?</p> <p>Within Cancer workforce priority areas and alignment with other workstreams do you need to add the clinical pathway boards and Performance?</p>	<p>Thank you for your comment. The list of strategies included on page 1 are specifically workforce strategies. The Tackling Health Inequality strategy is not workforce specific however, reference to this strategy will be added in relation to the Addressing inequalities section as the EDI work feeds into this.</p> <p>The final introduction and purpose section will be updated to include the word innovation.</p> <p>The final strategy will be updated to remove all references to HEE to be in line with the current merge with NHSE.</p> <p>Pathway Boards are not a discrete programme of work within the Planning Guidance, they are the delivery mechanism for all programmes. The formal title for the performance programme is Operational Delivery and Faster Diagnosis, which is included.</p>
<p>I think it does match and that there is focus on all key areas. The strategy focuses on existing areas/roles as well as new initiatives and implies a more joined up working.</p>	<p>Thank you for your comment. No Action required.</p>
<p>I think the strategy is well aligned and comprehensive</p>	<p>Thank you for your comment. No Action required.</p>
<p>Mostly matches</p>	<p>Thank you for your comment. No Action required.</p>
<p>It matches what I expected</p>	<p>Thank you for your comment. No Action required.</p>



<p>It meets expectations</p>	<p>Thank you for your comment. No Action required.</p>
<p>I feel that it is a broad overview and covers all aspects that i would expect as a CNS, and a specialist in cancer. Does it cover the needs of the generalists, will they be aware of the excellent training available. through the academy.</p>	<p>Thank you for your comment. The one workforce ambition is to bring generalist and specialists together. The Cancer Academy is the education hub providing a single point of access for all cancer education. All offers are multiprofessional and for all sectors. The workforce and education team has built strong links with Primary, Community, Social and mental health care settings who help to promote the academies offers. Both the Allies in Cancer Care and ACCEND programmes offer education for both generalist and specialists. There are also plans to pilot blended roles working across sectors and also to build models for encouraging collaborative working. More work is being done to socialise the narrative and a 'Cancer Academy Faculty' comprising of subject matter experts across all workforce groups and care settings will come together to share and champion education.</p>
<p>It does match our expectations, but it would be helpful to understand how and where consultation with unions and professional associations regarding the development of blended roles will take place.</p>	<p>Thank you for your comment. Blended roles is a fairly new concept, one that is referenced in the GM Integrated Care People and Culture Strategy. This is in the pilot phase, with each role being developed on a case-by-case basis. There are plans to attend a future GM Trade Unions meeting to discuss the strategy in more detail.</p>
<p>In terms of strategic drivers, I assume that references to the People Plan and HEE will be replaced once the merger is finalised and the LTWP comes out? There are a few errant NHSE/I references that need to be amended to remove the I – e.g. around digital staff passports</p>	<p>Thank you for your comment. The final strategy will be updated in line with the merger and any reference to NHSE/I will be amended.</p>

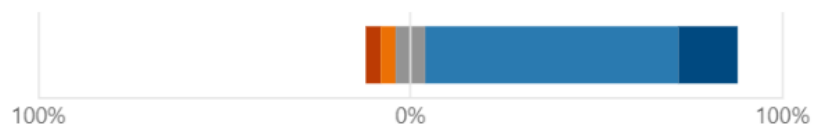


3. Workforce Integration

3.1 Do you feel our workforce integration priority areas address the needs of the current workforce?

83% of respondents agree or strongly agree

Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree



Strongly disagree	4.2% (1)
Disagree	4.2% (1)
Neither agree nor disagree	8.3% (2)
Agree	66.7% (15)
Strongly agree	16.7% (4)

a. Do you feel there are any gaps in this section of the strategy, if so, what are they?



