

# **West Midlands Imaging Network Workforce Strategy 2023/24**

**Developing and protecting  
our most valuable asset**

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# Overview

## Executive Summary

Several national reports in recent years have highlighted the significant shortage of the diagnostic imaging workforce. They have emphasised the importance of regular review, development, and modernisation of the imaging workforce to deliver high quality diagnostic and intervention outcomes. Urgent review of staff wellbeing, demand and capacity, job plans, grade structure, training and career opportunities is required to ensure a healthy diagnostic workforce in the NHS. The impact of an overlooked workforce has led to high vacancy rates, poor retention of staff, delays in reporting backlogs and patient access to services, ultimately impacting patient care.

Professor Sir Mike Richards' review<sup>1</sup> from 2020, presented key recommendations for structuring the diagnostics workforce's reform. This review was a supplement to NHSE's 2019 Transforming Imaging Services strategy<sup>2</sup>. It provided guidance on implementing changes to imaging services via imaging networks. Networks were formed to address the challenges of rising demand, shortages in the imaging workforce and ageing equipment. Whilst these key documents present valid recommendations for improvement, it is important to consider the current landscape that involves a significant backlog of waiting times due to the COVID-19 pandemic, a cost-of-living crisis and an increasingly pressurised imaging workforce. In addition, the demand for imaging is rising. It is important to consider key national literature, whilst recognising the specific challenges faced by the West Midlands' region in 2023/24.

Overall, more than 43.2 million imaging tests were performed in the NHS in the 12 months from December 2021 to November 2022<sup>3</sup>. Demand for imaging has risen by 26% in the past two years (NHS Digital), partly driven by the drive to clear the Covid backlog. This high demand is set to continue. As an example, demand for CT scanning is currently growing at around 7% p.a; and it is estimated that due to the increasing role of CT Scanning in clinical diagnosis, demand will increase by 100% over the next 5 next years. Demand for MRI Scans has increased at 5.6% p.a. for the past 5 years, and PET-CT around 19% p.a. These are all key examinations for cancer and other critical pathways.

Workforce however remains largely unchanged. The Richards Review in 2019/20 estimated the number of staff in post has not significantly increase since that review, whereas activity has. This gap is therefore currently larger than was calculated in 2019. that the NHS needs over 12,000 more imaging staff (of all professional roles) to meet the demand. This equated to 1,389 posts in the West Midlands.

The West Midlands Imaging Network (WMIN) was formed to lead local reform of imaging services by providing clear lines of governance, leadership, and accountability; ensuring

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<sup>1</sup> [NHS England » Diagnostics: Recovery and Renewal – Report of the Independent Review of Diagnostic Services for NHS England](#)

<sup>2</sup> [\[Transforming imaging services in England \[ARCHIVED CONTENT\] \(nationalarchives.gov.uk\)](#)

<sup>3</sup> [Statistical-Release-16th-March-2023-PDF-468KB.pdf \(england.nhs.uk\)](#)

channels of communication are appropriate, and that expert representation is provided at every level. Our Network will promote and cement relationships across the West Midlands. WMIN has formed a Special Interest Group (SIG) to specifically look at workforce issues and solutions to yield positive change. This strategy provides a comprehensive view of the workforce challenges, that we as a region face. We need to ensure that we capture our baseline position, to do this, we need to measure our current establishment, identify our capacity gap, and project our growth to inform our workforce needs to deliver our future services. The workforce group will review regional data sources to ensure that this data is robust and reliable, using this data and information will inform our work programme and initiatives that will outline our network priorities, aims and objectives.

The strategy sets out our vision, mission and key objectives and priorities (Appendix 1) which are crucial to ensuring a sustainable diagnostic workforce and long-term future growth of imaging services in the West Midlands' region. This document is the first iteration of the Network's Workforce strategy that will be reviewed regularly to ensure synchronicity with the Workforce SIG's work programme and to guarantee our work is in alignment with our aims and objectives set out in this strategy.

# Strategic Overview



## Vision

"Our vision is to create a dynamic and collaborative network that leverages the power of networking to build a positive, healthy and sustainable workforce."



## Mission

"To unite the providers of NHS imaging services from across the West Midlands region, with a single voice focused on implementing changes to our imaging workforce, developing an innovative environment of best practice whilst utilising combined resources to provide a balanced yet dynamic workforce that is sustainable in providing imaging services".

## Aims and Objectives

1	We will use timely and accurate data to inform our analysis and actions, ensuring we have a workforce to meet the future requirements of a comprehensive imaging service across the network's footprint.
2	We will fully engage with all relevant stakeholders, such as Integrated Care Boards, Provider Trusts, HEIs and professional bodies to develop innovative solutions to challenges, such as role enhancement, and to define clearer career pathways for all imaging staff.
3	We will champion the use of mutual recognition agreements for consultants and doctors in training. We will introduce staff passports for Radiographers and other AHP staff groups working across the network to facilitate a mobile workforce.
4	Through our other Special Interest Groups, we will fully explore the impact on workforce of any network plans and programmes. We will ensure any benefits from new models of care and service design will recognise the impact on our current workforce.
5	We will use our collective experience to develop recruitment and retention models that use all our combined network opportunities. We will pioneer the use of multi-site development opportunities to allow our staff to grow in their roles.
6	The Network's work programme will take into consideration all other regional and national initiatives. WMIN will engage with regional imaging academies to support the growth of student and trainee placements and training within the teams.
7	The Network will facilitate opportunities for all providers to share resources that will maximise training capacity, enabling new and existing staff to optimise new opportunities to enhance their professional development and skills.
8	Our solutions will be set in the context of other regional and national initiatives including those from the Imaging Academies. We will engage with imaging academies, schools of radiology and physics training programmes to support the meaningful growth of student and trainee placements and training within the teams. We will share our solutions nationally for the benefit of others.
9	Using our data and experience we will reduce variation in career pathway design, drive down pay variation, followed by banding and harmonisation of roles.
10	The Network will actively encourage flexible working to create a workforce that meets the needs of both the individual and an imaging service fit for future needs.

# Introduction

The West Midlands Imaging Network (WMIN) recognises that significant engagement and collaborative working across our 15 Trusts and 6 ICBs is required to implement changes and plans to make effective changes for our workforce. As the largest imaging network in the country, WMIN covers a vast geographical area that contrasts large urban and rural areas, serving a population of over 6.3 million.

Imaging plays a crucial role in the diagnosis, staging and management of a variety of conditions using a range of ionising and non-ionising radiation modalities. Investigations touch every part of the patient pathway and is a key enabler for effective care.

Previously, NHS imaging workforce planning did not sufficiently reflect the necessary growth and skill requirements to keep up with the increasing demands on the range of imaging services available. Review of operating models and IT systems and imaging equipment has also been neglected. The burden of these workforce challenges has led to high vacancy rates, long waiting lists and inefficient use of funding and equipment.

The [NHS Long-Term Plan](#)<sup>4</sup> introduces the creation of imaging networks as key to reforming diagnostic services. The intention is to improve access to imaging services, reduce report turnaround time and make better use of resources, staff skills and time. This is reiterated and further refined in [‘Diagnostics: Recovery and Renewal’](#)<sup>5</sup>, [GIRFT’s Radiology report](#)<sup>6</sup> and [‘Transforming imaging services in England: a national strategy for imaging networks’](#)<sup>7</sup>.

Keeping pace with the demands for training and education to support these developments has been challenging. This strategy states that work must be done to address these challenges to improve our workforce challenges, to protect our most valuable asset-our Workforce.

