West Midlands Imaging Network Workforce Work Plan

Contents

Introduction

The field of clinical imaging plays an indispensable role in modern healthcare, aiding accurate diagnoses and guiding effective treatment strategies. The West Midlands Imaging Network (WMIN) recognises the critical importance of a skilled and well-staffed workforce to meet the region's healthcare demands. As we progress with the development of our Workforce workplan, it becomes imperative to address the current workforce landscape, vacancy rates, demand, and capacity projections, and most importantly, strategies to fortify and build a more resilient workforce.

The West Midlands Imaging Network's Workforce Workplan is a strategic document that is aimed at addressing the workforce challenges within imaging across the West Midlands region. By analysing current vacancy rates, demand, and capacity plans, and implementing comprehensive strategies, we aim to strengthen the workforce, ensuring that the region's healthcare needs are met with efficiency, accuracy, and compassion. Through collaborative efforts, we envision a future where the imaging workforce thrives, contributing significantly to improved patient outcomes and overall healthcare excellence.

Workforce is a high priority for NHS England as Model Hospital national data demonstrates year on year chronic shortages across all professions[1]. Averages of 10% for Imaging Support Workers, 13% for Diagnostic Radiographers, 14% Sonographers and 10% for Consultant Radiologists. Imaging Networks were formed to support a different way of working from traditional models and improve access to specialist opinion to make efficiencies and economies of scale. The Diagnostic Imaging Network workforce[2] guidance has helped designed the network workforce plan. Due to the higher rates of shortages for Sonographers and Diagnostic Radiographers, WMIN's first Workforce Workplan highlights these staff groups, whilst acknowledging the wider imaging workforce.

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[1] [NHS England - Model Hospital](#)
[2] [NHS England » Diagnostic imaging network workforce guidance](#)

WMIN Workforce Strategy Priorities

In our first iteration of the Workforce strategy, we outlined the key priorities that we are aiming to address in financial year 23/24.

WMIN Workforce Plan Priority	How we are working to achieve this
Promoting collaborative working to standardise and improve data collection.	Working with our stakeholders to enable a standardised way to collect data through our Special Interest Groups via our core team and NHS Future platform. Collaborative working is a key value that is conveyed throughout the network.
Use data to inform career pathway design, grade standardisation, flexible working, and harmonisation of roles.	We are using available data from NIDC, ESR, RCR in addition to trust data on job descriptions and grade standardisation that the Workforce SIG are using to design a unified pathway towards grade and role standardisation.
Collaborate with Imaging Academies, HEIs and other training providers to support the development and growth of all staff.	WMIN work collaborate with the Midlands Imaging Training Academy (MITA) to ensure that training opportunities and support are offered to organisations via the Network.
Facilitate the networking of our Trusts and ICBs and other stakeholders to develop innovative solutions and a system wide approach for workforce developments.	Continual stakeholder engagement across the network is a key foundation of our communications- sharing key communications through our Executive and Operational Boards, Special Interest Group meetings and our communication channels for collective conversations

The National Position

NHS England's 'NHS Long Term Workforce Plan[3]' published in June 2023, sets the national scene of England's current Workforce position. Life expectancy and population growth are cited as main factors of NHS workforce shortfall, with this expected to produce an overall NHS shortfall of between 260,000 and 360,000 staff by 2036/37. Such shortfall is expected to inherently impact patient care, capacity, and productivity.

The Long Term Workforce Plan mentions the value and role of the imaging network with regards to new technologies and funding becoming available to support regions to manage workforce demands.

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[3] NHS England » NHS Long Term Workforce Plan

"An example of innovative technologies being accelerated to improve flow of clinical data and process across a pathway is the Diagnostics Digital Capability Programme, where investment and support into pathology and imaging networks to implement new technologies is expected to increase productivity across imaging and pathology services by up to 10% by March 2025. Investment is also expected to enable faster turnaround times for diagnostic test results (supporting the delivery of national service delivery standards, such as urgent faster diagnosis standards for suspected cancer cases and six-week diagnostic waits), improved patient and staff experience, and reduced outsourcing spend."

"Diagnostic support: AI has the potential to free up clinical time and improve accuracy and efficiency of diagnostics in services such as ophthalmology, imaging, pathology and dermatology by acting as a first reader on images and eventually automating some clinical decisions where safe to do so. One example is the use of first reader AI technology, which will support the radiology workforce and accelerate diagnostic screening times. Emerging evidence from other trials has shown that using AI software can speed up the diagnostics pathway for patients, for example, reducing the wait for a CT scan following a chest x-ray from 73 | NHS Long Term Workforce Plan seven to less than three days, decreasing the amount of reporting being outsourced, and saving costs."

The Long Term Workforce Plan aims to prioritise training, retention, and service reform to address the potential future workforce gaps. The national context will advise the network with an overarching framework that WMIN will refine with regional insights and data to develop a regional plan.

The National Imaging Data Collection (NIDC) is an annual retrospective data collection for NHS imaging services within England. The collection gathers data on imaging assets, IT, and digital systems. The NIDC data collection also asks for the data at trust level for both substantive and non-substantive staff, cost of services, insourcing and outsourcing in addition to activity data. A national view of the substantive imaging workforce is shown here via the National Imaging Data Collection (NIDC) 2022/23 data.

National View - Substantive Workforce 2022-23 NIDC

AFC Staff Group (21/22 and 22/23)	2021/22	22/23	Variance	% Growth
Radiographers	12,485	13,247	761.4	6.1%
Sonographers	2,168	2,263	94.7	4.4%
Mammographers - Symptomatic	422	419	-2.9	-0.7%
Nurses	1,783	1,731	-52.2	-2.9%
Assistant Practitioners (Excl. Screening)	672	745	72.6	10.8%
PACS Team	426	461	34.9	8.2%
Imaging Support Workers (Inc Screening)	3,994	4,356	362.7	9.1%
Technologist (Nuclear Medicine)	560	575	15.3	2.7%
Admin & Business Support	5,859	5,903	44.8	0.8%
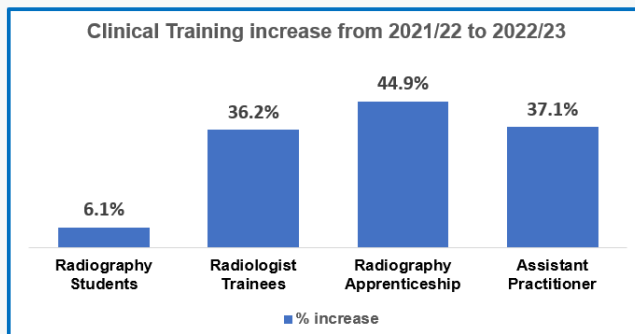
Medical Workforce	2020/21	2021/22	Difference 20/21 to 21/22	2022/23	Difference 21/22 to 22/23
Consultant Radiologist	3305	3465	5%	3503	1%
Breast Screening Consultant	159	144	-10%	145	1%
Non Consultant Radiology Career Grade Doctors	173	167	-4%	242	31%
Specialist Trainee Radiology (Registrar)	1243	1281	3%	1442	11%
	4880	5057	4%	5332	5.4%

Clinical Training increase from 2021/22 to 2022/23

Radiography Students	Radiologist Trainees	Radiography Apprenticeship	Assistant Practitioner
6.1%	36.2%	44.9%	37.1%

■ % increase

Blue – Consultant Radiologist
Orange – Breast Radiologist

2022/23

Radiologists per 100K Population

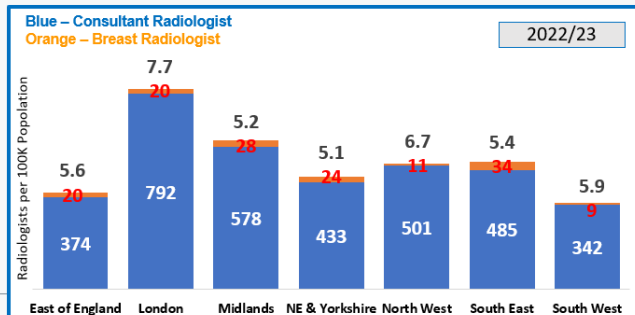|	East of England	London	Midlands	NE & Yorkshire	North West	South East	South West
(per 100K)	5.6	7.7	5.2	5.1	6.7	5.4	5.9
Breast (orange)	20	20	28	24	11	34	9
Consultant (blue)	374	792	578	433	501	485	342

Figure 1. National Imaging Transformation Programme- Focus on Diagnostic Month- Ultrasound Deep Dive[4]

Overall, within the AFC staff groups there is positive % growth, specifically with Sonographers viewing a 4.4% increase from 2021/22-2022/23. There is also a growth in clinical training rates, demonstrating an overall steady growth within the imaging workforce.

In addition, we also can draw on the 2022 Census data provided by the Royal College of Radiologists (RCR). This publication provides us with national statistics on the Radiologist workforce. The census acknowledges a 29% shortfall of Clinical Radiologists with a potential rise to 40% in 2027 if no action is taken. The RCR predicts a requirement of 3,365 additional Clinical Radiologists to keep up with the demand for services. This data supports key recommendations such as recruiting more doctors into the system, expanding training capacity and professional development, retaining existing clinicians and healthcare professionals, securing infrastructure which supports staff to carry out their work and investing in interventional radiology.

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[4] National and Regional Ultrasound Deep Dive - National Imaging Transformation programme - FutureNHS Collaboration Platform

The Regional Position

The workforce profile of the West Midlands Imaging Network includes the 6 ICB's – Black Country ICB, Birmingham and Solihull ICB, Coventry and Warwickshire ICB, Herefordshire and Worcestershire ICB, Shropshire, Telford and Wrekin ICB, Staffordshire and Stoke-on-Trent ICB.