Response

Action/GM Cancer Response

<p>I feel if the workforce integration has to have any credibility, then the current CNS's should be involved in giving limited continuation of care in the community. Only then a good quality service can be delivered. The problem I see with that is the current CNS's in our hospital are so overstretched and over-burdened that there is no capacity to extend their services in the community.</p>	<p>Thank you for your comment. One of the aspirations of the strategy is to break down traditional barriers by ensuring the workforce has the skills to work both horizontally across neighbourhoods and places, and vertically between a range of care settings. The piloting of blended roles, and models to enable integrated working through passports, fellowships, profession specific forums, in addition to cross-sector education will all contribute to achieving this ambition.</p>
<p>I love the fact you are exploring 'fellowships for training and development of your staff .. What measures will you take to evaluate the impact of the new proposed roles? will these be integrated with existing university infrastructures and research groups?</p>	<p>Thank you for your comment. All projects are formerly evaluated including those piloting new roles. Examples of evaluations from previous pilots can be found on the GM Cancer Alliance website. The evaluations are shared widely across various networks and will be shared with HEI and research colleagues.</p>
<p>Staff knowing which course/accreditation is the national standard/gold standard in training and development</p>	<p>Thank you for your comment. All education offers developed by the cancer academy will be accredited by CPDUK. The ACCEND programme as well as the Academy ePortfolio and Education Directory will all signpost to national training for the non-medical workforce. Due to the prolific training and education available it is not the role of the academy to quality assure or make judgements on existing training however, where possible academy offers will be linked to nationally approved capability / competency frameworks.</p>
<p>Of my current understanding I can see no gaps</p>	<p>Thank you for your comment. No Action required.</p>
<p>You have missed the first important point which is to get people on board. I genuinely have no idea who this is from or what it is going on about.</p>	<p>Thank you for your comment. There has been a robust consultation period to support the development of the strategy, with engagement with a wide variety of stakeholders across the</p>



	GM system and nationally. Should you wish to find out more about the workforce and education team please visit the GM Cancer website
I think the strategic rationale for workforce integration needs to be stated more clearly - the document adds a lot of detail about the 'how' but I think would benefit from going back and asking why - for example re blended clinical and operational roles I think it needs to be stated what strategic aim this would achieve.	Thank you for your comment. This strategy is building on the first strategy published in 2021. The priority areas align with the Greater Manchester People and Culture strategy. The final version will include progress to date / activity already delivered, and an introductory paragraph for each section outlining the rationale.
There is an unclear link between this section and workforce diversity etc.	Thank you for your comment. The landscape, policies, NHS planning guidance evolves each year and so the strategy purposefully uses 'ambiguous terminology' to ensure it can remain responsive to changes in national and regional policies.
There is ambiguous terminology used such as 'explore' and 'link in' which dilutes the ambitions.	
There is a range of aims and objectives, would be clearer to differentiate	
Maybe how to work with colleagues in the VCFSE sector to support those living with cancer?	Thank you for your comment. The VCFSE sector is considered a core stakeholder group for the alliance. A VCFSE cancer lead role has been recruited to through 10GM partners who will help to strengthen these links going forward.
No	Thank you for your comment. No Action required.
no gaps	Thank you for your comment. No Action required.
no mention of Healthcare science workforce integration, cellular pathology key to cancer pathway and need to be included	Thank you for your comment. There is a separate GM Pathology Workforce strategy, which is referenced in the Cancer Workforce strategy, this will cover workforce developments for Healthcare Scientists. Appendix 1 will be updated to include Healthcare Scientists.
Pathway coordinators to also include book AHP pre/post op assessments	Thank you for your comment. The Cancer Support Worker workforce represents a number



	of roles including care coordinators, navigators and pathway coordinators.
I'd like to know what conversations have been had with HR directors to make this ambition a reality. It seems enormously unrealistic to me. The only way this will work will be if GM Cancer actually has significant influence which, arguably it has failed to do so for the last five years.	Thank you for your comment. A representative from the HR Directors group is a core member of the Cancer Workforce and Education Board who acts as the conduit between the two groups. The strategy was shared with the group for comment. Once the strategy has been finalised there will be further discussions with the GM HR Director Forum around alignment with organisational strategies.
Are you going to include anything that supports with well-being of the workforce? Retention and recruitment. Return to practice? Funding Opportunities	Thank you for your comment. The strategy includes a wellbeing, and Growing and Developing our workforce section, which covers retention and recruitment.
no	Thank you for your comment. No Action required.
It is a little difficult to ascertain the detail of some plans outlined, such as what is meant by blended clinical and operational roles?	Thank you for your comment. The strategy will be accompanied by a delivery plan, which will add the detail behind the specific activities.
Like the blending roles :). Does it only have to include BPTP's? - Exploring innovative workforce solutions to support the delivery of Best Practice Timed Pathways - should it not just be all Cancer Pathways?	Thank you for your comment. The strategy as a whole has a significant focus on innovative workforce solutions. The activity you refer to focuses specifically on Best Practice Timed Pathways as this is a core programme of work within the alliance, highlighted in the NHS Planning Guidance. This activity is purposefully vague to factor in the potential need for different workforce solutions for different pathways.
Is it not more than just the community - work within the community as part of the health and wellbeing services - primary care and communities?	The ambition for the neighbourhood cancer lead aligns to the ambition in the Integrated Care People and Culture strategy and would specifically work within community health and wellbeing services in localities. This would complement the role of the Primary Care Cancer Lead.