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<sup>4</sup> [NHS Long Term Plan v1.2 August 2019](#)

<sup>5</sup> [NHS England » Diagnostics: Recovery and Renewal – Report of the Independent Review of Diagnostic Services for NHS England](#)

<sup>6</sup> [Layout 1 \(gettingitrightfirsttime.co.uk\)](#)

<sup>7</sup> [NHS England » Transforming imaging services in England](#)

# Case For Change

## Demand on imaging services

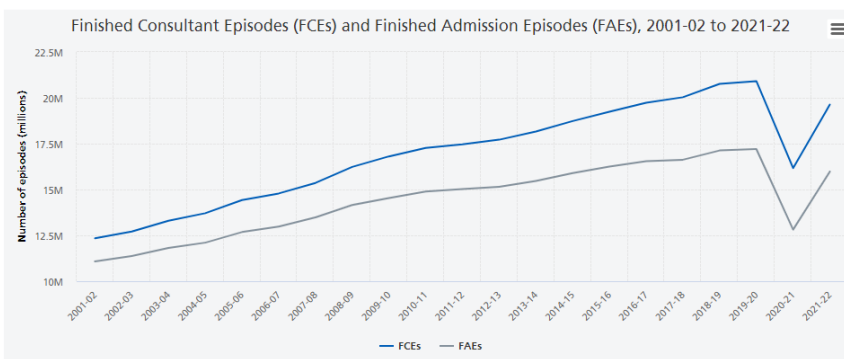
The requirement for major expansion of diagnostic capacity was already clearly identified as a requirement before the Covid-19 pandemic. Without this expansion many of the NHS Long Term Plan commitments on cancer, heart disease, stroke, respiratory diseases and other conditions would not be met. The pandemic clearly exacerbated the issue and pressure is now heightened on same day emergency care and outpatient services.

Demand for almost all aspects of diagnostics has been rising year on year. This has an impact on the achievement of diagnostic waiting times standards. The rise in demand has been driven partly by increases in activity across many aspects of acute hospital activity, increases in urgent cancer referrals and backlog from the COVID 19 pandemic- which significantly affected services from mid-March 2020. Activity has increased markedly across almost all aspects of diagnostics; data below demonstrates the % increase between 2020/21- 2021/22;

- CT scanning (21%)
- MRI scanning (28%),
- PET-CT (20%),
- Non-obstetric ultrasound (23%) and
- Fluoroscopy (23%)
- Plain X-ray (30%)
- SPECT (40%)
- Medical Photography (11%)

**Total** – 26% \* totals do not always equal the sum of parts due to rounding.

The demand for diagnostics is rising faster than that for NHS services, the number of Finished Consultant Episode (FCE's) increased by 21.4% and Finished Admission Episodes (FAEs) from 2020-21 to 2021/22. It is anticipated that increases to these data will increase further year on year.



Source: NHS Digital. Hospital Episode Statistics<sup>8</sup>

<sup>8</sup> [Hospital Episode Statistics \(HES\) - NHS Digital](#)

## Staffing Challenges

The regional workforce is under immense pressure attempting to deliver more activity than ever before with an inadequate staff base. The result is inefficiency, fatigue, and disengagement of staff, reduced opportunity for skill development and career progression and burn-out. This leads to poorer patient outcomes and delays to care.

The [Diagnostic Imaging Network Workforce Guidance](#)<sup>9</sup> demonstrates via Model Hospital data chronic shortages across all imaging professions. Average vacancy rates are:

- Clinical support workers 4.6%,
- Diagnostic Radiographers 11%
- Sonographers 6.7%
- Medical Physicists 9%

The Royal College of Radiologists reports a 10% vacancy rate for consultant radiologists. With a predicted year-on-year increase in activity, these chronic shortages increase expenditure on agency, overtime, and outsourcing.

It should be noted that vacancy rates may be an artificially low metric for assessing staffing shortfalls. Vacancy rates measure the gap between funded vs actual establishment, rather than the gap between required establishment and the staff in post.

The Richards Report '[Diagnostics: Recovery and Renewal](#)'<sup>10</sup> sets out that the imaging workforce requires a significant increase in workforce to deliver the expected activity by 2025.

Imaging workforce	Additional workforce required.
Radiographers	3,500
Assistant practitioners	2,500
Admin and support staff	2,670
Advanced practitioner/ reporting radiographers	500
Radiologists	2,000
Physicists	220
<b>TOTAL</b>	<b>12,290</b>

If we accept that this is a homogenous problem across the country; the West Midlands Imaging Network challenge (being 11.3% of England's population) is an additional **1,389 posts by 2025**.

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<sup>9</sup> [NHS England » Diagnostic imaging network workforce guidance](#)

<sup>10</sup> [NHS England » Diagnostics: Recovery and Renewal – Report of the Independent Review of Diagnostic Services for NHS England](#)



These additional numbers are based on forecast activity and expected imaging requirements. Some process and procedural efficiency will be seen, but this will likely be offset by increased complexity of new imaging requirements and service development, including the community diagnostic centres (CDC), both those already open and those being commissioned.

Whilst workforce is a national problem, the Midlands region can be shown to have a larger challenge of staff in post compared to the population they serve than many other regions. The table below is taken from HEE (*soon to become NHSE Workforce, Training & Education Directorate*) data and focuses on the seven regions of the NHS and shows (as an example) the number of diagnostic radiographers for each region in England.

Note that the West Midlands region is 59% of the Midlands population. This indicates that local solutions and regional strategies are key to workforce resolution.

Region in order of population	Regional population (2020)	WTE DRADs in post	WTE DRAD/ 1,000 population
Midlands	10,698,395	2,927.3 WTE	0.27
London	9,039,389	2,998 WTE	0.33
South East	8,951,672	2,272.6 WTE	0.25
North East & Yorkshire	8,634,388	2,742.8 WTE	0.32
North West	7,083,912	2,482 WTE	0.35
East of England	6,572,554	1624.6 WTE	0.25
South West	5,698,163	1,565.3 WTE	0.27
England	56,678,473	16,612.60 WTE	0.29

Data from HEE 2022

The College of Radiographers' 2021 radiographic census captured workforce data from 6 (out of 15) of the network's Trusts which identified a vacancy rate of 11%. The majority of vacancies are in the Band 5 and 6 workforce. Additionally, the [Diagnostic Radiology and Radiation Protection Report 2021<sup>11</sup>](#) gathered information on Medical Physics (Clinical Scientists' and Clinical Technologists') vacancy rates nationally which concluded a 9% and 7% rate respectively. The report recommends growing the workforce by 92% to meet demand and recommended European standards<sup>12</sup>.

A key early priority of the WMIN Workforce SIG is to review this data to visualise our region to determine key areas of focus to apply strategies and plans for imaging services across our network. We will ensure that we can identify our current baseline position across the whole

<sup>11</sup> [diagnostic-radiology-and-radiation-protection-workforce-report-on-2021-survey-final.pdf \(ipem.ac.uk\)](#)

<sup>12</sup> [EUROPEAN COMMISSION \(europa.eu\)](#)

network. This will allow us to establish the position of our current workforce in 2023, identify our current workforce capacity gap to deliver current imaging service demands, and to project our required growth to inform our workforce needs to deliver our future services over the next 3 to 5 years.

## Ambition

### Strategic Ambition

Networking allows for better value, utilisation, and availability of sufficiently resourced capital equipment, faster turnaround times where required and more opportunities for the workforce to undertake extended roles by advancing their professional development via a coordinated development pathway. Whilst the opportunity for service efficiency through process redesign and greater use of technology will improve throughput to a limited extent; without the additional staffing resources, there will only be marginal gain in efficiency and activity.

Networking will reduce variation in practice, enhance workforce opportunities, bring equity to patient access, and demonstrate better overall cost effectiveness. In addition, WMIN seeks to drive up quality of service and improve clinical outcomes. High level key aims of the WMIN are to improve service resilience, reduce duplication and use economies of scale to enable the latest technology to be purchased to develop imaging service provision.

This strategy sets out the mandate for action and change across the six health systems (ICBs) of the West Midlands.

Following approval and subsequent adoption of this strategy, a workforce implementation plan for the West Midlands will be developed. This will provide a framework to develop a range of initiatives, solutions and interventions that can be implemented for the imaging workforce in the West Midlands region, considering the populations served. The strategy will require regular review to ensure that it keeps pace with emerging service needs, such as the evolving Community Diagnostic Centres (CDC) programme, technological advancements, and the impact of developing imaging networks.

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*'Creating Excellence Together'*

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## Clinical Ambition

The 'Diagnostics: Recovery and Renewal' national publication identifies three major areas of work for the imaging workforce. These are detailed in Figure 2 below.

Recommendation 12: There should be a major expansion in the imaging workforce;

an additional 2,000 radiologists and 4,000 radiographers (including advanced practitioner radiographers, who undertake reporting) as well as other support staff and 'navigator' roles.