To enable WMIN's success in addressing its workforce challenges, it is essential that the Network has a thorough understanding of its current multidisciplinary workforce collectively across its 15 provider and 6 commissioning organisations including vacancy rates in each workforce group. This initial baseline dataset forms the basis for this WMIN workforce work plan. Only when the WMIN has clear visibility of full and accurate workforce data, and the Network can fully quantify its workforce challenges across its geographical area and organisations, can a full and meaningful workforce demand and capacity projection be undertaken, which in turn can most importantly inform the future strategies required to build and retain a sufficiently large and resilient workforce.

WMIN quickly identified that there was not one single or centralised dataset (regional or national) that could be used to inform initial understanding of its current workforce. Therefore, the WMIN Workforce Special Interest Group has explored several workforce data sources and datasets to inform this initial baseline workforce plan, the most useful of which have been:

- Annual NIDC data set submitted by each NHS organisation (2022/23)
- ESR data set accessed via the NHS Data Analyst Team (eProduct) Jul 2022-June 2023)
- RCR census dataset (2022)
- Institute of Physics and Engineering Medicine (IPEM) datasets

There are limitations with the use of each of these datasets which will be noted in this section, along with any key assumptions.

- **NIDC dataset**: Each NHS Trust submitted information to NHSE via the NIDC dataset in June 2023. The workforce data collected in this data set represented the workforce at a point in time - 31st March 2023. We acknowledge that this data becomes quickly out of date and may be deemed 'expired' but this dataset is an identical dataset completed by each trust in the network using the same submission rules at the same point in time, therefore we consider this data set as a powerful baseline from which we can consistently compare and measure changes in our workforce profile.

- **ESR dataset (eProduct)**: We have obtained this data from NHSE's Workforce Intelligence Portal which provides access to specialist workforce analytics and modelling products that provides insights at organisation, ICS, and regional levels. This ESR data is regularly updated at NHS Trust level and so can be accessed at more regular intervals providing timelier and more accurate information. With assistance from a data analyst from the NHSE team, this resource tool also enables the view of projected workforce and demand and capacity for the next 5 years. Appendix 3 demonstrates the full data presentation.

- **RCR and IPEM dataset**: Similarly, to the NIDC dataset, we also acknowledge that these datasets were collected at a single point in time, and at the time of publication may be deemed 'out of date' but we see these datasets as a powerful baseline to begin measuring our region's workforce in this way until the network has developed a more effective data collection methodology.

Current Workforce

The diagnostic imaging workforce across the WMIN is multidisciplinary including its medical workforce of Radiologists, and non-medical workforce made up of Radiographers, Sonographers, Mammographers, Nuclear Medicine Clinical Scientist and Technologists, Medical Physicists, Nurses, Assistant Practitioners, Imaging Department Assistants, and Nursing Assistants. Most services are also supported by Admin and Clerical support staff, RIS/PACS teams and Data Analysts as key members of its workforce.

Medical Workforce

The Census acknowledges a 29% shortfall of clinical radiologists with a potential rise to 40% in 2027 if no action is taken. The RCR predicts a requirement of 3,365 additional clinical radiologists to keep up with the demand for services. This data supports key recommendations such as recruiting more doctors into the system, expanding training capacity and professional development, retaining existing clinicians and healthcare professionals, securing infrastructure which supports staff to carry out their work and investing in interventional radiology.
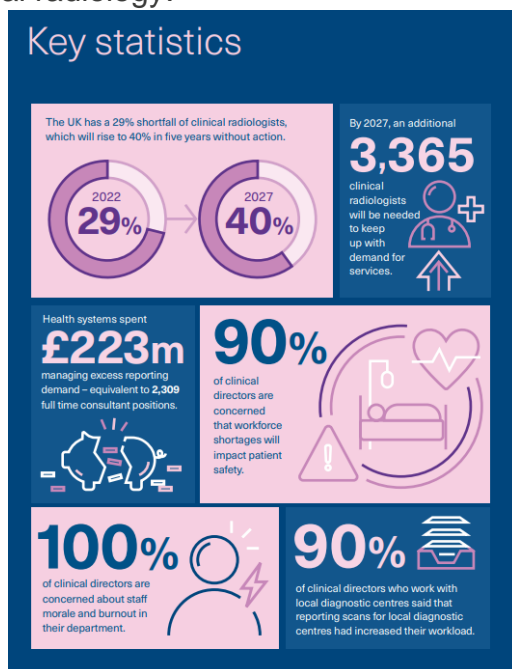

Figure 2- 2022 RCR Census data rcr_clinical_radiology_workforce_census_2023.pdf[5]

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[5] All our publications | The Royal College of Radiologists (rcr.ac.uk)

Appendix 1 demonstrates network level RCR information from the 2022 RCR Workforce Consensus, suggests that in 2022 there was a WTE shortfall of 153 (32%) of consultant radiologists (CR) within our network, slightly higher than the national average of 29%.

Non-Medical Workforce

The table(s) below (appendix 2) shows the collective WMIN non-medical workforce budgeted establishment across the networks 15 trusts. This data is taken from the NIDC and represents the Whole Time Equivalent (wte) in post and vacancy wte as of 31st March 2023.

It shows that the overall network has a vacancy rate in the range of 15% to 17% for all categories of clinical staff in the non-medical workforce (Radiographers, Assistant Practitioners, Imaging Department Assistants, Nuclear Medicine Technologists and Nursing).

	Establishment (wte)	Vacancy (wte)	% Vacancy
Radiographers (inc Sonographers and Mammographers)	2039.9	306.4	15.0
Assistant Practitioners	157.6	25.5	16.2
Imaging Department Assistants	650.8	107.6	16.5
Technologists (Nuclear Medicine)	97.2	15.4	15.8
Physicist*	39.8	2.0	4.9
Nursing	175.7	30.5	17.3
RIS/PACS Team	35.5	3.1	8.6
Admin & Clerical / Business Support	715.4	94.5	13.2
Data Analyst	2.8	0.0	0.0

This total workforce data can be viewed for each ICB and each trust separately. Data at ICB level is shown below. Data at trust level is shown in Appendix 2.

Of particular note are vacancy rates above 20% in a number of workforce disciplines;

- Radiology Nursing vacancy rates are above 20% in three ICBs Birmingham and Solihull ICB Shropshire 24%, Herefordshire and Worcestershire ICB 22.7%, Telford, and Wrekin ICB 30.9%
- Vacancy rates of above 20% for Assistant Practitioners are observed in Black Country ICB 26.7%, Birmingham and Solihull ICB 20.2%.

*NIDC data for physicists only includes imaging budget physicists – See Medical Physics section

- Imaging Department Assistant vacancy rates exceed 20% in two ICBs; Herefordshire and Worcestershire ICB 25.4%, Shropshire, Telford, and Wrekin ICB 26.4%
- High vacancy rates of Nuclear Medicine Technologists are seen in two ICBs; Birmingham and Solihull ICB 22.8%, Staffordshire and Stoke ICB 19%
- One ICB, Shropshire, Telford, and Wrekin ICB have a vacancy rate above 20% for the radiographer workforce at 22%.

Black Country ICB

	Establishment (wte)	Vacancy (wte)	% Vacancy
Radiographers (inc Sonographers and Mammographers)	518.3	86.9	16.8
Assistant Practitioners	29.0	7.7	**26.7**
Imaging Department Assistants	158.3	17.1	10.8
Technologists (Nuclear Medicine)	27.1	3.5	12.9
Physicist*	16.5	1.4	8.2
Nursing	30.5	3.9	12.9
PACS Team	7.1	0.6	8.2
Admin & Clerical / Business Support	145.4	26.2	18.0
Data Analyst	2.8	0.0	0.0

Coventry and Warwickshire ICB

	Establishment (wte)	Vacancy (wte)	% Vacancy
Radiographers (inc Sonographers and Mammographers)	324.6	43.1	13.3
Assistant Practitioners	56.2	6.8	12.1
Imaging Department Assistants	89.6	9.9	11.0
Technologists (Nuclear Medicine)	28.6	3.0	10.5
Physicist*	4.7	0.0	0.0
Nursing	45.9	4.7	10.2
PACS Team	1.0	0.0	0.0
Admin & Clerical / Business Support	114.2	8.6	7.6
Data Analyst	0.0	0.0	0.0

Birmingham and Solihull ICB

	Establishment (wte)	Vacancy (wte)	% Vacancy
Radiographers (inc Sonographers and Mammographers)	542.7	56.6	10.4
Assistant Practitioners	23.8	4.8	20.2
Imaging Department Assistants	140.5	22.2	15.8
Technologists (Nuclear Medicine)	28.0	6.4	**22.8**
Physicist*	2.9	0.3	10.3
Nursing	35.7	8.6	**24.0**
PACS Team	4.5	1.3	**29.1**
Admin & Clerical / Business Support	206.7	13.1	6.4
Data Analyst	0.0	0.0	0.0

Herefordshire and Worcestershire ICB

	Establishment (wte)	Vacancy (wte)	% Vacancy
Radiographers (inc Sonographers and Mammographers)	242.0	40.7	16.8
Assistant Practitioners	16.2	1.0	6.2
Imaging Department Assistants	94.2	23.9	**25.4**

Technologists (Nuclear Medicine)	0.7	0.1	10.0
Physicist*	0.0	0.0	0.0
Nursing	16.3	3.7	**22.7**
PACS Team	7.0	1.0	14.3
Admin & Clerical / Business Support	77.7	9.1	11.6
Data Analyst	0.0	0.0	0.0