<p>Why just medical - fellowship programmes for the medical workforce - why not all workforce and what about apprentice schemes and international strategies? What about wrap around workforce to compliment - Expand primary care extended roles / specialist interest in cancer e.g. Pharmacists; Ambulance Clinicians</p>	<p>The cancer fellowship programme includes a variety of different professional groups including medical and non-medical. The activity you refer to has been moved to sit with the other fellowship programmes to add further clarity. Other schemes are being pursued for the non-medical workforce as part of the ACCEND programme e.g. legacy mentoring, aspiring cancer programmes.</p>
<p>Joined up cancer working between primary, secondary, and tertiary care has (in my experience) been fragmented in the past. A big driver for this is job role specification and financial drivers. Good to see this is being addressed.</p>	<p>Thank you for your comment. No action required.</p>
<p>Does it align with all People and culture strategy priorities as well as ICB statutory requirements</p>	<p>Thank you for your comment. The strategy aligns with the 5 priority areas in the GM People and Culture Strategy.</p>
<p>no</p>	<p>Thank you for your comment. No Action required.</p>
<p>Difficult to say at this time, but this is at the embryonic stage and I'm sure lessons will be learnt along the way</p>	<p>Thank you for your comment. No Action required.</p>
<p>No</p>	<p>Thank you for your comment. No Action required.</p>
<p>Addressing lack of nurses on the wards and inpatient episode for the cancer patients.</p>	<p>Thank you for your comment. The strategy aligns with the National People Plan ambitions, however, has a specific focus on addressing the pipeline for cancer nurses. This will not address the wider nursing challenge, however there are national initiatives to address this led by NHS England.</p> <p>All academy training and education is available for generalist nurses to enhance cancer capabilities and confidence when supporting cancer patients across all settings. Additionally,</p>



the National AO Competence Assessment Passports span MDT roles and levels of practice, this can benefit patient care through upskilling of non-AO staff in Oncological Emergencies.

We would be very grateful for more clarification and discussion regarding the development of blended roles, and the degree to which models will be developed at GM or organisational level. A discussion at the Workforce Engagement Forum, for example, would be most welcome, but a separate discussion with trade union leads at an earlier stage would be helpful.

It would be helpful to clarify and receive confirmation that active GM agreements regarding the blended roles gateway framework, for example, will be applied to the development of these new blended roles. I would be grateful for a discussion to explore and identify which stakeholders will be involved in the development of these roles, when/where and in what capacity so that we can ensure any potential issues regarding professional registration, job evaluation and professional development are identified and resolved at the earliest possible stage, rather than being a problem which could create risk in the process later.

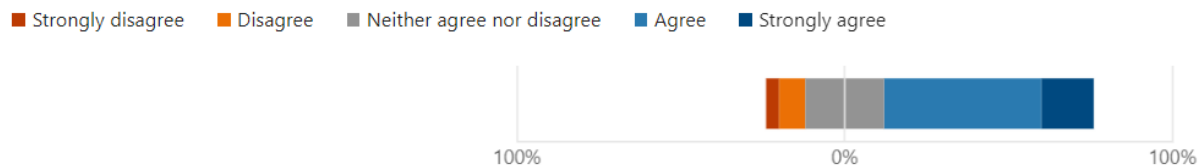
Thank you for your comment. The ambition for blended roles aligns with the People and Culture strategy and is also driven by the workforce. This comment will be discussed with the GM Integrated Care People and Culture team in the first instance. The workforce and education team would welcome further discussion with the Workforce Engagement Forum and Trade Union Leads.



4. Workforce Wellbeing

4.1 Do you feel our workforce wellbeing priority areas address the needs of the current workforce?

67% of respondents agree or strongly agree



Strongly disagree	4.2% (1)
Disagree	4.2% (1)
Neither agree nor disagree	25% (6)
Agree	50% (12)
Strongly agree	16.7% (4)

4.2 Do you feel there are any gaps in this section of the strategy, if so what are they?

Response

On paper there is lot of talk of looking after the well-being of the staff. The reality is different.

Action/GM Cancer Response

Thank you for your comment. The workforce and education team will work with the People and Culture function to measure access and impact of well-being offers for the cancer workforce. The aim is to also collate case studies to demonstrate wellbeing offers in practice and identify / share good practice.