Additional training places should be provided for radiologists and radiographers and initiatives will be needed to meet demand, as well as expansion in assistant practitioner and support staff roles.

Recommendation 13: There should be an increase in advanced practitioner radiographer roles, including for reporting of plain X-rays (to a minimum of 50%); and expansion of assistant practitioner roles to take on work currently undertaken by radiographers.

Recommendation 18: Alongside the necessary expansion of key professional groups, all relevant organisations should work together to deliver changes in the diagnostics workforce.

Particular emphasis should be given to driving skill-mix initiatives across the whole country. This will require concerted action at team, NHS trust and network level.

### Diagnostics: Recovery and Renewal workforce recommendations

As described above; in a heterogenous scenario, the West Midlands Imaging Network is 11.3% of these requirements, which equates overall to 1,389 additional posts.

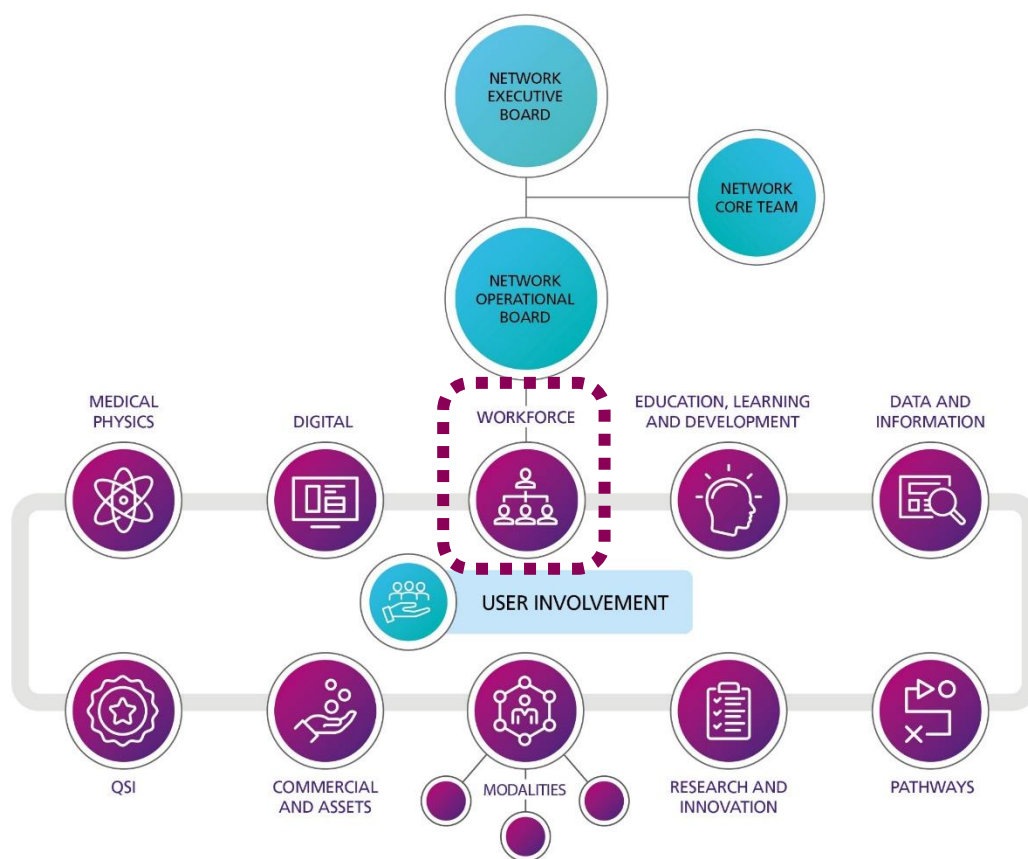
The regional clinical ambition is to create a paradigm shift by developing a well-trained, competent, and engaged workforce, the fundamental keystone of delivering a safe and effective imaging service across the West Midlands. Having enough of the right people with the right skills in the right places enables co-dependencies to function well, improving efficiencies and creating opportunities for novel new ways to work. An engaged and caring workforce delivers high quality care and improves patient experience.

# Governance

The West Midlands region comprises 15 Trusts across 6 ICBs, serving a population of over 6.3 million. The West Midlands Imaging Network was formed in mid-2021 and is the largest of the 22 imaging networks in England. WMIN Workforce Special Interest Group (SIG).

Regular SIG meetings will be held to ensure the agreed programme of work is executed. Regular review of the work plan and strategy as well as delegating key roles and responsibilities will be imperative to ensure a robust governance framework is implemented.

The Workforce SIG spans across and integrates with the other Special Interest Groups and currently has representatives from other SIGs within the group. The Operational Board will report to the Network Executive Board. The Workforce SIG will have a clear Terms of Reference (ToR) and engage extensively with the NHSEI Workforce lead. WMIN's core team will provide the secretariat for this group.



The West Midlands Imaging Network structure

# Defining the challenge

The [Diagnostic Imaging Network Implementation guide](#)<sup>13</sup> published in April 2021 states that one of the major benefits from establishing imaging networks is transforming the way the workforce is utilised.

The workforce in a modern clinical imaging service has many professional roles. Whilst this is not an exhaustive list, this multidisciplinary team includes:

- Administrative and Clerical staff
- Advanced Practitioners / Reporting Radiographers
- Assistant Practitioners
- Clinical Coders
- Medical Physics
  - Clinical Scientists
  - Radiation Protection Advisors / Medical Physics Experts, MR Safety Experts
  - Clinical Technologists
- PACS/IT Staff
- Domestic Assistants
- Patient Pathway Trackers
- Practice Placement Educators
- Porters
- Radiographers
- Radiologists
- Radiology Nurses
- Sonographers
- Nuclear Medicine Practitioners / Clinical Technologists
- Service Managers (clinical and non-clinical)

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<sup>13</sup> [NHS England » Diagnostic imaging network implementation guide](#)

The [Radiology reporting figures for service planning<sup>14</sup>](#) document (RCR) aims to inform what workforce is required for minimum safe staffing levels. The RCR consider looking at levels of staffing needed to run specific equipment e.g. an MRI scanner, though it was acknowledged that this is difficult to carry out. Additional guidance: [Radiology business intelligence for service planning and workforce modelling<sup>15</sup>](#) is also recommended.

For growth in imaging services to be sustained, the network will support the expansion of the other professional groups that work in tandem with the clinical workforce. The table below identifies the benefits of the skill mix approach to delivering imaging services for staff, patients, and systems.

Benefits for staff	Benefits for patients	Benefits to Systems
<ul style="list-style-type: none"> <li>• More opportunities and better access to education and training</li> <li>• Flexible working- home reporting, working across sites, flexible retirement</li> <li>• Best use of ‘team’ reporting capacity, with appropriate skills mix across radiologists and reporting radiographers</li> <li>• Opportunities to increase skill mix across clinical support workers, assistant practitioners and advanced radiographic practitioners, improving recruitment and retention through career progression</li> </ul>	<ul style="list-style-type: none"> <li>• Sustained local services for scanning close to where people live</li> <li>• Access to specialist opinion across a wider geography and quality improvements</li> <li>• Reduced risk of missed diagnosis</li> <li>• Faster reporting turnaround times reduce waiting times across the pathway and therefore anxiety for patients</li> </ul>	<ul style="list-style-type: none"> <li>• Improved patient care: systems will be able to provide more timely diagnostic services, resulting in improved patient outcomes</li> <li>• Enhanced resource utilisation, sharing resources will reduce inefficiencies, increase productivity and diversity of skills</li> <li>• Cost savings: e.g. reducing the use of agency staff or using existing staff in different areas where there is demand</li> <li>• Improved workforce satisfaction- ability for staff to develop their careers and a wider variety of work, leading to workforce satisfaction</li> </ul>

Benefits of using the imaging workforce flexibly

An understanding of the current workforce opportunities and challenges is essential for the development of a network workforce plan. The Diagnostic Imaging Data Set (DID)<sup>16</sup> provides

<sup>14</sup> [Radiology reporting figures for service planning 2022 | The Royal College of Radiologists \(rcr.ac.uk\)](#)

<sup>15</sup> [Radiology business intelligence for service planning and workforce modelling | The Royal College of Radiologists \(rcr.ac.uk\)](#)

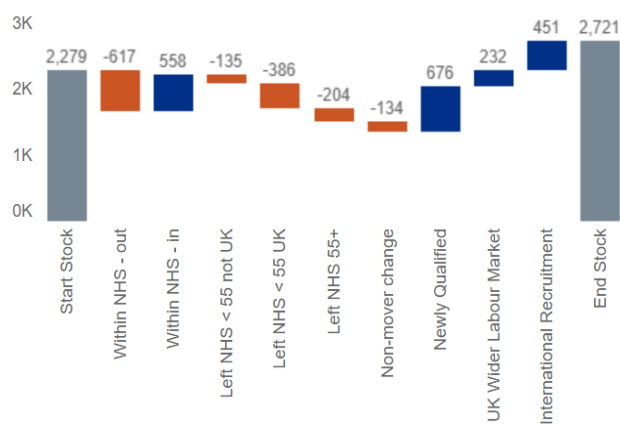
<sup>16</sup> [Diagnostic Imaging Data Set - NHS Digital](#)

information on job roles and job planning and can be found on the Model Hospital; SCoR, RCR and IPEM also publish data from the censuses they undertake.