Shropshire, Telford, and Wrekin ICB

	Establishment (wte)	Vacancy (wte)	% Vacancy
Radiographers (inc Sonographers and Mammographers)	176.7	38.9	**22.0**
Assistant Practitioners	17.2	3.0	17.6
Imaging Department Assistants	70.2	18.5	**26.4**
Technologists (Nuclear Medicine)	0.0	0.0	0.0
Physicist	0.0	0.0	0.0
Nursing	13.1	4.1	**30.9**
PACS Team	7.0	0.2	2.4
Admin & Clerical / Business Support	67.3	23.3	**34.6**
Data Analyst	0.0	0.0	0.0

Staffordshire and Stoke ICB

	Establishment (wte)	Vacancy (wte)	% Vacancy
Radiographers (inc Sonographers and Mammographers)	235.5	40.1	17.0
Assistant Practitioners	15.3	2.1	13.7
Imaging Department Assistants	98.0	16.0	16.3
Technologists (Nuclear Medicine)	12.8	2.4	19.0
Physicist	15.8	0.3	1.8
Nursing	34.2	5.5	16.0
PACS Team	9.0	0.0	0.0
Admin & Clerical / Business Support	104.1	14.2	13.6
Data Analyst	0.0	0.0	0.0

Table 1- WMIN Collective WMIN non-medical workforce

Demonstrating the dataset limitations as mentioned earlier in this section, we have found the ESR data records a registered Diagnostic Radiographer workforce of 1,862 (wte) compared to the NIDC data of 2,039 (wte) for the same month. Although there is a discrepancy between the actual wte totals in March 2023, the ESR data can be used to identify trends in workforce over time since the NIDC was completed.

Headcount

Job Role	31/07/2022	31/08/2022	30/09/2022	31/10/2022	30/11/2022	31/12/2022	31/01/2023	28/02/2023	31/03/2023	30/04/2023	31/05/2023	30/06/2023
Radiographer - Diagnostic		1,727.0	1,748.0	1,770.0	1,759.0	1,772.0	1,785.0	1,797.0	1,841.0	1,846.0	1,856.0	1,860.0
Radiographer - Diagnostic Advanced Practitioner		3.0	3.0	4.0	4.0	4.0	4.0	4.0	4.0	12.0	15.0	16.0
Radiographer - Diagnostic, Consultant		24.0	26.0	26.0	26.0	26.0	25.0	24.0	24.0	24.0	24.0	24.0
Radiographer - Diagnostic, Manager		42.0	44.0	48.0	52.0	53.0	56.0	58.0	59.0	58.0	54.0	56.0
Radiographer - Diagnostic, Specialist Practitioner		107.0	106.0	106.0	107.0	105.0	111.0	111.0	113.0	114.0	116.0	118.0
Sonographer		7.0	7.0	8.0	40.0	41.0	45.0	44.0	46.0	61.0	63.0	65.0
Student Radiographer - Diagnostic		2.0	2.0	1.0	-	-	-	-	-	-	-	-
Total Profession		1,912.0	1,936.0	1,963.0	1,988.0	2,001.0	2,026.0	2,038.0	2,087.0	2,115.0	2,128.0	2,139.0

WTE

Job Role	31/07/2022	31/08/2022	30/09/2022	31/10/2022	30/11/2022	31/12/2022	31/01/2023	28/02/2023	31/03/2023	30/04/2023	31/05/2023	30/06/2023
Radiographer - Diagnostic		1,531.9	1,552.4	1,573.2	1,572.4	1,586.8	1,600.2	1,613.6	1,654.0	1,661.0	1,672.5	1,674.6
Radiographer - Diagnostic Advanced Practitioner		2.2	2.2	3.2	3.2	3.2	3.2	3.2	3.2	10.8	13.6	14.4
Radiographer - Diagnostic, Consultant		23.0	25.0	25.0	24.8	24.8	23.8	22.8	22.8	22.7	22.7	22.7
Radiographer - Diagnostic, Manager		40.0	42.0	45.6	49.4	50.6	53.6	55.6	56.6	55.8	52.0	53.6
Radiographer - Diagnostic, Specialist Practitioner		88.3	87.1	86.3	87.3	85.9	91.8	91.6	93.8	94.2	96.0	96.7
Sonographer		3.9	3.9	5.3	27.8	28.8	31.3	30.5	31.8	43.4	45.4	47.4
Student Radiographer - Diagnostic		2.0	2.0	1.0	-	-	-	-	-	-	-	-
Total Profession		1,691.4	1,714.7	1,739.6	1,764.9	1,780.1	1,804.0	1,817.4	1,862.2	1,887.9	1,902.2	1,909.4

Figure 3. Headcount and WTE of Diagnostic Radiographers in WMIN

The latest ESR data (full presentation in appendix 3) shows an increase in radiographer workforce in the region from 1,862 (wte) at end of March 23 to 1,909 (wte) at end of June 23 with an equivalent head count of 2,139. The data supports a trend of month on month increase in radiographer workforce.
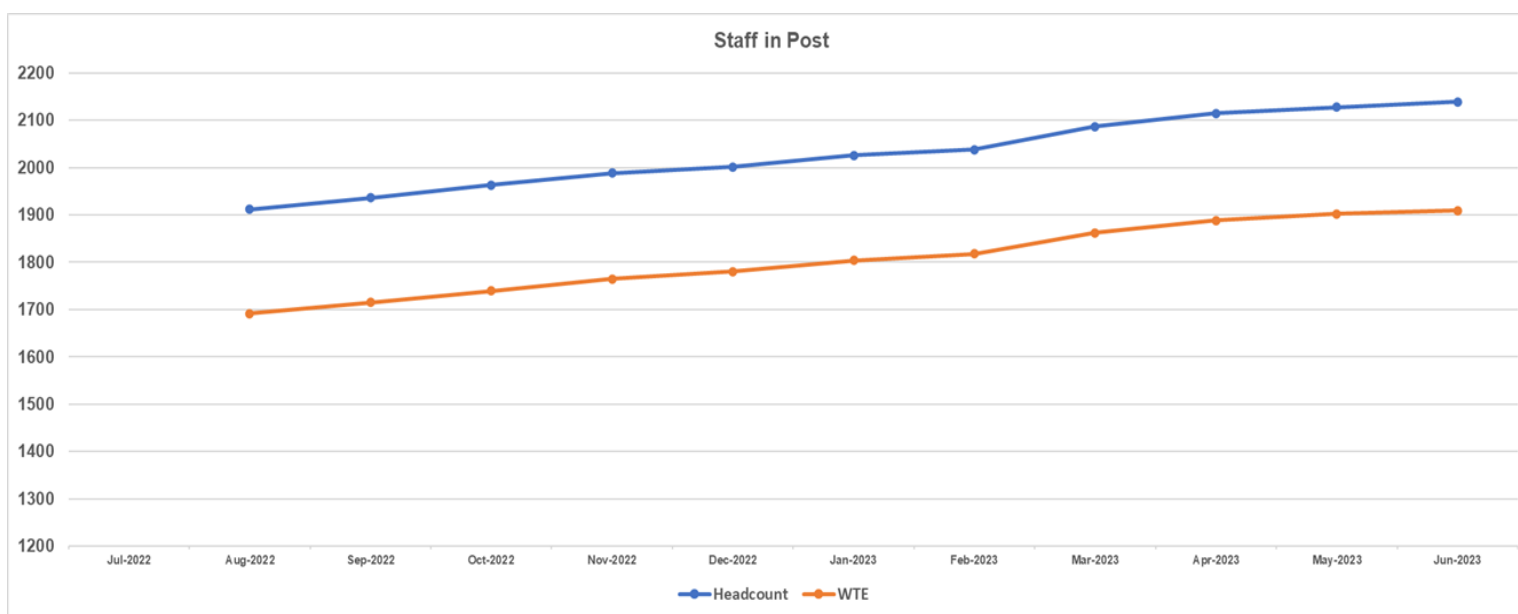

Figure 3a. Headcount and WTE of Diagnostic Radiographers in WMIN

Model Hospital Comparison of Vacancy Rates

Model Hospital[6] data demonstrates year on year chronic shortages across all professions with averages of 10% for Imaging Support Workers, 13% for Diagnostic Radiographers, 14% Sonographers and 10% for Consultant Radiologists. This would suggest that the WMIN is observing vacancy rates higher than the national average indicating a need for focus on both recruitment and retention across the multidisciplinary workforce groups within the network.

Workforce Sickness Rates

The ESR data provides the sickness rates for the registered radiographer workforce as shown in the table and graph below. The latest data point in June 2023 shows a 12-month rolling sickness absence at 4.4%, which is consistent with last 12-month levels. In month sickness absence is at 3.7%. There has been a continual overall downward trend in sickness absence since December 2022.