<p>away days are useful for staff to understand or receive support in areas unconsidered or lacking in and networking. Unfortunately, it doesn't address staff shortfalls/disparity in staffing within the GM localities which are varied and unbalanced.</p>	<p>Thank you for your comment. Staff away days are outside of the scope of this strategy. The Growing and Developing our workforce section includes activities to attract and retain the cancer workforce.</p>
<p>I love this section and what is it trying to achieve. It feels like as organisation you are trying to ensure staff welling being and education as well as celebration of people and achievements are embedded in everything you do</p>	<p>Thank you for your comment. No Action required.</p>
<p>This survey clearly misses the point regarding workforce.</p>	<p>Thank you for your comment. The purpose of the survey is to gather feedback and comments on the proposed activity in the strategy to ensure there is a shared vision and ambition to support the growth of an inclusive and diverse cancer workforce to enable provision of equitable, high quality cancer care.</p>
<p>I think that there needs to be a clear strategic aim regarding workforce wellbeing and perhaps some data re the current situation. for example you state that there needs to be expanded wellbeing offers for the medical workforce but it is not clear why - there is loads of knowledge behind this document but it isn't always stated what it is.</p>	<p>Thank you for your comment. The strategy has been developed with stakeholders and whilst aligning to national and regional strategies remains responsive to stakeholder feedback. A particular issue has been highlighted by Cancer Clinical Leaders regarding the well-being of the medical workforce and so this will be explored further. There is no need to develop more well-being offers as these are available across all organisations. The role of the workforce and education team will be to promote current system-wide offers to all and look at uptake where possible.</p>
<p>The spirit of the aims and objectives is well-intentioned, however I'm left feeling unclear about what the ambition is and how it will be measurable.</p>	<p>Thank you for your comment. Wellbeing is a complex issue requiring a multifaceted approach. The role of the workforce and education team will be to promote current</p>



<p>I'm unclear why radiography departments have been prioritised? Whilst an important stage of the cancer pathway, not all patients accessing imaging services are oncology (or suspected) oncology patients. I would expect these cross-cutting services to be addressed by their organisations and the ICB workforce strategy.</p>	<p>system-wide offers and work with the People and Culture Function to measure access and impact of well-being offers for the cancer workforce. The aim is to also collate case studies to demonstrate wellbeing offers in practice and identify / share good practice.</p> <p>The radiography workforce was purely mentioned as an example of good practice following a recent workforce review, which identified radiography wellbeing champions across one organisation. It is acknowledged that there are plenty of examples of good practice and the ambition is to share these across the system.</p>
<p>Maybe something about encouraging employers to support time off for staff to attend screening appointments?</p>	<p>Thank you for your comment. The Addressing Inequalities section refers to promoting and encouraging the cancer workforce to live well and engage with health promotion campaigns such as screening. These campaigns will be shared widely to encourage employers to support staff to attend.</p>
<p>No</p>	<p>Thank you for your comment. No Action required.</p>
<p>happy with what's included</p>	<p>Thank you for your comment. No Action required.</p>
<p>expand on flexible working - agree we need to promote it, but along with promoting need to share best practice how flexible working can actually work in practice with certain staff groups.</p>	<p>Thank you for your comment. The strategy pledges to share good practice identified through current workstreams, including the ICB flexible working toolkit to support employers.</p>
<p>Additional support - eg building resilience and contingency when individuals have annual leave or sickness</p>	<p>Thank you for your comment. The alliance will promote wellbeing offers and education to support personal resilience however,</p>



	contingency plans to manage annual leave or sickness is outside the scope of this strategy.
Why are you duplicating the work of the Christie School of Oncology? There are other areas where you could make a significant difference in educating the cancer workforce.	Thank you for your comment. The Workforce and Education Team have formed an Education Collaborative with the Christie School of Oncology, GatewayC and MAHSC to ensure a collegiate approach to cancer education to avoid duplication.
Macmillan Emotional Health and Well-being Hub to be included in the directory. NHS Diversity and Inclusion	Thank you for your comment. Due to the prolific number of wellbeing resources and hubs available, the strategy does not make reference to any specifically however, the GM Cancer website has a dedicated wellbeing section signposting to all relevant resources and will include a link to the Macmillan Emotional Health and Well-being Hub.
Should there be a link with the Mental Health and Psychological Care Pathway Board HEE Funding Guide - increase awareness of how funding is deployed	The workforce and education team has representation on the GM Cancer Psychological Care Pathway Board and has made links with Workforce leads / Directors of Workforce within the mental health sector to discuss a two-way model for education model. HEE has now merged with NHSE. Any funding opportunities are disseminated across the cancer network accordingly.
clearer links to local trust plans to promote staff wellbeing and retention (if they have them)	Thank you for your comment. All existing well-being offers including local trust offers will be promoted if relevant via the workforce and education page on the GM Cancer website.
There are some ideas for supporting staff wellbeing but how will these be measured for effectiveness? Do we know what the baseline	Thank you for your comment. The GM Integrated Care People and Culture strategy