As well as utilising existing resources, WMIN will additionally collect local workforce census data to better understand issues and identify areas for potential growth to inform a robust work plan that will support standardisation of roles and pay across the whole West Midlands' region. This will support the identification of optimum skill mix for each service (for example, paediatrics, forensics, and governance).

The Network will analyse 'starter and leaver' data for radiographer recruitment. Using the waterfall methodology for the West Midlands over a five-year period (2016 – 2021) the net gain in radiographer headcount is 442 posts which equates to the equivalent of 88 posts per year. However, international recruitment in the same period accounted for 451 posts.

Historic Waterfall, 2016 to 2021



Stock, 2016 to 2021



In its current form, international recruitment is not sustainable. [Data Source HEE Jan 22]. At its 'clarity of purpose' workshop in July 2022, the network proposed to work towards ethical international recruitment. Whilst this will need defining and agreeing in full, the concept involves agreement with international organisations to avoid depletion of their local workforce, allowing the international provider to plan for and sustain any recruitment in the UK. An urgent review of the use of agency staff and provision of third-party services is required to reduce the reliance on external services for the day to day running of diagnostic services.

The key to understanding the challenge is a robust and reliable dataset that supports accurate assessment. National datasets are available, however, recent, locally curated data with a clear focus on issues and concerns within WMIN is a crucial step.

# Workforce Profile : Jan-2023

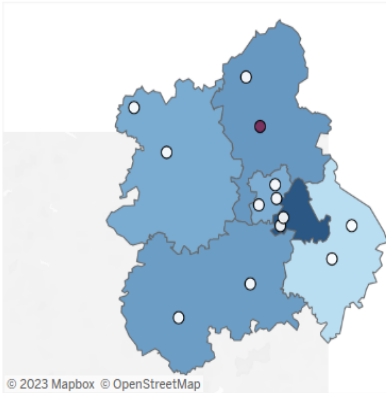
WTE:  
**2,004.5**

Headcount:  
**2,285**

Avg WTE:  
**0.88**

## Organisation Locations - WTE

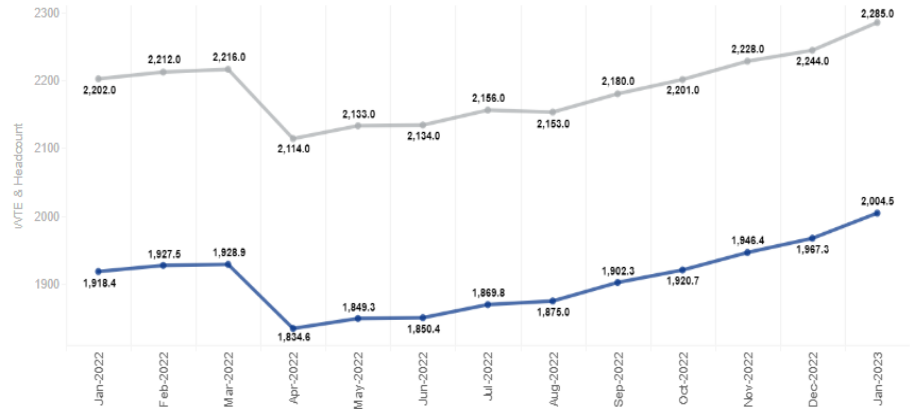
Hover for Map Legend



## Staff in Post Jan-2022 to Jan-2023

Headcount WTE

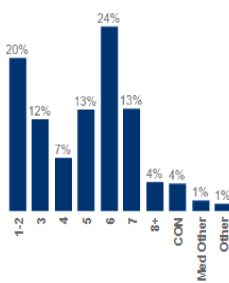
Quarter/Month Dates  
Monthly Dates Actual/% Change  
Actual Values



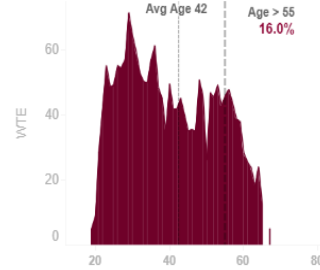
## Staff Group/Profession

Administrative and Clerical	19%
AHPs	48%
Medical and Dental	5%
Nursing & Midwifery	4%
Support to Clinical	24%

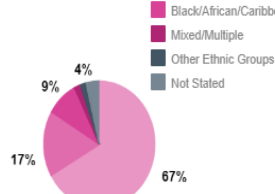
## Grade Band



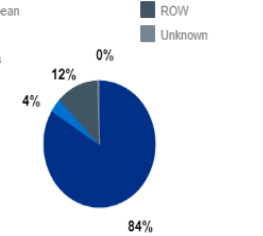
## Age Distribution



## Ethnicity



## Nationality

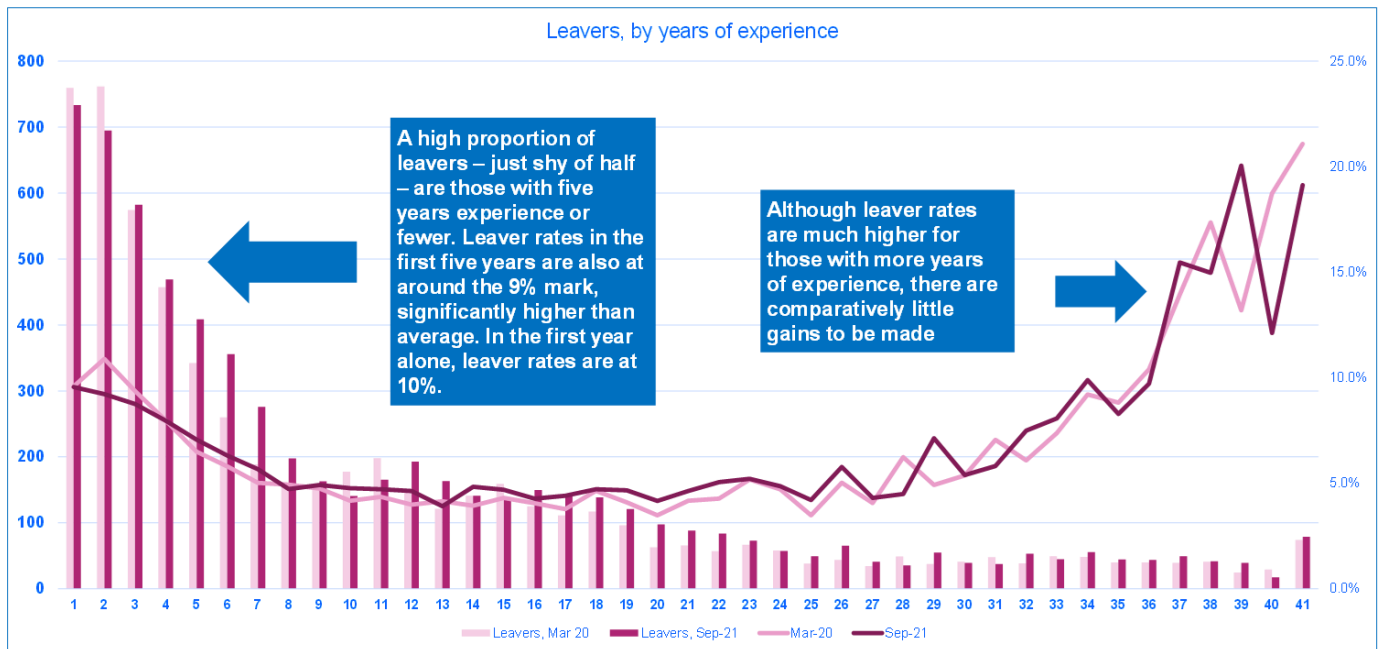


Data showing the Imaging Workforce Profile- West Midlands ICBs source HEE 2023



## Retention of Radiography Staff and Students

The pipeline into radiography is also a cause for concern. The table below from HEE shows diagnostic radiographer leaver data for March 2020 and Sept 2021 by years of post-qualification experience. In the first-year post qualification, leaver rates are c10%. This is not a sustainable position.