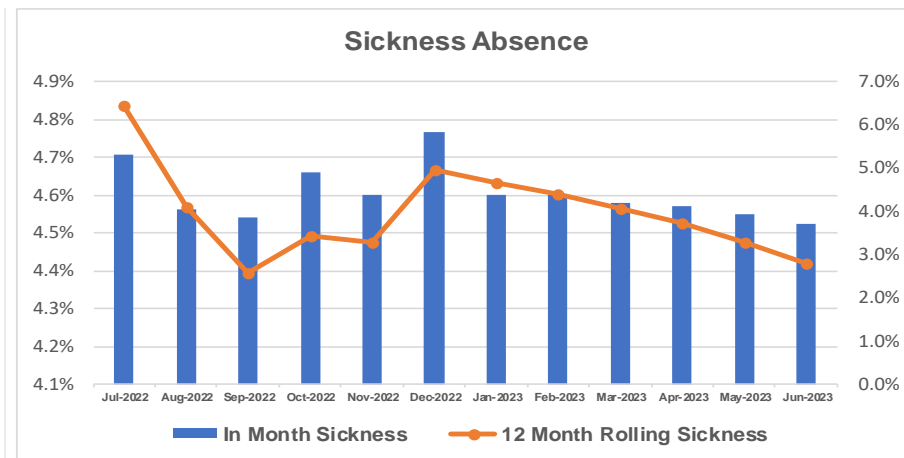| Sickness	Jul-2022	Aug-2022	Sep-2022	Oct-2022	Nov-2022	Dec-2022	Jan-2023	Feb-2023	Mar-2023	Apr-2023	May-2023	Jun-2023
In Month Sickness	5.3%	4.0%	3.9%	4.9%	4.4%	5.8%	4.4%	4.4%	4.2%	4.1%	3.9%	3.7%
12 Month Rolling Sickness	4.8%	4.6%	4.4%	4.5%	4.5%	4.7%	4.6%	4.6%	4.6%	4.5%	4.5%	4.4%

Figure 4.WMIN Sickness Absence rates (registered radiographer workforce)

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[6] NHS England - Model Hospital

Staff Turnover

The ESR data provides the sickness rates for the registered Diagnostic Radiographer workforce as shown in the table and graph below.

Turnover	Jul-2022	Aug-2022	Sep-2022	Oct-2022	Nov-2022	Dec-2022	Jan-2023	Feb-2023	Mar-2023	Apr-2023	May-2023	Jun-2023
12 Month Rolling Turnover	4.2%	4.2%	4.0%	3.7%	3.5%	3.4%	3.4%	3.1%	3.0%	3.2%	3.0%	2.9%
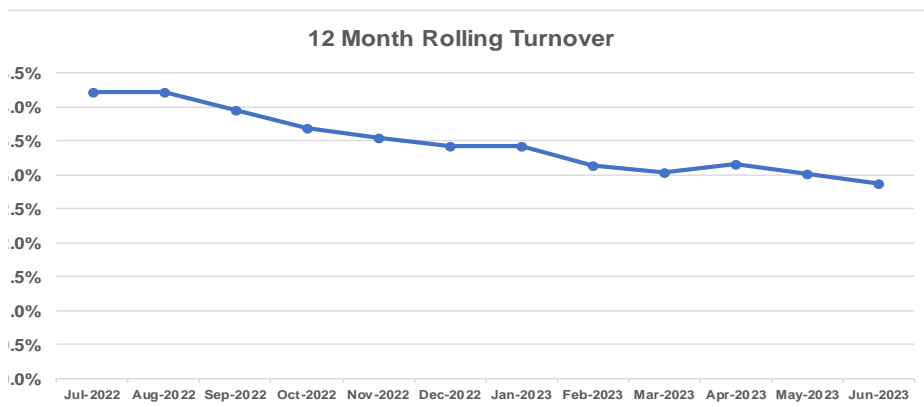
Figure 5. WMIN Sickness Absence rates (Diagnostic Radiographers)

The latest data (June 2023) shows the 12-month rolling turnover rate for the Diagnostic Radiographer workforce was 2.9%. Over the last 12 months, the data demonstrates a month-on-month decrease in turnover of this workforce group.

The Diagnostic Radiographer workforce is the largest staffing group within the WMIN workforce. Some analysis has taken place to closer look at this group and identify the movement of radiographers in and out of the Network's workforce. This initial analysis excluded Advanced Practitioners and Sonographers as these groups potentially have different factors influencing their movement or retention as the nature of their roles vary widely.

A waterfall chart is shown below showing movement in and out of WMIN over the last 5 years (2018 to 2023 (up to March 2023).

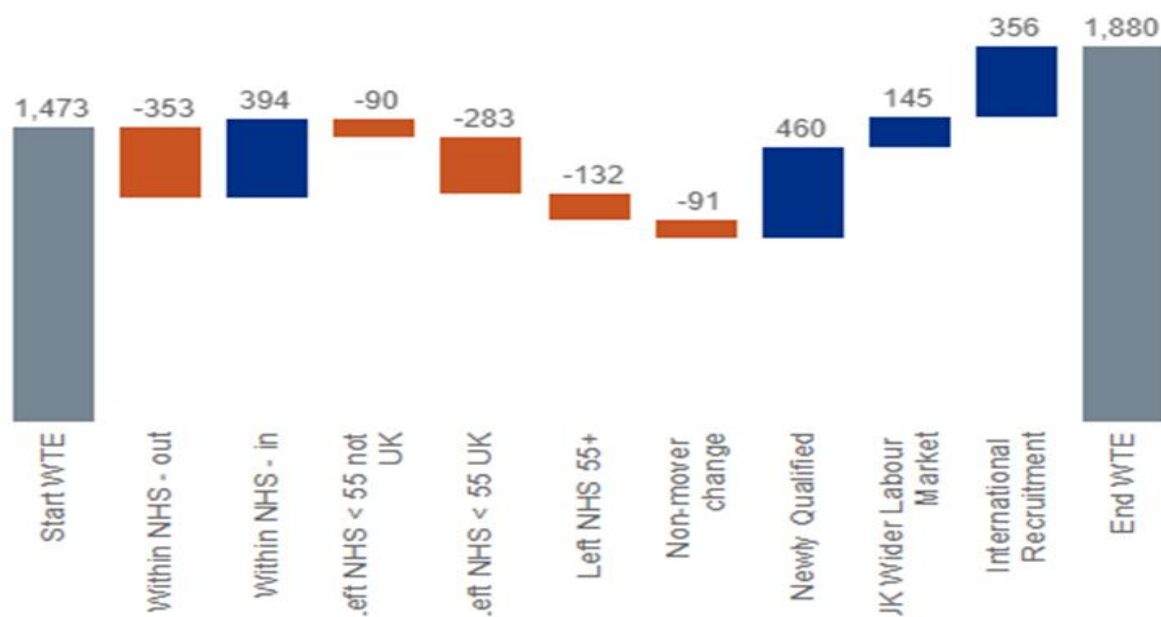## Historic Waterfall, 2018 to 2023

Figure 6. Historic Waterfall 2018-2023

In March 2018, the Diagnostic Radiographer workforce recorded on ESR across the WMIN was 1,473 (wte). In March 2023, the recorded workforce had grown to 1,880 (wte), showing that in these 5 years the workforce has grown by 407 (wte) (average of 82 wte a year). Supporting this chart is data that also shows that a significant proportion of this growth was realised between March 2021 and March 2022 where a growth rate of 11.5% was observed.

Main interventions supporting growth has been the successful recruitment of newly qualified workforce (460 wte) coupled with successful international recruitment (356 wte). Conversely, the main losses from the workforce have been due to Radiographers leaving the NHS workforce of which 283 wte were aged <55 and 132 wte were aged > 55 (assumed retirements or early retirees).

When looking at the overall movement of Radiographers staying within the NHS it can be seen that WMIN is a net importer of Diagnostic Radiographers from ICBs from outside the network in bordering geographical areas and regions with an inflow of 394 (wte) and outflow 353 (wte), showing a net balance of +41 (wte) into the network.

In conclusion, the data shows a positive trend for the Diagnostic Radiographer workforce with an increasing staff-in-post establishment and a reducing vacancy rate, correlating positively with a decreasing sickness absence rate and a decreasing turnover rate for this workforce group. This is an encouraging picture for the Network, indicating that whilst there is work needed to bring the Network to the average national position reflected in model hospital, we are doing this from a baseline with evidence of an improving trajectory.

Workforce Demand and Capacity

Efficient and effective radiology services within the WMIN in the next 5 years is dependent upon the necessary workforce and optimum skill mix being available. The Network acknowledges the need to align its workforce with the projected demands for imaging services; therefore, it is important that the WMIN can accurately forecast the future demand and capacity for the workforce.

Accurate demand estimation across the WMIN is currently challenging due to the accuracy and availability of the required data sources. The increasing demand on imaging services in terms of patient and examination numbers can be estimated from sources. The Diagnostic Imaging Dataset[7] shows an estimated 5% rise year on year (excluding over COVID) for several years. Further reports recommend significant changes to imaging service provision including the Diagnostics: Recovery and Renewal – Report of the Independent Review of Diagnostic Services for NHS England[8] (2020), which recommended doubling the number of MRI and CT scanners and the establishing Community Diagnostic Centres over the next 5 years to tackle the increasing backlogs. The report noted that an additional 4000 Diagnostic Radiographers and 2000 Radiologists would be needed to support this increase in activity.

The WMIN can reflect this growth prediction on its total activity in this geographical area. However, applying the workforce growth assumptions directly and linearly does not consider or reflect appropriate skill mix changes and role developments within the workforce. This needs to be captured and reflected if the WMIN workforce plan is to more accurately reflect the workforce needed in future services and align with; as well to as informing the education and training requirements needed to support the growth and development of workforce.

Although a single National or Network level centralised data source to support demand and capacity is not yet readily available, some analysis within the Network using ESR data has taken place. Using the historical flow analysis for the Diagnostic Radiographer staffing group, some future workforce projections can be calculated as shown in the figures below. It should be noted that these future workforce projections are based on a 'Do Nothing Scenario' and therefore assumes that the same growth patterns and workforce movement patterns are observed over future years that were observed in the last 5 years. These assumptions may not accurately reflect the actual workforce changes, or the expected changes planned within separate NHS trusts. This level of workforce planning intelligence will be development work for the Network in the next 12 months, but this flow analysis does provide an initial baseline or assumed growth and movement, which we can use for later comparison and potential monitoring of improvement interventions against our 'Do Nothing' profile.