<p>of workforce wellbeing is currently? How will we see as improvement?</p>	<p>acknowledges the need to measure uptake and impact of current well-being offers. The workforce and education team will work with the ICB to support this work for the cancer workforce. The aim is to also collate case studies to demonstrate wellbeing offers in practice and identify / share good practice.</p>
<p>Why just the medical workforce again - Expand current wellbeing offers for the medical workforce</p>	<p>Thank you for your comment. The strategy has been developed with stakeholders and whilst aligning to national and regional strategies remains responsive to stakeholder feedback. A particular issue was highlighted by Cancer Clinical Leaders regarding the well-being of the medical workforce and therefore the activity was included in response to this. This is in addition to promoting current wellbeing offers to all of the cancer workforce.</p>
<p>Digital passport will support a more seamless journey and encourage joined up working. Staff in post for X years could be offered a wellbeing MOT as not always aware of what is available and often complacent at accessing</p>	<p>Thank you for your comment. The workforce and education team will promote well-being offers and utilisation of the Digital Staff passport to all. The concept of a 'wellbeing MOT' for NHS staff with significant service is an interesting concept and will be scoped further.</p>
<p>No but emphasis on cross system and sector resources would be good</p>	<p>Thank you for your comment. The workforce and education team will promote existing well-being offers to the GM Cancer system irrespective of sector, these can be accessed via the GM Cancer website, which has a dedicated well-being page.</p>
<p>no</p>	<p>Thank you for your comment. No Action required.</p>
<p>The strategy is an ideal. I believe there will be enormous challenges to overcome with the present NHS pressures that I and my colleagues face on a daily basis</p>	<p>Thank you for your comment. The workforce and education team will work collaboratively with the GM Integrated care to promote wellbeing offers, share best practice, review uptake, explore ways to measure impact and</p>



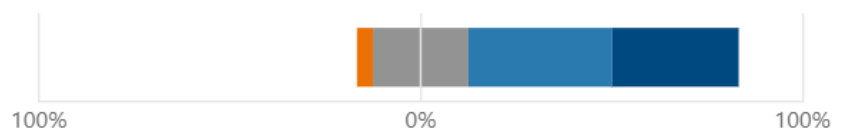
	promote equitable access to cancer education.
No	Thank you for your comment. No Action required
No	Thank you for your comment. No Action required.
Wellbeing is a wider issue than just the cancer workforce, and success in this area will in our view be reliant on effective rollout of the NW absence management and wellbeing framework, effective and accessible occupational health support, and the development of organisational culture alongside good partnership working.	Thank you for your comment. The strategy aligns to the GM People and Culture strategy however, as this is a cancer workforce strategy the focus is on the cancer workforce predominantly. Wellbeing is a complex issue requiring a multifaceted approach. Rollout of absence management and wellbeing frameworks, changing organisational cultures and influencing occupational health support is out of scope for this strategy. The role of the workforce and education team will be to promote current system-wide offers and work with the GM People and Culture function to measure access and impact of well-being offers for the cancer workforce. The aim is to also collate case studies to demonstrate wellbeing offers in practice and identify / share good practice.

5.0 Growing and developing our workforce

5.1 Do you feel this meets the needs of the workforce?

71% of respondents agree or strongly agree

■ Strongly disagree
 ■ Disagree
 ■ Neither agree nor disagree
 ■ Agree
 ■ Strongly agree



Strongly disagree	0%
Disagree	4.2% (1)
Neither agree nor disagree	25% (6)



Agree	37.5% (9)
Strongly agree	33.3% (8)

5.2 Do you feel there are any gaps that need to be addressed in ***Growing and developing our workforce?***

Response

I really promote the cancer networking and education / clinical placements for student nurses. Did authors consider wider interdisciplinary collaborations (For example - I applied geographical information science to cancer diagnoses to identify postcodes requiring additional intervention and health promotion for my PhD - Accepting a wider definition of multi / interdisciplinary opportunities for research and innovation is key to offering new lenses to established frameworks...

Linking with or creating links with government to support people into work/access training

Action/GM Cancer Response

Thank you for your comment. The workforce and education team will continue to work with Higher Education Institutions to promote opportunities for all students to work with the alliance, and to promote careers in cancer. The alliance also has a research programme, which will present opportunities for researchers across the GM system who have an interest in cancer outcomes.