Data source HEE Jan 2022

Each of the professional roles within the imaging multidisciplinary team have specific challenges related to the training, recruitment, and retention of staff in that staffing group. Some of these considerations for the smaller but critical staffing groups in Imaging are below:

### Medical Physics

Medical physics encompasses a range of highly specialised roles, with unique and distinct training requirements. Clinical Scientist are the staff group that encompasses the legal and safety roles such as the Radiation Protection Adviser (RPA), Medical Physics Expert (MPE), Radioactive Waste Advisor (RWA) and MR Safety Expert (MRSE). Alongside Clinical Technologists they also undertake annual equipment quality assurance.

Traditionally these staff groups are based in large trusts and contract their services to other hospitals. The recent IPEM workforce study highlighted that the majority of these services have less than 60% of the required workforce to meet current demand before the diagnostic expansion is factored in. The age profile of this workforce should also be noted, as the report identified that 13% of the workforce are approaching retirement age.

Training for this workforce is predominantly delivered through the HEE funded Scientist Training Program (STP), but the annual numbers of staff trained over the last ten years has only met the natural attrition levels from staff leaving or retiring and has failed to increase the actual numbers within the discipline. There are alternative training routes (but notably not through any apprenticeship routes) but there has been little support and no funding to facilitate this. The additional challenge in this area is that training is predominantly delivered by existing staff within the department.

Due to the highly specialised nature of these roles, training is extensive and places a large strain on the existing service, with over half of services stating that they do not have the capacity to increase the number of people trained. The backdrop of under-resourced departments against the extra demand to train additional staff is not sustainable and a novel approach to resolving this problem must be sought. Unlike other staff groups there are no options to outsource this work as almost all departments are in a similar situation. One recommendation from the [HEE Medical Physics Workforce in the Midlands Report 2021](#)<sup>17</sup> was the establishment of a training levy to cover the costs of the often intensive in-house supervision of trainees.

Medical Physics also provide a key role in training other staff groups e.g. radiologists. It is therefore critical to consider the impact on the medical physics when looking at expanding other areas of the workforce.

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<sup>17</sup> [HEE Medical Physics Report 2021.pdf](#)

## Sonographers

The consistent vacancy rate for sonographers, limited training capacity, and difficulties in retention of this staffing group within the NHS provides significant challenge to the delivery of ultrasound services in many trusts.

The workforce SIG acknowledges that many trusts currently experience difficulty in offering additional sonographer training places due to the significant strain on the current workforce to deliver ultrasound services. The increasing demand for ultrasound examinations coupled with the high vacancy rate in this staff group makes it difficult for clinical services to build in additional time to train sonographers without adding excessive pressure to its existing staff.

WMIN will actively look for and promote innovative ways to train sonographers, as well as exploring sustainable retention strategies for this staff group. WMIN will use the Workforce SIG's infrastructure to explore opportunity for dedicated training placements and how these can be utilised across the Trusts in the region.

## Nuclear Medicine Practitioners / Clinical Technologists

The nuclear medicine and PET-CT workforce is smaller in number than other professional groups within Imaging services but is critical to the delivery of this specialised imaging modality.

Ensuring an available and stable future workforce is particularly important due to the rapid rise in demand for PET-CT. Due to the highly specialised nature of this modality, training is extensive and is not captured within undergraduate radiography degrees.

Many departments train staff in-house using post-graduate degrees, but this presents a large strain on the existing service. A review of training needs and opportunity for this staffing group using post-graduate, under-graduate, and apprenticeship routes will be required to avoid a future crisis in this smaller workforce.

## Radiology Nursing

Nursing roles are becoming increasingly important within expanding Imaging services with the introduction of more complex examinations and procedures. However, there is no well-defined and standardised nursing role descriptor in use for a radiology nurse leading to the observed variation in nursing roles between different services. There are also minimal dedicated training opportunities for a nurse beginning work in a radiology department.

Additionally, although examples of nursing advanced practice in radiology can be evidenced, these opportunities and advanced practice roles are not widely employed, and there is no defined and widely accepted route of career training opportunity and role expansion for the radiology nurse. The workforce group also acknowledges the value of skill mix introducing associate nurse roles within radiology.

A review of training needs and opportunity for this nursing staffing group using post-graduate, under-graduate, associate nurse training, and apprenticeship routes will be required to avoid a future crisis in this critical support group.

## Developing Solutions

The [Diagnostic Imaging Network workforce guidance](#)<sup>18</sup> published in April 2022 indicates that key areas of focus for Imaging Networks should include skills mix (reporting and acquisition), clinical technologists, insourcing, training & CPD, recruitment & retention and staff mobility within the network. Networks are guided to establish the current gaps in the workforce, both in terms of numbers and skills, and how these affect services, identify where short, medium and long-term action is needed and offer more effective planning/response at network level for services that need to grow due to demand or need for their introduction.

Networks are encouraged to develop collaborative strategies for recruitment and retention of clinical and non-clinical staff to ensure imaging services across the network have the right staff, in the right place, at the right time. WMIN are dedicated to creating a robust retention model across the region that will build workforce resilience and to reduce attrition include a clear approach to career progression, access to education and development and harmonising pay and rewards strategies are needed. A key focus of the network is to offer clear career development plans that exploit different routes into imaging careers that will fill our capacity gap and in turn increase productivity. Our key objectives for the first iteration of this strategy are highlighted within this section.

Benefits to a Network collaboration include:

- Less competition for staff between neighbouring Trusts
- Highlighting and implementing the inclusion, equality and diversity strategy for the imaging network
- Augmenting service resilience
- Leveraging enhanced career pathway design and development for all staff groups
- Enhancing access to learning
- Increasing student capacity
- Promoting a better work–life balance for staff
- Avoidance of duplication
- A ‘do once’ system wide approach
- Retention of staff in the area
- Reduce variation in practice

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<sup>18</sup> [Report template - NHSI website \(england.nhs.uk\)](#)

- Enhance workforce opportunities.

The Getting It Right First Time (GIRFT) Programme: National Specialty Report for Radiology in November 2020 made the following recommendations to support the future Imaging workforce. These include:

- All radiology services should review their workforce requirements to ensure their establishment is correct.
- All services should maximise recruitment and retention and all staff should be supported to work to the top of their licence.
- The Royal College of Radiologists (RCR) should produce standardised definitions for radiologist activities for job planning. This should include expected volumes of activity.
- The RCR and Society and College of Radiographers (SCoR) should produce standardised competencies for reporting, so that once a trainee/radiographer has proved their skills, they are permitted to report independently, wherever they work.

## Demand and Capacity Modelling

**Objective 1. We will use timely and accurate data to inform our analysis and actions, ensuring we have a workforce to meet the future requirements of a comprehensive imaging service across the network's footprint.**

Although the tools below have been developed for use at Trust level, their use across a network will contribute to the identification the network-wide gaps within services and any opportunities for further skill mix development or the need to introduce new roles. Recent data will also be scoped.

- The diagnostic imaging capacity and demand tool [NHS England » Diagnostic imaging capacity and demand tool](#) helps operational teams understand the overall demand and estimate the capacity needed per scanner and modality. This can optimise appointment times and help identify capacity across a network and where staff most need to be redeployed to.
- The RCR business intelligence guidance [Radiology business intelligence for service planning and workforce modelling \(rcr.ac.uk\)](#)<sup>19</sup> encourages the use of data to support departmental workforce modelling and service planning, but is applicable to the development of imaging networks also.