Demand and Capacity planning will be supported by the Data and Information Special Interest Group via the Business Intelligence Dashboard. The procurement of a Network-wide view of the West Midlands' imaging datasets will ensure that live and accurate data is utilised in future workforce planning.

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[7] Statistics » Diagnostic Imaging Dataset 2022-23 Data (england.nhs.uk)
[8] NHS England » Diagnostics: Recovery and Renewal – Report of the Independent Review of Diagnostic Services for NHS England

Flow Analysis : **Projections**

	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037
Start WTE	1,880	1,974	2,070	2,168	2,261	2,350	2,434	2,514	2,590	2,662	2,731	2,797	2,860	2,920	2,977
Under 55 Leavers	-86	-90	-94	-99	-103	-106	-110	-113	-116	-119	-122	-125	-127	-130	
Over 55 Leavers	-23	-25	-26	-27	-28	-29	-30	-31	-32	-33	-34	-35	-35	-36	
Net Churn Within NHS	-28	-29	-30	-32	-33	-34	-36	-37	-38	-39	-40	-41	-42	-42	
Wider Labour Market	35	37	38	40	42	44	45	47	48	50	51	52	54	55	
International Recruitment	71	71	71	71	71	71	71	71	71	71	71	71	71	71	
Domestic Supply - Undergraduates	116	120	120	120	120	120	120	120	120	120	120	120	120	120	
Domestic Supply - Postgraduates	7	7	7	7	7	7	7	7	7	7	7	7	7	7	
Domestic Supply - Apprenticeships	3	6	12	12	12	12	12	12	12	12	12	12	12	12	
End WTE	1,974	2,070	2,168	2,261	2,350	2,434	2,514	2,590	2,662	2,731	2,797	2,860	2,920	2,977	
Growth	94	97	98	93	88	84	80	76	72	69	66	63	60	57	
% Growth	4.7%	4.9%	4.7%	4.3%	3.8%	3.6%	3.3%	3.0%	2.8%	2.6%	2.4%	2.2%	2.1%	2.0%	

Figure 8. Flow analysis projections

The analysis assumes that the recorded data in ESR for the Diagnostic Radiographer staffing group was correct at 1880wte. The flow analysis provides short-term (5 year) projections suggesting a growth of 470wte to a total of 2350wte Radiographers within the region by March 2028.

Using the same methodology, medium-term (10 year) projections to March 2033 and long-term projections (15 years) to March 2037 suggest growths to a total if 2731wte and 2977 wte respectively. It should be noted that the medium- and longer-term projections are likely to be less accurate due to many assumptions which are likely to not hold over the longer time period and so conclusions based on the longer-term projections should be relied upon with caution.

Waterfall to 2028

Start WTE, 2023	1,880
Leavers	-601
Churn Within NHS	-152
UG	595
PG	34
Apprenticeships	46
UK Wider Labour Market	192
International Recruitment	356
End WTE, 2028	2,350

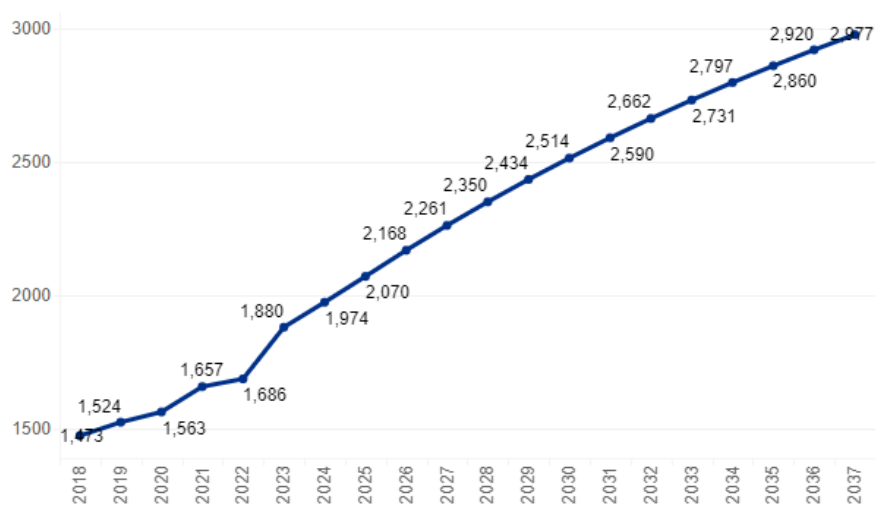### Historic and Projected Supply, 2018 to 2037

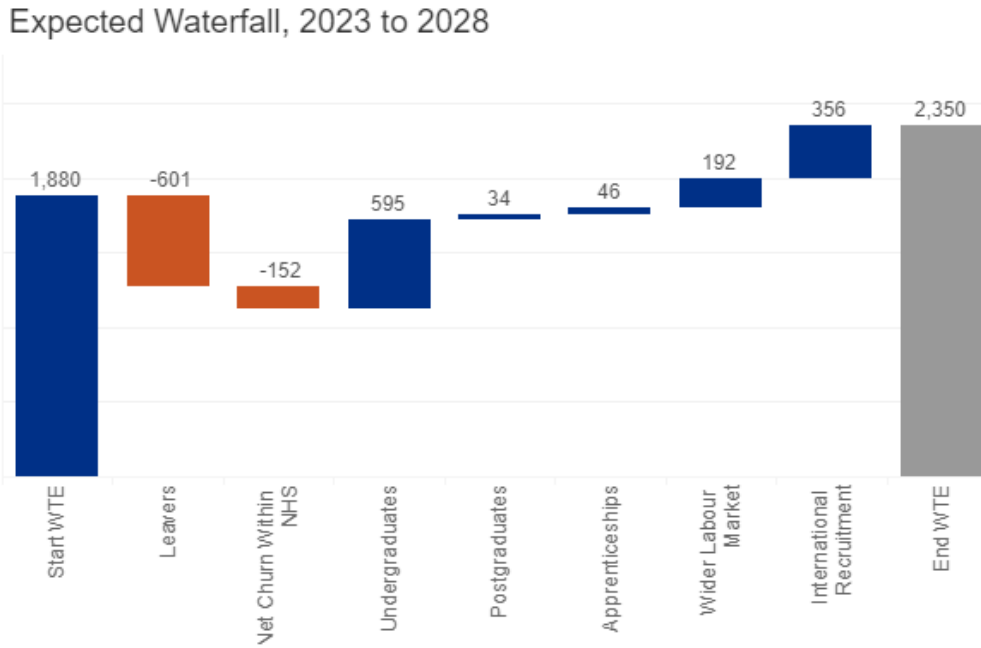Figure 9. Projected workforce supply 2018-2037

Figure 10 Expected Waterfall (WTE)

The short-term growth projection to provide a net increase of 470wte radiographers into the region relies upon the inflow of 595wte undergraduate / newly qualified Diagnostic Radiographers and international recruitment of an additional 356wte, indicating that the WMIN needs to ensure focussed importance and efforts in this area.

WMIN's Work to date

Creating a sustainable and robust workforce in imaging requires a multifaceted approach. The West Midlands Imaging Network is committed to implementing strategies that not only address the current shortage of skilled professionals but also lay the groundwork for a resilient future. Key collaborations and current work programmes include:

Investing in Education and Training

Collaborating with regional educational institutions and Midlands Imaging Training Academy (MITA) ensures that WMIN maintains that a continuous pipeline of skilled imaging professionals are attracted to our workforce. MITA builds on the existing expertise of imaging learning and training to bolster the quantity of imaging staff entering the workforce, leading to reduced waiting lists and better patient outcomes. MITA's priorities include enabling immersive training, providing quality training environments including CDC's, increasing capacity, providing provisions of multi-profession imaging training, and increasing the numbers of learners as well as making the best use of available faculties using co-ordinated plans.

MITA offers radiology medical training in the West Midlands as part of the School of Radiology based at University Hospitals Birmingham NHSFT. The course aims to improve and expand radiology training by the increased use of simulation training. With the insufficient number of substantive Radiology Consultants within the region to offer the training, and the impact the pandemic, it emerged that radiology trainees' skills were in need of enhancement and a range of training groups were formed.

WMIN are working closely with Birmingham City University and University Hospitals Birmingham NHSFT to design a placement offering leadership experience that add practical operational skills from outside the clinical environment. Details of the placement offerings are to be finalised but may consist of spending time with the leadership teams at BCU, WMIN, clinical educators, NHS senior managers, Diagnostic Radiographers and auditing teams to design innovative projects. Offering such incentives as student placement opportunities can attract and nurture these skills which will grow the next generation of transformational leaders and managers.
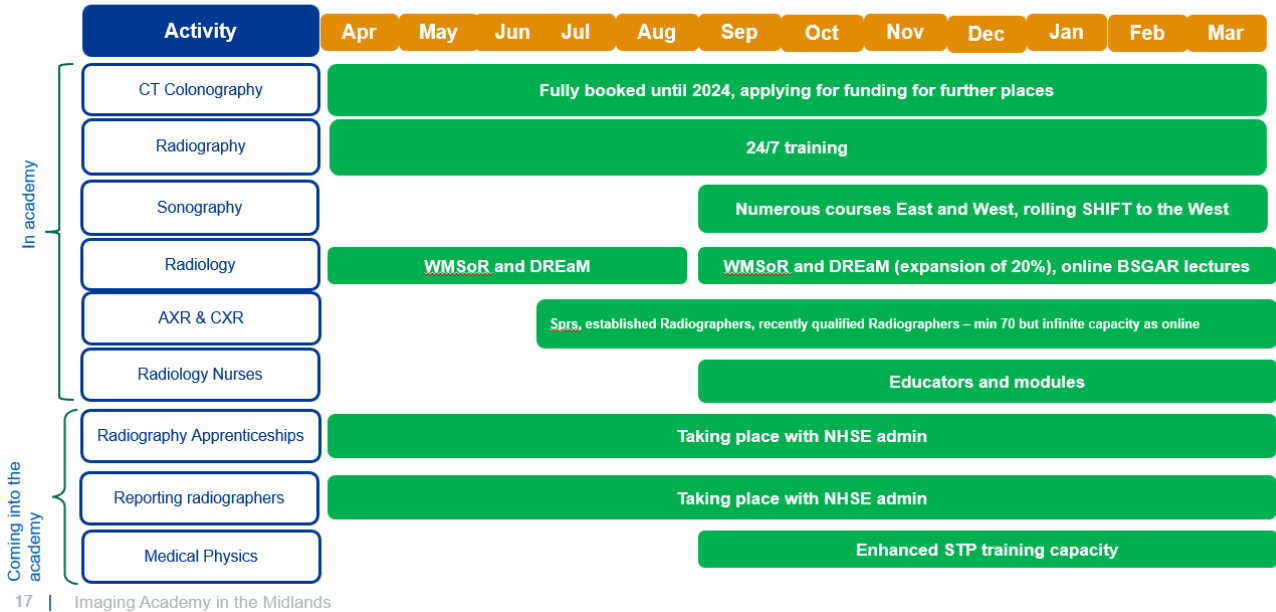
MITA's planned activities are detailed here;