Thank you for your comment. The strategy is driven by National and regional workforce strategies and directives including the Greater Manchester People and Culture strategy. The workforce and education team works closely with the Integrated Care People and Culture function and welcomes opportunities to collaborate to support people into work. The strategy includes activity to attract people to a career in cancer through promotional campaigns, aspiring cancer programmes, and through the academy and ACCEND capability frameworks, which provides opportunities to develop the knowledge and skills required.

Improving equity in access to training is a key priority for the Academy. Current offers are



	<p>free at the point of access in the main, and open to both generalist and specialist roles.</p>
<p>As a paramedic in the past I have been limited into the roles I can apply for both externally and internally to my organisation. Since completing my ACP course I have learned I have skills and education though at times unique to the ambulance service, they are skills that could be adapted to work in other areas of healthcare. I feel reading this growing and developing our workforce the 4 priority sections give an opportunity for non traditional AHPs to apply for future roles.</p>	<p>Thank you for your comment. A key part of the strategy is to promote a one workforce ambition to provide opportunities for non-traditional roles to work with the alliance and become cancer champions within their professional group.</p>
<p>Retention of staff is mainly related to working conditions not access to education.</p>	<p>Thank you for your comment. The strategy aligns to National and regional workforce strategies and where possible is supported by evidence. Evidence suggests that access to education is a strong predictor of retention and so this is a strong focus throughout the strategy. This a long term strategy focusing on workforce transformation, changing working conditions within organisations is out of scope.</p>
<p>I think this section needs to be more concise - there are loads of brilliant ideas here but several of them will be detailed actions as part of one objective. Occasionally there are gaps where AHPs and other healthcare professional could be mentioned eg on p3 work with other professional groups to support promotional campaigns - the groups mentioned are nurses where AHPs and Pharmacists for example should be mentioned - this will widen the impact of the strategy. On the page before the cross cutting workstreams slide cancer research nurses are mentioned but it would be great to think about how to develop and support research roles across other healthcare professions.</p>	<p>Thank you for your comment. The final version of the strategy will consolidate activity based along a similar theme. The majority of activities have been purposefully left open so that they could apply to a number of professional groups and to enable the strategy to remain fluid and responsive to need. In the example referenced, nurses are mentioned as this is a definitive activity with plans progressing to deliver the National Cancer CNS day, which started in Greater Manchester. There are plans to consider a Specialist AHP promotional campaign in GM however, this has not been confirmed hence not being mentioned in the strategy.</p>



	<p>The workforce and education team has been approached to look specifically at cancer research nurses however, this does not mean that the learning / approach cannot be replicated with research roles across other healthcare professions. The final strategy will consider removing reference to specific workforce groups where appropriate.</p>
<p>No, however the list is of objectives and aims, I am left unclear as to what the ambition is</p>	<p>Thank you for your comment. The strategy and priority areas are aligned to the GM Integrated Care People and Culture strategy. The final version of the strategy will include a vision / statement of ambition:</p> <p><i>To develop and grow the cancer workforce in Greater Manchester to ensure the workforce is representative, inclusive, and supported to respond to the needs of people affected by cancer, by adapting to new, improved ways of working, and embrace innovation and technology to deliver the best quality healthcare.</i></p> <p>Each section will also have an introductory paragraph outlining the rationale.</p>
<p>I don't think so - very comprehensive</p>	<p>Thank you for your comment. No Action required.</p>
<p>No</p>	<p>Thank you for your comment. No Action required.</p>
<p>Something for students to make them aware early on about cancer as a career? Many make their mind up as early as 2nd year at Uni as to where they may wish to go longer term. Maybe via the cancer conf if not in other ways?</p>	<p>Thank you for your comment. The workforce and education team will continue to work with Higher Education Institutions to promote opportunities for all students to work with the alliance, and to promote careers in cancer. The ACCEND programme includes a workstream for pre-registration nurses and AHPs to enhance cancer knowledge, skills, which the team will promote locally. Cancer placement</p>