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<sup>19</sup> [NHS England » Diagnostic imaging capacity and demand tool](#)

- The Health Education England Star Model [HEE Star: Accelerating workforce redesign | Health Education England](#)<sup>20</sup> can help with understanding of the current workforce within services and the network, and the requirements and steps for change.
- Medical Physics staffing level recommended by the EU report 174, Medical Physics staffing level recommended by EFOMP. Both come out with broadly similar levels but were written prior to IR(MR)R17 which placed a greater burden on MPE support.

## Skill Mix

**Objective 2. We will fully engage with all relevant stakeholders, such as Integrated Care Boards, Provider Trusts, HEIs and professional bodies to develop innovative solutions to challenges, such as role enhancement, and to define clearer career pathways for all imaging staff.**

The [National Imaging strategy](#), [GIRFT radiology report](#) and [Diagnostics: recovery and renewal](#) all highlight significant unwarranted variation in skill mix across England. Networks are guided to help to reduce variation for patients using different hospital sites and maximise the contribution of all staff groups, by sharing effective skill mix practices, improving career progression, and producing efficiencies within the network, to ensure patients receive high quality and timely imaging.

Imaging Networks should focus on:

- Enhancing roles; for example, extending assistant practitioners' scope of practice, developing radiographers' roles and progression to enhanced, advanced levels and consultant levels of practice.
- Substituting roles; for example, clinical support workers cannulating for CTs instead of radiographers, or working as part of the PACS/RIS team
- Designating roles; for example, technologists performing QA tests instead of clinical scientists
- Introducing new innovative roles; for example, radiology navigators to support patient pathways.

The benefits of optimising skill mix across a network is essential for:

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<sup>20</sup> [HEE Star: Accelerating workforce redesign | Health Education England](#)

- Increasing productivity so patients can get appointments quicker, earlier diagnosis and improved quality of care
- Enhancing job satisfaction and with this staff recruitment, retention and resilience – a broad skill mix across a network provides greater opportunity for career development, with career paths to work towards
- Growth in existing services and introduction of new services such as CDCs, providing expansion of current roles and opportunities to build new roles centred on patient pathways, depending on the services offered. This requires:
- Clearer and accessible career paths between support staff and assistant practitioner roles, and apprenticeships in radiography and nursing, supporting development of skill mix within the team
- Greater training opportunities within regional imaging academies; by working as a network there may also be potential to increase training places
- Consideration and identification of new ways of working; for example, hot reporting for emergency and trauma services extended across the network due to the increased access to reporting radiographers.

## Staff mobility

**Objective 3. We will champion the use of mutual recognition agreements for consultants and doctors in training. We will introduce staff passports for Radiographers and other AHP staff groups working across the network to facilitate a mobile workforce.**

Networks are encouraged to articulate how they will support the free movement of staff across the network, both physically and virtually. A mobile workforce indirectly promotes the standardisation of policies and procedures and competencies across the sites. The movement of staff across a network may allow staff to work flexibly and patients to have wider access to specialist areas. Staff mobility can support the needs of new services, for example, the staffing of CDCs.

Tools which may support this strategy include;

- The [sharing staff appropriately and efficiently toolkit](#)<sup>21</sup> signposts how to set up workforce sharing agreements, with examples of agreements that are already in place across the NHS.

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<sup>21</sup> [NHS England » Enabling staff movement between NHS organisations: A toolkit for sharing staff appropriately and efficiently](#)

- The [system working staff mobility/portability guidance](#)<sup>22</sup> advises on developing workforce sharing agreements and provides templates and legal considerations.
- The following [workforce deployment systems](#)<sup>23</sup> can help develop and deliver skill mix and mobility across a network.
- E-planning
- [E-job planning documents](#)<sup>24</sup> to ensure there is enough clinical capacity to plan and deploy a workforce and that this is balanced against training needs. In line with the NHS Long Term Plan all clinical workforce groups and service levels should be accounted for to allow gaps within the network to be identified. FutureNHS has useful resources on the 2021 job planning project, including webinars and guidance documents.
- The understanding of the workforce involved in a clinical pathway, identifying gaps or duplication.

This element indirectly supports staff morale, health and wellbeing when implemented appropriately and collaboratively to develop robust staffing models.

Additional tools:

- the [AHP job planning best practice guide](#)<sup>25</sup> provides a starting point for deploying e-job planning on both an individual and team basis.
- the [e-job-planning-guidance.pdf \(england.nhs.uk\)](#)<sup>26</sup> provides an overview of job planning with examples and the case for change.

## E-rostering

[E-rostering](#)<sup>27</sup> gives visibility to staffing levels and allows rotas to be planned ahead. With staff movement across a network and staff having different working patterns, it is important to have visibility at service level and at network level. This emphasises the importance of a network having the right staff with the right skills in the right place at the right time. E-rostering software also allows staff to see their rotas on and be alerted to changes through their phones, as well as to book leave remotely. This empowers the workforce to take time to prepare for work and the flexibility to book time off when they need and want to. E-rostering services in the past have been difficult to use within imaging services due to the variability of shifts for clinical staff and their degree of movement.

The following provide guidance on how to procure or develop software that is applicable to a network's needs for effective workforce deployment.

- E-rostering the clinical workforce guidance outlines the principles and techniques for e-rostering staff efficiently.
- E-rostering software specifications sets out the core functions and specifications for the tool.

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<sup>22</sup> [System working | NHS Employers](#)

<sup>23</sup> [NHS England » Workforce deployment systems](#)

<sup>24</sup> [e-job-planning-guidance.pdf \(england.nhs.uk\)](#)

<sup>25</sup> [NHS England » Allied health professionals job planning: a best practice guide](#)

<sup>26</sup> [e-job-planning-guidance.pdf \(england.nhs.uk\)](#)

<sup>27</sup> [NHS England » Workforce deployment systems](#)



- E-rostering meaningful use standards sets the levels trusts and services should aspire to work towards.

## WMIN Digital Programme

There is a strategic opportunity to reconsider workforce service design. Particularly, as the digital solution is implemented and radiologists can much more easily report on images from other Trusts, there is an opportunity to consider New Ways of Working. Additionally, revenue costs from digital licences may need to be offset against efficiency savings that can be made, in order that the Business Case can be approved within Trusts.

Even if there were no digital implementation, the creation of the WMIN Network makes an opportunity to reconsider service design. This would have impacts in many of the SIGs, including but not limited to Workforce. The strategic objective for Workforce is to consider the opportunities and assess the efficiency savings that could be made.

## Image Sharing/ Protocol standardisation/ Home Reporting

**Objective 4. Through our other Special Interest Groups, we will fully explore the impact on workforce of any network plans and programmes. We will ensure any benefits from new models of care and service design will recognise the impact on our current workforce.**

Projects conducted through the Network's other special interest groups will impact on workforce. These will include projects such as;

- Imaging sharing platforms - A network-wide pooled reporting model can better support the management and prevention of backlogs by drawing on a larger workforce and supporting areas that are short-staffed due to leave or unplanned staff absence.
- Protocol standardisation – This provides the opportunity to improve patient pathways by increasing productivity and enabling cross site reporting. Significant clinical scientist input is required in agreeing protocols for image capture and reporting across a network will reduce unnecessary variation and support improvements in image quality through audit and dose management.
- Home reporting – Enables reporters to have a better work–life balance and reduces interruptions, improving productivity. Strict QA and environmental controls will need to be adhered to within the home environment.

## Recruitment and Retention

**Objective 5. We will use our collective experience to develop recruitment and retention models that use all our combined network opportunities. We will pioneer the use of multi-site development opportunities to allow our staff to grow in their roles.**

### Recruitment

WMIN will support local events in conjunction with HEIs for final year students to meet potential employers. A pastoral package providing a clear support structure will be developed for all new radiography recruits, supporting both the international recruits and the staff providing support and mentorship.