Figure 11.   Midlands Imaging Training Academy PowerPoint Presentation (hee.nhs.uk)

With the inception of the Education, Development and Learning Special Interest Group, WMIN will adopt the College of Radiographers' Education and Career Framework. This framework provides guidance for the education and career development of the Radiography profession.

Medical Physics

Clinical Scientists and Technologists are a key staffing group for radiology services. Key datasets such as the NIDC and ESR do not indicate the true workforce position. The NIDC data for physicists only includes staff under the 'imaging' budgets. This means that for the many departments which hold separate budgets, the data is not relevant. ESR data also does not provide any meaningful information, as the staffing group is categorised as 'healthcare scientist' as is the same code used by Physiologists, Radiotherapy Physicists and other Clinical Scientist roles.

The IPEM regularly carries out workforce surveys for each staffing group it covers via its Workforce Intelligence[9] group. In the Past 3 years, reports have been published on

- Nuclear Medicine - IPEM
- Diagnostic Radiology & Radiation Protection - IPEM
- Magnetic Resonance - IPEM
- Ultrasound & Non-Ionising Radiation - IPEM

To explore the Network's workforce picture, the Medical Physics Special Interest Group (MPSIG) undertook a data collection exercise alongside a short interview of the departmental leads at the regional centres. Based on the responses to date, the MPSIG found a vacancy rate of between 10-20% for both Clinical Scientists and Technologists. This closely aligns with the results from the national surveys performed by IPEM. Findings from the interviews identified some key themes:

- Lack of medical physics practice educator for the Midlands
- Lack of staffing to support with year-on-year rise, even without the expanding services (CDCs, etc)
- Significant number of staff due to retire over the next 10 years
- Lack of experienced staff available to train
- Limited funding available for apprenticeships and other trainings (no levy in place)
- Physical space to expand services in some trusts

Over the next 12 months, the MPSIG will explore opportunities to increase the number of trainees each centre can facilitate. A training consortium is being considered which will allow for sharing of training plans and best practice, as well as supporting sub-specialty trainees with more opportunities. One particular area in need of support in the West Midlands is that of Ultrasound, the MPSIG has already helped to facilitate additional Ultrasound training support for the region. There will also be an opportunity to explore more funding opportunities and ways to use the apprentice training levies that are available. The establishment of a Nuclear Medicine SIG early in 2024 will further concentrate on the Clinical Scientist and Technologist subspecialty training as another key area in need of additional support.

Another focus of the MPSIG is exploring is how resources can be shared for the training of other clinical staff. One trust has received funding to trial a regional approach to the

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[9] IPEM Workforce Intelligence - IPEM

Fellowship of the Royal College of Radiologists (FRCR) physics teaching which includes 37 first year Radiologist registrars. With MRI physicists being core members of the MRI SIG, there is also work underway in supporting regional MRI physics training for Diagnostic Radiographers and Radiologists. This has been a quick win with a soft launch between the University Hospitals of North Midlands NHST and the Dudley Group NHSFT. Around 16 MRI Radiographers have been included in this across the two sites. The newly established MRI SIG along with the MPSIG will look at rolling this out to other sites across the network in 2024/25. These trials both aim to reduce the duplication and workload on the existing workforce.

Recruitment

Enabling effective recruitment strategies will require collaboration from all our organisations at both trust and system level. WMIN aims to create robust recruitment plans that encompass clear pathways to career progression, access to education resources and a harmonised pay and job role strategies. WMIN recognises that achieving a recruitment plan is part of our longer-term objectives and this will be directed by our datasets. Successful recruitment plans will provide significant outcomes that will strengthen intra network relationships by reducing competition between neighbouring trusts, improving service resilience, leveraging enhanced career pathways and many more benefits. Analysis of the NIDC data will allow us to visualise the variation of grading for specific roles and highlight anomalies whereby the data will inform a plan to standardise pay and job descriptions.

Pipeline in

The work plan for the Midlands Imaging Training Academy (MITA) centres on several key objectives. It aims to significantly enhance training capacity within the region, particularly in Clinical Radiology, Diagnostic Radiography, Sonography, and support staff roles. MITA provides immersive training experiences in priority areas, which is set to rapidly develop skills and establish an accelerated learning trajectory for individuals. The work plan intends to maximise the utilisation of available teaching resources to ensure comprehensive and effective instruction. Ultimately, the Academy strives to increase the number of learners participating in these programs, thus expanding the pool of skilled imaging professionals ready to enter the workforce.

The Midlands Imaging Training Academy is a co-professional initiative involving HEIs and NHS trusts as hubs and spokes. Partnerships with Keele University, University of Derby and Birmingham City University in the West Midlands with NHS trusts ensure expertise in training and evaluation of practice are combined to deliver sustainable models of training. New links with HEIs in Coventry, Leicester and Lincoln are evolving to ensure geographic equity of opportunity. Growth in numbers in training needs to be matched with recruitment and retention initiatives for the Academy to have its full impact on growing the workforce.

International Recruitment

WMIN's Workforce SIG, through a specific task and finish group, conducted research on international recruitment support models. The findings are available on the WMIN website[10]. As a result of the findings, the group appointed two international recruitment ambassadors to assist Network members with their international recruitment queries. The Network is strengthening relationships with the ICB's within the region to reinforce collaboration with efforts with international recruitment.

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[10] WMIN International Recruitment Ambassadors - West Midlands Imaging Network (wmidsimagingnetwork.nhs.uk)

The WMIN is actively involved in international recruitment initiatives across its Integrated Care Boards (ICBs). Each ICB, including Black Country, Coventry and Warwickshire, Birmingham and Solihull, Herefordshire and Worcestershire, Shropshire, Telford, and Wrekin, as well as Staffordshire and Stoke, has implemented various strategies.

ICB	International Recruitment Model
Black Country ICB	- Adopts a comprehensive international recruitment model. - Dedicated Radiology Workforce Lead and AHP Pastoral Care Coordinator. - Aims for cost parity in relocation among ICB trusts.
Coventry and Warwickshire ICB	- Actively participated in past diagnostic radiography recruitment initiatives. - Success in direct recruitment through NHS Jobs/Trac. - Strong international recruitment program for nursing.
Birmingham and Solihull ICB	- Operates an International Hub supporting nurses, midwives, and AHPs. - Utilises an agency for legal support and offers standardized recruitment practices.
Herefordshire and Worcestershire ICB	- Complements bespoke recruitment efforts for domestic and international recruitment. - Focuses on a system-wide international approach with regular recruitment fairs.
Shropshire, Telford, and Wrekin ICB	- Focuses on successful international recruitment for nurses. - Establishes health and social care apprenticeship and physician associate programs. - Works on centralizing recruitment planning and shared HR services.
Staffordshire and Stoke ICB	- Specific plans for international recruitment undisclosed. - Presence of funded roles dedicated to supporting international recruitment.

Table 2. International recruitment offerings from WMIN's ICBs

The WMIN emphasises collaborative efforts to enhance international recruitment, expecting positive contributions to healthcare workforce growth and improved patient care. Recruitment is a key priority for the network to address and shaping the recruitment plan will require input from the Midland Imaging Training Academy, local HEI's and ICB workforce leads. The region has an active group of practice educators who can also aid the student experience and support retention, which is an important and vital part of delivering this work.

Retention

WMIN is committed to developing comprehensive retention strategies that focus on providing a conducive work environment, professional growth opportunities, and work-life balance that can reduce turnover rates. Within the Network, University Hospitals Birmingham have been commissioning compassion fatigue training. Compassion fatigue training provides healthcare workers with the knowledge to understand the impact of ongoing stresses in the workplace, empowering them to recognise the signs of burnout before it happens.