<p>For the research bit - to change to scoping to research wf rather than research nurses And.... I've heard fab feedback regarding 'Allies in Cancer'</p>	<p>models are also being piloted which could include digital placements to increase capacity of placement provision.</p> <p>The workforce and education team is linking in with GM Access to promote careers in cancer showcasing a variety of different roles which could be promoted within schools / colleges in addition to HEIs.</p> <p>The workforce and education team has been approached to look specifically at cancer research nurses however, this does not mean that the learning / approach cannot be replicated with research roles across other healthcare professions. The final strategy will consider removing reference to specific workforce groups where appropriate.</p>
<p>needs reference to ongoing work in pathology - no reference to HCS workforce at all</p>	<p>Thank you for your comment. There is a separate GM Pathology Workforce strategy which is referenced in the Cancer Workforce strategy, this will cover workforce developments for Healthcare Scientists. Appendix 1 will be updated to include Healthcare Scientists. All training and education offers are available to HCS as well as other workforce groups.</p>
<p>Building resilience</p>	<p>Thank you for your comment. There is a wellbeing section in the strategy. The workforce and education team will continue to promote well-being offers across the cancer networks to support resilience. The academy offers are available to all which will enhance knowledge, skills and confidence.</p>
<p>Adequate</p>	<p>Thank you for your comment. No Action required.</p>



No	Thank you for your comment. No Action required.
no	Thank you for your comment. No Action required.
There is a significant skills gap in part of the workforce who regularly deliver bad news such as surgeons who are not required to undertake specific training for this and often undertake this very badly resulting in poor patient experience and psychological trauma for patients and families.	Thank you for your comment. The academy will be conducting a training needs analysis across cancer clinicians and devise a training programme accordingly based on these findings, of which communication skills packages will be a key focus. The Academy is also currently piloting a new delivery model for Psychological Level 2.
<p>I like - Attract new health and care staff through innovative ways, but should it not just actually be "Attract and recruit staff through innovative ways"? - reason being do your porters, admin staff, catering etc staff see themselves as "health and care" but yet they are an important cog in the whole system?</p> <p>Also is there not something about making it easier to get into our NHS system and Cancer as well? Use other platforms other than NHS jobs to recruit from - make the process easier?</p> <p>Why legacy? - GM Legacy Mentoring Programmes? Would all mentoring programmes be useful to consider? Cross cutting workstreams</p> <p>- is there something around what happens in provider land with Incentivising workforce (financially or some other ways) to come to groups, meetings and education?</p>	<p>Thank you for your comments. The final version will consider the wording suggested, whilst ensuring alignment with wording used in the Integrated Care People and Culture strategy.</p> <p>The workforce inequalities programme is looking at inclusive recruitment and innovative ways to support people through the recruitment process, in addition to signposting and promoting the ICB recruitment guides / toolkits.</p> <p>Legacy mentoring is a national programme, led by HEE and NHSE to support retention of both senior staff and those new to roles. The workforce and education team will continue to promote national / regional initiatives to the cancer workforce.</p> <p>Incentive schemes within organisations is out of scope for this strategy.</p>



<p>Needs to be more consistency in some roles across GM e.g. Lead Cancer Nurse roles all at different bands but working to similar deliverables whilst also recognising differences across the alliance due to population and other workforce priorities within organisations.</p>	<p>Thank you for your comment. The workforce and education team will continue to support the National ACCEND programme and framework to help define roles and responsibilities for the non-medical workforce.</p>
<p>yes - I cannot select Agree or others for this feedback. Some examples to date would help strategy to operation and embedding.</p>	<p>Thank you for your comment. The final strategy will include progress to date / activity delivered as part of the first strategy published in 2021. The cancer workforce strategy was refreshed to align with the updated People and Culture strategy.</p>
<p>no</p>	<p>Thank you for your comment. No Action required.</p>
<p>There are very many important points made that should be 100% considered when growing and developing the workforce but again this I believe will struggle to sit and implement comfortably with present workforce demands. Its exciting that this enormous piece of work is being addressed but I have my reservations as to how realistic this goal is achievable within my NHS setting</p>	<p>Thank you for your comment. This strategy is not to be read in isolation and is developed to compliment the wider Integrated Care People and Culture strategy and local organisational strategies. It is a long-term strategy, and delivery plans will continue to evolve in line with national and regional directives.</p>
<p>No</p>	<p>Thank you for your comment. No Action required.</p>
<p>No</p>	<p>Thank you for your comment. No Action required.</p>
<p>Related to our earlier point, it would be helpful to understand in more detail the anticipated career development paths for cancer roles, particularly in relation to new or developing roles, in order to be able to answer this question.</p>	<p>Thank you for your comment. The cancer career and education framework is led nationally through the ACCEND programme.</p>
<p>Activity we are supporting certainly fits with 'Growing and Developing Our Workforce' – for example, funding of dissection and reporting course for life sciences, the STP and HSST etc.</p>	<p>Thank you for your comment. Workforce developments for the healthcare science workforce can be found in the GM Pathology workforce strategy. The importance of HCS for cancer is acknowledged in Appendix 1. All academy offers will be available to HCS in GM.</p>