International recruitment brings knowledge, different styles of working and diversity to teams, and benefits the employee and the network. The We are the NHS: People Plan 2020/21 recognises ethical international recruitment as being important. Networks should explore this and build partnerships with new countries in doing so. Recruiting internationally as a network can mean this is done at scale, and support and pastoral care is available across the network. The following tools can support collaborative and effective international recruitment – the international recruitment toolkit provides a guide through the process of international recruitment and can aid key stakeholder conversations – restarting international recruitment shares learning in how to support international staff, risk assess them and conduct remote interviews and employment and visa checks.

Staff and associate (SAS) doctors bring knowledge from radiology positions abroad. Many have managerial or educational backgrounds. The most recent RCR census reported that 77 SAS grade doctors were working within radiology in England, which is low compared to other professions. With their international experience these roles can provide an essential contribution to the MDTs within imaging. Working collaboratively across the region to cement robust recruitment strategies will be developed to ensure that as region we have maximised all opportunities to expand our workforce. Working on the 'pipeline in' will contribute to the workforce's growth.

### Retention

Retention of the regional clinical workforce has been a consistent challenge for many years and data appears to show this is becoming worse. Evidence demonstrates that this relates to three time periods within an individual's career; at an early stage, experience at work and at a later stage when the individual is close to retirement.

The NHSE Regional Retention Lead supports using [Our NHS People Promise<sup>28</sup>](#) which is a way to support improving the experience for everyone working in the NHS.

# People Promise



- Information that can be collected and analysed include:
- Identifying how each Trust in the region collates leavers' data
- Supporting detailed conversations with leavers. Although there is an updated version ESR, this is not utilised readily across the region. Once staff leave their place of work, they no longer have access to this system
- Supporting managers to openly discuss pre-retirement career planning (legacy & mentoring) with over 55s with access to pension seminars.

## Training

**Objective 6. The Network's work programme will take into consideration all other regional and national initiatives including those from the Imaging Academies. WMIN will engage with regional imaging academies to support the growth of student and trainee placements and training within the teams.**

A networked approach to education and training will help identify and share student placements and maximise training capacity and continuing professional development opportunities. The sharing of resources across the network through practice educators can support training and opportunities at all levels within the imaging workforce and provide pastoral care to junior members of the team and internationally recruited staff. The RCR vision for training discusses solutions to recognised difficulties in increasing training posts within the medical workforce. Workforce strategies and plans should identify how education and training should be delivered – in departments, virtually, through e-learning, such as the Clinical Imaging programme, using interactive tools such as virtual support tools or more formally through higher education institutions (HEIs) offering credit bearing programmes.

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<sup>28</sup> [NHS England » The Promise](#)

Deploying innovative tools such as virtual support (for example, in CT and MRI), allows senior radiographers to remotely log into scanners and their direct communication with radiographer practitioners. This can build confidence in newly trained staff when scanning as they can access remote support for complex cases. This type of tool can also support the education and training of students and staff, with live learning sessions away from the control room. The effectiveness and safety of such technology is currently being evaluated in a pilot led by NHS England and NHS Improvement.

- A focus on clinical educator roles for both students, apprentices, and staff. This will support reducing student attrition as well as workforce retention. These roles should be ring-fenced so service delivery will prioritise and recognise their importance.
- Training placements for all three main clinical disciplines
- Location of the training hubs versus the widespread geography of the Trust level placements

## Pipeline In

**Objective 7. The Network will facilitate opportunities for all providers to share resources that will maximise training capacity, enabling new and existing staff to optimise new opportunities to enhance their professional development and skills.**

The Imaging Academy works closely with HEIs and Trusts with a focus in relation to raising the profile of the professions and ensuring that students/apprentices/new graduates are aware of the roles and responsibilities of their career choice. The role of HEIs in this area is two-fold as they reach out to schools and colleges to discuss the expectations of these STEM curriculums as well as ensuring university students are booked a clinical visit within the first semester. University Hospitals of North Midlands NHS Trust (UHMN) has also reached out to local schools and colleges over the last six years to support improved retention by targeting the local future workforce. At UHMN, an app has been created which provides basic information on Radiography which once released can be shared regionally and nationally.

## Training models

Training is provided in several formats for Radiology via higher education institutions (HEIs), Schools of Radiology, the Midlands Academy, training for clinical scientists (STP), and other routes such as apprenticeships.

Apprenticeships are a key way for people to learn on the job, both for new starters to the NHS and for existing members of staff, allowing learners the opportunity to gain a qualification and apply their learning while continuing to earn a salary. More information regarding apprenticeships in Radiography can be found here: [Radiography - HASO](#)

[skillsforhealth.org.uk](https://skillsforhealth.org.uk))<sup>29</sup>. Current apprenticeships do not encompass opportunities for clinical scientists or clinical technologists. WMIN will be an advocate for the inclusion for all staff groups for all training opportunities

As a Network, we also need to maximise opportunities for post registration training. There is wide variation in the roles for radiographer and nursing advanced practitioners and associated training for these roles. The network will link with our Trusts and share commonalities of job descriptions, bandings, costs and on-going training support and mentorship offering. This will support some standardisation of advanced practitioner roles and the training required to be available to support these expansions of clinical practice. Trusts across the network also need to enable staff to work to the top of their licence utilising their advanced skill sets to benefit the service efficiencies within and across the network.

WMIN will actively look for and promote innovative ways to train sonographers. The workforce group acknowledge that many trusts currently experience difficulties in offering additional sonographer training places due to the significant strain on the current workforce to deliver ultrasound services. The increasing demand of ultrasound services coupled with the high vacancy rate in this staff group makes it difficult for clinical services to build in additional time to train sonographers without adding excessive pressure to its existing sonographers. WMIN is committed to finding ways to increase capacity, support and resource for training sonographers, as well as exploring sustainable retention strategies for this staff group. WMIN will use the Workforce SIG's infrastructure to explore opportunity for dedicated training placements and how these can be utilised across the Trusts in the region.

To support the retention of the whole workforce, it is important also to recognise, develop, and offer training opportunity within pay bands. The Network's programme comprises an Education and Learning and Development Special Interest Group. Continuing professional development (CPD) and lifelong learning are necessary for the development of everyone who works in health and social care and for the experience of service users. CPD and lifelong learning support a workforce that is capable of designing, delivering, evaluating and improving high-quality care and services. The workforce group and strategy will identify and drive the required education, competencies, and training.

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<sup>29</sup> [Radiography - HASO \(skillsforhealth.org.uk\)](https://skillsforhealth.org.uk)

## Imaging Academies

**Objective 8. Our solutions will be set in the context of other regional and national initiatives. We will engage with imaging academies, schools of radiology and physics training programmes to support the meaningful growth of student and trainee placements and training within the teams. We will share our solutions nationally for the benefit of others.**

Imaging academies combine traditional teaching methods with clinical teaching and have traditionally been used to support radiologist training. They are now being expanded to provide ultrasound clinical training for sonographers and clinical reporting training for radiographers and will link to HEIs for the formal education delivered through a postgraduate College of Radiographers' approved programme. Regional academies can support some components of a network's educational and training priorities within its strategies. This gives smaller departments access to physical resources such as simulation equipment, and peer and expert support. HEE and IPEM are also exploring how academies can support healthcare scientist training and how physics services can help train colleagues in radiology and radiography.