Workforce Transformation and Education (NHSE WTE) (previously Health Education England) conducted a survey on the workforce across the whole Midlands region but included 8 of our 15 trusts (Appendix 4). The survey explored imaging staff's attitude to their current position at their Trust, any considerations for leaving their current role, any perceived challenges to accessing training /development and desirable training opportunities. The chart below demonstrates the percentage of Diagnostic Radiographers that have considered leaving a) Their role, b) NHS and c) Radiography.
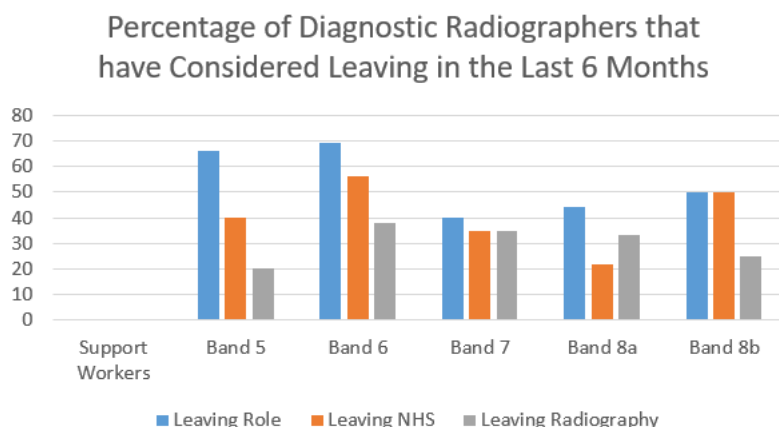

Figure 12 Percentage of Diagnostic Radiographers considering leaving in the last 6 months

Key themes derived from the survey included experienced issues such as lack of progress, high workload, manual handling and equipment issues and on-call requirements. In addition, staff felt that they experienced a poor work/life balance, stress, and poor mental health. The survey also shone a light on issues experienced with management such as poor leadership, feeling undervalued, favouritism and bullying. The report concluded that there are issues such as improvement to leadership practices and offering flexibility in work patterns as well as valuing staff whilst offering a range of equitable training and CPD opportunities are easy fixes that can be instantly implemented to improved staff morale. WMIN recognises this report as an important benchmark in designing a retention plan for our workforce.

Forecasting Our Future Workforce Needs

The WMIN Business intelligence solution in addition to publicised datasets (e.g. NIDC/RCR/ WTE) will inform the workplan to develop specific strategies for recruitment, retention, skills mix and specific workforce priorities. The data will inform the projection of future workforce requirements, that include population growth, technological advancements e.g. AI and changes in health care policies that could impact imaging services. WMIN recognises the limitations in current workforce demand and capacity modelling and would like to focus on this in the next 12 months, making this one of the priorities for the Workforce SIG . The Network has already ensured that its demand and capacity modelling is aligned with its Digital programme. As mentioned above, the Digital programme via the Data and Information SIG, is currently piloting a Business Intelligence (BI) solution for the overall data gathering for the Network. The first strategic priority of the digital programme's 'reset' strategy is to develop a business intelligence solution which will ensure access in a central portal to accurate and timely data to inform the work and priorities of the WMIN and its SIG groups. This central data will mean that the workforce group will be able to create a more accurate workforce plan with the workforce stakeholders being more confident of the insights and decision-making based on the data. Additionally, the data will be able to be used to monitor the success of workforce interventions over time with changes initiated as needed in a timely manner. The Workforce SIG will work with the WMIN Digital programme and BI solution provider to ensure that useful data is visualised via a dashboard and made accessible to each organisation for the real time input of data. This will significantly improve the workforce data quality.

In the interim, until the BI tool is ready, the Network has agreed additional data analyst project support from NHS England's National Imaging Transformation Team who during the period January 24 to March 24 will work with the WMIN workforce SIG group to build an interim dashboard using ESR data, offering a suite of tools that will enable demand and capacity modelling for Network level data. It is our intention to develop a dashboard that can monitor and inform the workforce position and success of workforce strategies and intervention on a month-on-month basis observing changes from the baseline demonstrated in this report. This will effectively inform our network and individual ICBs and trusts with the relevant data for effective demand and capacity modelling to allow for future workforce planning and benchmarking within the region.

The NHSE team have also agreed to assist the Workforce SIG to identify differences in the use of occupation codes between trusts so some validation and harmonisation can be achieved which will ensure that the ESR data is robust and standardised to better inform the position and projections.

In summary, enabling access to relevant intelligence to inform our workforce plan will be a key priority and focussed work will begin in this area from January 2024. Key trend analysis on a regular basis will inform our position and how to address gaps in vacancies, recruitment

and retention, skills and demand whilst helping trusts to understand their workforce demographics to adequately build their establishment and monitor against a projected workforce plan.

The network is aiming to have a robust and informed workforce plan in place using this data by April 2024 and then monitor against this plan on a monthly basis at trust, ICB and network level.

The Recruitment and Retention Plan

A robust and effective recruitment and retention plan is crucial for the success of the West Midlands Imaging Network's Workforce SIG. This plan aims to attract and retain talented imaging professionals while fostering a supportive and engaging work environment. Below is a comprehensive plan outlining the key components of the plan:

Recruitment

- Data collection will be ongoing to ensure that an accurate picture of our region is represented, this will inform the network of particular gaps or areas to target.

- Ongoing collaboration with HEI's and training providers will inform WMIN of the opportunities that are available for students and those who are further along in their career. WMIN will promote opportunities within the network, acting as a platform to disseminate information.

- WMIN will organise networking events, workshops, and seminars that showcase the benefits of joining WMIN Workforce SIG. Speakers and thought leaders will be invited to share insights and experiences, attracting imaging professionals seeking personal and professional growth as well as those who are new to the profession or seeking a career change.

- The inception of the Education, Learning and Development Special Interest Group supported by the Workforce SIG will provide support and expertise to practice educators and other network members to deliver education, competencies and training to all staff members that require including those who are already in post to encourage career development.

Retention

NHSE has national programmes that target retention. WMIN are working with the national lead for retention programme for radiology. This national programme will act as an overarching framework for WMIN's retention plan, combined with the knowledge of regional programmes and initiatives will guide our plans to develop retention strategies within the Network. Further work to understand roots causes and challenges of retention will enable evidence-based solutions that will enable us to drive further improvement in our retention

efforts. We will work with the 6 ICB retention leads to understand key data that inform issues around wellbeing at work, to help build a stronger and healthier workforce.

The figure below demonstrates the Midlands' Retention Structure at National, regional and system level. Work is ongoing with our 6 system leads to understand specific retention programmes and projects that are taking place in the West Midlands.
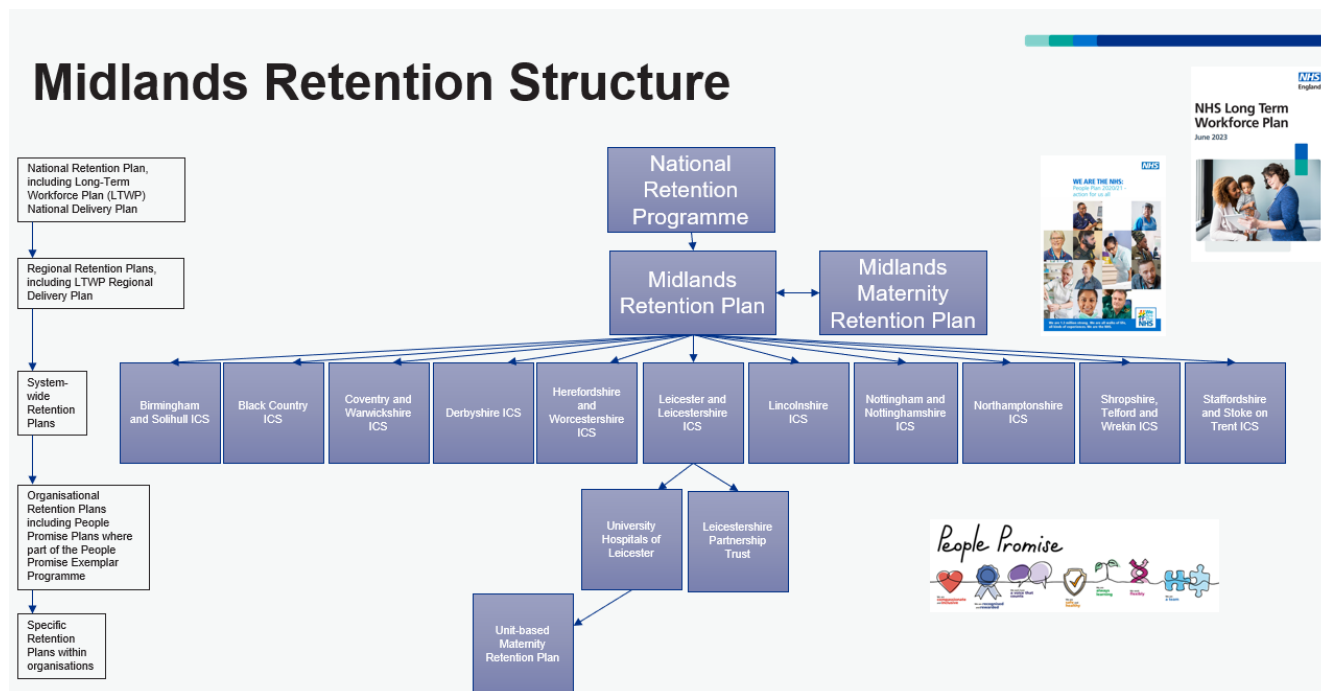

Figure 13 NHSE's Midlands retention structure

WMIN are also will be working closely with the West Midlands Deputy HR Network and their trust representatives to design a HR delivery plan for network wide JD harmonisation, pay, enabling staff mobility, international recruitment etc. HR representatives will attend the Workforce SIG meetings to help guide a task and finish group to develop plans at system level. Guidance from key national guidance documents such as the Richards Review[11] and the Diagnostic imaging network workforce guidance advise on enhancing harmonisation and standardisation as a retention strategy. This is an integral part of our longer-term workforce plan.

WMIN will also adopt qualitative methodologies to expand on the Workforce, Transformation and Education's retention survey as previously outlined in this plan. This knowledge will allow us to gain a deeper understanding of the region's specific workforce issues amongst staff.