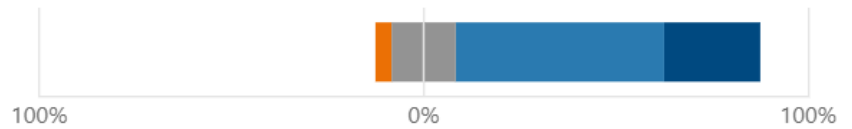
6.0 Addressing Inequalities



6.1 Does the addressing inequalities meet the needs of the workforce?

79% of respondents agree or strongly address

■ Strongly disagree
 ■ Disagree
 ■ Neither agree nor disagree
 ■ Agree
 ■ Strongly agree



Strongly disagree	0%
Disagree	4.2% (1)
Neither agree nor disagree	16.7% (6)
Agree	54.2% (9)
Strongly agree	25% (8)

6.2 Do you feel there are any gaps that need to be addressed in our strategy to address inequalities within the GM Cancer Workforce?

Response

Action/GM Cancer Response



<p>Expanding the net of contact with third sector organisations to increase awareness and promote awareness / engagement / training / employment opportunities within those areas to increase EDI</p>	<p>Thank you for your comment. The workforce and education EDI lead will continue to raise awareness of the programme and support inclusive recruitment through the EDI steering group and links with EDI leaders at the Integrated Care.</p>
<p>I feel that this does look at address inequalities and has defined the areas they are going to focus on. It is taking learning from projects already to completed and shown to be successful and adopting it GM wide. One thing I was struck with was the messaging for the workforce it is clear health promotions and campaigns are aimed not just at the patients we care for in the GM area but the workforce also.</p>	<p>Thank you for your comment. The workforce and education EDI lead will continue to build links with EDI leads across the system to identify and share best practice.</p>
<p>No idea.</p>	<p>Thank you for your comment. No Action required.</p>
<p>I think this is a clearer section. I like how it focuses on getting to grips with the data which could perhaps be highlighted elsewhere because this needs to inform our priorities.</p>	<p>Thank you for your comment. No Action required.</p>
<p>Greater distinction between what is the responsibility of the cancer alliance and the ICB. Fantastic to see ConnectedCare GM represented and support for it to continue in cancer.</p>	<p>Thank you for your comment. The workforce and education EDI lead will continue to work closely with the EDI function at the integrated care and with the GM Tackling Health Inequalities Programme Board who will provide governance for this programme of work. The Cancer Alliance inequalities programme has a clearly defined strategy and delivery plan in development which will help to define responsibilities.</p>
<p>None I can think of</p>	<p>Thank you for your comment. No Action required.</p>
<p>No</p>	<p>Thank you for your comment. No Action required.</p>
<p>All good</p>	<p>Thank you for your comment. No Action required.</p>



nothing to add	Thank you for your comment. No Action required.
Unsure	Thank you for your comment. The EDI workforce programme will continue to evolve over the next 12 months. The GM Cancer alliance website will have a dedicated wf inequalities page, which will share developments as they progress to help bring clarity.
This is better than it was. However why are you only focusing on CSW for LGBT people? There are other members of the clinical team who you need to seek to influence	Thank you for your comment. The funding to develop the module for CSW was from HEE with a specific remit. The team engaged with the GM CSW forum to identify this gap. The final content will be applicable for a wide audience and will be available for all via the academy website. Wording has been amended to reflect this.
No	Thank you for your comment. No Action required.
no	Thank you for your comment. No Action required.
This seems to be well thought out across LGBTQ and ethnic groups but there is a lack of focus on disability particularly around the neurodiversity within the workforce and for patients needs	Thank you for your comment. The EDI programme is in its infancy and will evolve to look at other characteristics including people with a disability. The initial focus on workforce race equality aligns to the Integrated care priority areas.
none	Thank you for your comment. No Action required.
appears reasonable but the how in practice	Thank you for your comment. There will be a strategy delivery plan to define the 'how' in more detail.
no	Thank you for your comment. No Action required.
no comment	Thank you for your comment. No Action required.
No gaps	Thank you for your comment. No Action required.



no	Thank you for your comment. No Action required.
The outline plans in the strategy document are encouraging and could in our view be strengthened through the rollout of effective training and support for managers in supporting staff with protected characteristics, particularly disability, sex and race where we see the highest number of casework issues referred.	Thank you for your comment. The academy training and education offers is for all cancer staff including clinical, and non-clinical / managerial roles. The academy will also be conducting a training needs analysis across cancer clinicians, and managers and will devise a training programme accordingly based on these findings.