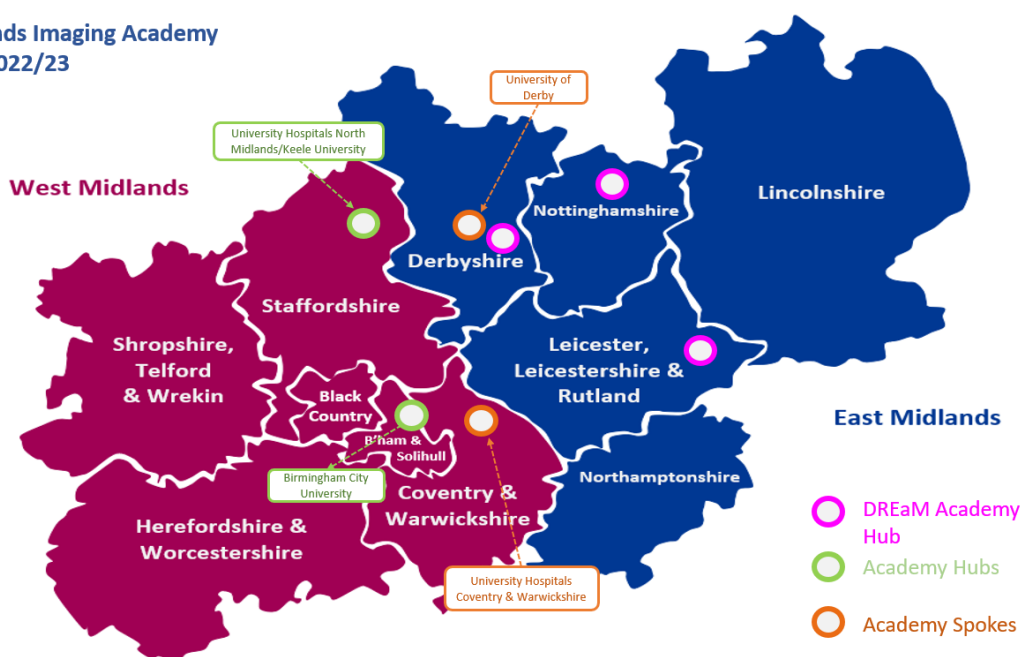
### Midlands Imaging Academy

The [Imaging Academy Framework<sup>30</sup>](#) (HEE) sets out that training academies provide multi-professional environments where training and education of the future workforce is the primary focus, maximising the expertise of experienced educators and supervisors across a broad patch. The Academy covers both the East and West Midlands.

Ultimately the aim of the Academy is to increase the numbers of learners which in turn will translate into an increase in the numbers of imaging staff able to enter the workforce.

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<sup>30</sup> [Midlands Imaging Training Academy | Health Education England \(hee.nhs.uk\)](#)



## Routes into Imaging

Having different career routes into imaging services brings different working styles and knowledge to a network. The opportunity to grow careers for those from the local community, regionally, nationally as well as internationally will bring a diverse and agile team dynamic. The HEE role explorer is a collection of resources that supports the planning and delivery of workforce redesign. It provides resources for introducing new and innovative roles, as well as adapting existing roles to meet the demands of a network. These routes – as yet are not widely used in imaging – but should be considered:

Apprenticeships are available at degree level (the Health and Care Professions Council [HCPC]/SCoR approved), offer pre-registration education and training for diagnostic radiography apprentices and can widen access to the profession. Those entering imaging services through this route must meet the same HCPC standards of proficiency as those who enter through traditional routes. Apprentices will therefore have the same clinical experience and theoretical knowledge as students completing undergraduate/preregistration SCoR/HCPC-approved programmes. The difference is that apprentices are employed and work at the hospital site while they train. Apprenticeships are available from support worker level and therefore can support people building their careers in imaging networks, from clinical support workers to radiographers.

## Harmonisation of roles, banding and pay and career pathway design

### **Objective 9. Using our data and experience we will reduce variation in career pathway design, drive down pay variation, followed by banding and harmonisation of roles.**

The NIDC shows wide variation between Trusts in roles, pay and the ability to progress through imaging careers, all creating unnecessary competition. Harmonising job descriptions and titles will reduce competition for staff within networks; consistently applying the Agenda for Change (AfC) job evaluation scheme and being clear how the South West Region has invested in an international campaign through the adapt and adopt programme to support the recovery and renewal of services and reduce vacancy levels. It was important to involve all teams in the region, from recruitment to interviews, so they could ask their department's questions. Diagnostic imaging network workforce guidance supports career ambitions which can in turn help with recruitment and retention. Early engagement with trade unions is essential in any work to harmonise terms and conditions, including job descriptions.

## Flexible working

### **Objective 10. The Network will actively encourage flexible working to create a workforce that meets the needs of both the individual and an imaging service fit for future needs.**

Imaging networks have the necessary scale to give staff a choice of working environments and/or the rota that suits their work–life balance. Working as a network will help to identify flexible working best practice and provide access to a wider range of opportunities. Flexible working is beneficial for learning new skills and techniques, but also provides cover for sickness absence and annual leave when needed. There should also be opportunities to work part-time or as a job share. The People plan 2020/21 encourages offering these flexible working options for the wellbeing of individuals and the team. Flexible working can support:

- Retire and return: incentives for older staff to stay can keep a wealth of knowledge in imaging departments; for example, with more opportunity to report from home, reduced or no on-call commitments, consultant radiologists are more likely to continue than retire. WMIN will offer these incentives to reporting radiographers, sonographers and clinical staff, and conversations started well ahead of when they may be considering retiring.
- Return to practice: COVID-19 has seen the return of many radiographers and medical staff who had left the profession. The return to practice scheme should continue to be highlighted to radiographers, sonographers, and healthcare scientists.



# Priorities

In this first iteration of the WMIN Workforce strategy, our aim is to streamline our aims and objectives to focus on key areas of our work plan. WMIN will prioritise the following in 2023/24;

- Promoting collaborative working to standardise and improve data collection.
- Use data to inform career pathway design, grade standardisation, flexible working and harmonisation of roles.
- Collaborate with Imaging academies, HEI and other training providers to support the development and growth of all staff.
- Facilitate the networking of our Trusts and ICBs and other stakeholders to develop innovative solutions and a system wide approach for workforce developments.

# Conclusion

Improving and developing the Imaging Workforce in the West Midlands is a vast undertaking. We are aware that there are a multitude of challenges that our region is facing therefore, not all are not captured in this document. However, in the first iteration of our workforce strategy, we have collated published data and current workforce issues that have been highlighted by Network members through thorough collaboration.

We still have a range of staffing groups such as non- clinical staff, administration, service managers, NHS leaders, and other qualified trained staff that play a significant part in our imaging workforce. We also need to begin to collect data that illustrates our region's workforce so that we can identify recruitment hotspots, capacity gaps, and training opportunities so that we can begin to put our strategic plans in place, develop KPIs, and targets that we can deliver against and implement.

Next steps are for the workforce SIG to combine efforts to develop a robust work programme that begins the aforementioned data explorations. The strategy will be revisited in six months to ensure that the work plan and the workforce strategy are aligned. Subsequent annual reviews will be undertaken by the SIG.

# Appendix 1

## Aims and Objectives

1	We will use timely and accurate data to inform our analysis and actions, ensuring we have a workforce to meet the future requirements of a comprehensive imaging service across the network's footprint.
2	We will fully engage with all relevant stakeholders, such as Integrated Care Boards, Provider Trusts, HEIs and professional bodies to develop innovative solutions to challenges, such as role enhancement, and to define clearer career pathways for all imaging staff.
3	We will champion the use of mutual recognition agreements for consultants and doctors in training. We will introduce staff passports for Radiographers and other AHP staff groups working across the network to facilitate a mobile workforce.
4	Through our other Special Interest Groups, we will fully explore the impact on workforce of any network plans and programmes. We will ensure any benefits from new models of care and service design will recognise the impact on our current workforce.
5	We will use our collective experience to develop recruitment and retention models that use all our combined network opportunities. We will pioneer the use of multi-site development opportunities to allow our staff to grow in their roles.
6	The Network's work programme will take into consideration all other regional and national initiatives. WMIN will engage with regional imaging academies to support the growth of student and trainee placements and training within the teams.
7	The Network will facilitate opportunities for all providers to share resources that will maximise training capacity, enabling new and existing staff to optimise new opportunities to enhance their professional development and skills.
8	Our solutions will be set in the context of other regional and national initiatives including those from the Imaging Academies. We will engage with imaging academies, schools of radiology and physics training programmes to support the meaningful growth of student and trainee placements and training within the teams. We will share our solutions nationally for the benefit of others.
9	Using our data and experience we will reduce variation in career pathway design, drive down pay variation, followed by banding and harmonisation of roles.
10	The Network will actively encourage flexible working to create a workforce that meets the needs of both the individual and an imaging service fit for future needs.

## Priorities

In year 2023/24;

- Promoting collaborative working to standardise and improve data collection.
- Use data to inform career pathway design, grade standardisation, flexible working and harmonisation of roles.
- Collaborate with Imaging academies, HEI and other training providers to support the development and growth of all staff.
- Facilitate the networking of our Trusts and ICBs and other stakeholders to develop innovative solutions for workforce developments.