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[11] DIAGNOSTICS: RECOVERY AND RENEWAL – Report of the Independent Review of Diagnostic Services for NHS England – October 2020

Skill Mix and Knowledge Gaps

Enabling staff movement is a key recommendation of the Richard's Review[12] as facilitation of staff working across NHS boundaries is beneficial to the imaging network's workforce. WMIN's workforce SIG have adopted the idea that enabling staff passporting as facilitation rather than something that is mandated. Some staff mobility already occurs within the medical workforce, with some Radiologists working across more than Trust i.e. a PA allocated to one of the specialist hospitals. The workforce SIG will start work in understanding the appetite for the imaging workforce to travel to different trust sites for work and work closely with HR departments to develop systems and streamlined processes to enable this to happen, in alignment with the NHSE 'Enabling Staff Movement Toolkit[13]'. For example; acceptance of mandatory training from other sites as well as standardisation of policies and procedures to ensure competencies across sites. This will also support skills mix and mobility of staff with varying skills to share them across the Network.

Benefits of skills mix include creating diverse teams with varying backgrounds and experiences to expand their capacity across the wider network. With a greater focus on service redevelopment and reviews of service delivery models, incorporating different roles and responsibilities across the whole workforce has the potential to improve the financial landscape in addition to the operational efficiency of our imaging workforce across the West Midlands. WMIN acknowledges the benefits of sharing skills mix across the region WMIN will conduct a skills gap analysis, we can align our imaging staff with the evolving needs and expectations in the field.

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11 NHS England » Diagnostics: Recovery and Renewal – Report of the Independent Review of Diagnostic Services for NHS England
13 enabling-staff-movement-between-nhs-organisations.pdf (england.nhs.uk)

Priority Setting

The next step beyond this foundational workforce plan is the development of a training needs or skills gap analysis. WMIN Workforce SIG will convene in Q1 2024 to embark on setting the priorities for the SIG and to delegate tasks to achieve key points on the work plan. SIG membership will also be revisited to ensure that the relevant members from each trust are represented within the group.

The Network is continually working alongside the NHSE maturity matrix that that was issued for imaging networks in 2021 (Appendix 5), this tool provides the network with a benchmark to assess our current position, as well and support for decision making within the network. The members of the Workforce SIG will consider the status of the maturity matrix and devise a specific plan to achieve the next steps. This current version of our network plan prioritises recruitment, retention and skills mix, yet longer term objectives include JD harmonisation, staff passporting, training and education and achieving insourcing models. It is recognised that achieving a unified and effective plan for insourcing may prove complex, therefore WMIN's operational board will help support the SIG with this longer-term target.

Current and Target Operating Models

In October 2023, the Network began planning a large-scale project to analyse the Network's current and target operating models in detail. These models will take into consideration available datasets but it will mainly focus on the experiences and vision of staff and patients across the 15 trusts and 6 ICBs.

By exploring the current landscape, through a range of structured interviews, the team hopes to be able to better define the needs of the imaging services in the West Midlands. The information collected will also enable the development of a target operating model informed by the experiences of patients, carers, radiology staff, and referrers. The questions will be devised by the various SIGs, including the workforce SIG and may include establishing the level of interest relating to the movement staff within the Network, the main barriers staff encounter with advancing their careers or asking about their future vision for Radiology services in the West Midlands region.

By ensuring a wide range of staff, from different groups, backgrounds and organisations are involved in the surveys and/or interviews, we hope to develop a shared vision across the Network, improving buy-in, and ensuring there is a clear direction and open collaboration for future Network work plans.
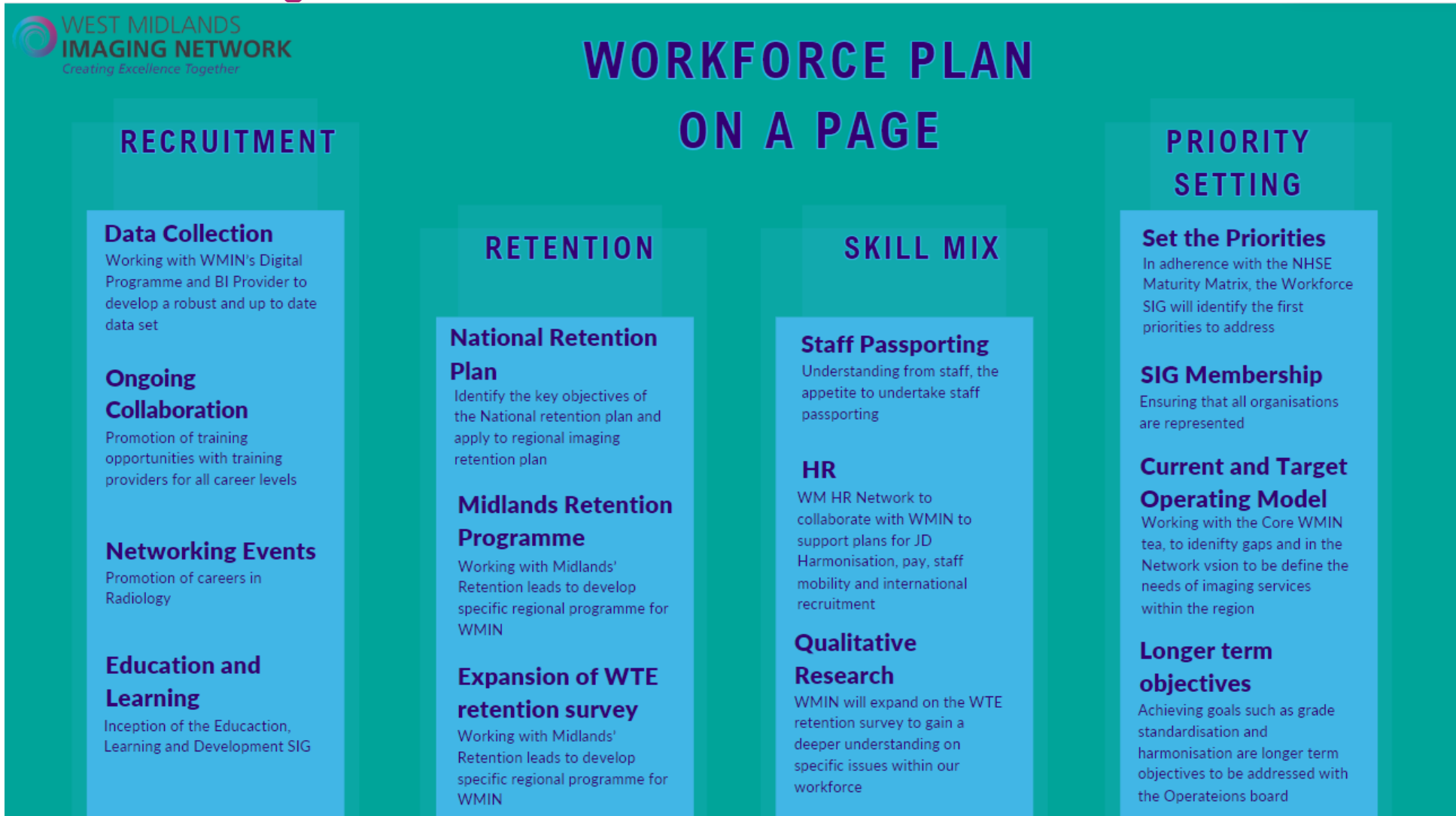
Plan on a Page

Figure 14- WMIN's Workforce plan on a page

Appendices 1-5

Appendix 1 – 5 can be found in our NHS Future platform folder

[Workforce work plan - West Midlands Imaging Network - FutureNHS Collaboration Platform](#)

- Appendix 1 RCR Trust level data 2022
- Appendix 2 Raw NIDC data analysis
- Appendix 3 WTE ESR workforce data presentation
- Appendix 4 WTE Retention survey
- Appendix 5 NHSE Maturity Matrix

Appendix 6: Equality Impact Assessment

Name of Document Being Assessed	Assessor (s)	New or Existing Policy?	Date of Assessment
Workforce Workplan	Holly Warriner (QI manager)	New	22/11/23
Who is responsible for this policy?		Kate Burley	
What are the arrangements for monitoring and reviewing the actual impact of the policy/activity/event?		Plan to be reviewed and updated in 1 year. Workforce SIG to monitor implementation and will identify and flag any unintended impacts	
Are any of the following groups adversely affected by the policy?			
Protected Characteristic Group	**Yes/No**	Please describe the nature of any disproportionate impact/s Please indicate what actions will be taken to address these	
Age	No		
Disability	No		
Gender	No		
Gender reassignment	No		
Marriage/civil partnership	No		
Maternity/Pregnancy	No		
Race	No		
Religious belief	No		
Sexual orientation	No		
What future actions needed to be undertaken to meet the needs and overcome barriers of the groups identified or to create confidence that the policy and its implementation is not discriminating against any groups			
What	**By Whom**	**By When**	**Resources required**
Ensure all staff are aware of this policy and their responsibilities	Line Managers	Induction	

Appendix 7: Document Management

Name	Network Workforce Work Plan
Version Number	V1
Date Adopted	22/11/23
Review Date	22/11/24
Document Number	Op-04
Approved By	Kate Burley
Target Audience	Workforce leads, senior radiology managers, Operational and Executive Board members

Version History

Version	Date Adopted	Summary of Amendments	Name	Title
V1	22/11/23	Initial benchmark	IB	Senior Programme Manager

Document Control

The controlled copy of this document is kept within the West Midlands Imaging Network files. Copies of this document held outside of that area, will be viewed as removed from formal change control.