Who is NHS Scotland?

- 22 Health Boards are individual employers of between 250 – 40,000 colleagues

- Some directly deliver health and care either to a region or in a specialist service

- Others provide services to the NHS, like learning, procurement and logistics

- Boards are accountable for all matters of employment based on national terms and conditions and policies, which are generous in many cases.

- Scottish Government's role is assurance, oversight and policy direction on behalf of the Cabinet Secretary for Health and Social care.

- c.188,000 colleagues (161,500 WTE)

- 79% female v 21% male, 24.6% aged over 55, median age of 44

- Sickness Absence is increasing: in 23/24 national average: 6.2%, range: 1.8% to 8.9%

Current Context

- Political Landscape – including 2026 Scottish Election

- Constant media attention and commentary

- Increasing financial deficits across Health and Social Care

- Population Health

- The sustainability of services and the expectations of the public

- The need for transformation and reform of services across the public sector with a focus on productivity

- The need to plan and deliver services for our whole 5m population, whilst aligning finance, performance and people planning

The People Agenda

- Employee Relations / Pay agreements

- Changing expectations of work

- Developing the skills needed for reform, in leadership and the people function

- Ensuring inclusive workplaces, including Anti-Racism, the Supreme Court ruling

- Changing the shape and make up of the workforce

- The need to work collaboratively across the system and our board boundaries and realise synergies and economies of scale

- But what about our colleagues and what they need, whilst we do all this work? Our recent Nursing and Midwifery Taskforce Listening project had some key insights

Creating the capacity and capability for reform

- There is a long and complex journey ahead, but people are critical to both designing and delivering reform and we need them to be part of the journey with us

- Focussing on kindness, compassion, respect and inclusion can be hard when views are polarised, but it's even more important to do so, and leaders need to role model this

- Listening to, hearing and responding to our colleague's views, ideas and concerns and helping them be part of the change, not have it done to them is also key

- We need to maintain positivity and recognise the assets we do have and try to focus on what we can do, where we work - all the data shows our team and line manager experience is the biggest driver of experience at work

- We need to be clear on what we expect from our colleagues and leaders and what they expect from us, the importance of clearly stating desired / less desirable behaviours and having clear management rhythms and practices

Creating the capacity and capability for reform

- Overall, leadership, management, organisational health and culture are all critical enablers of both productivity and reform, and so must be front and centre, not deprioritised

- Where these aren't a focus or priority, we see increased absence, conflict in teams, confusion about priorities or responsibilities and ultimately this impacts on quality of patient care as well as the capacity and capability to improve services

- Collaboration is also key, the challenges we face can also be the driver to stop working in our silos, duplicating effort and cost and not using our resources to best effect

- And we need to have honest conversations, with our people and the public, about what they need and what we can offer, moving forward.

- There's a lot of work ahead and it won't be simple or straightforward or quick, but how we do it will be as important as what we do.

Healthy organisations are more productive.
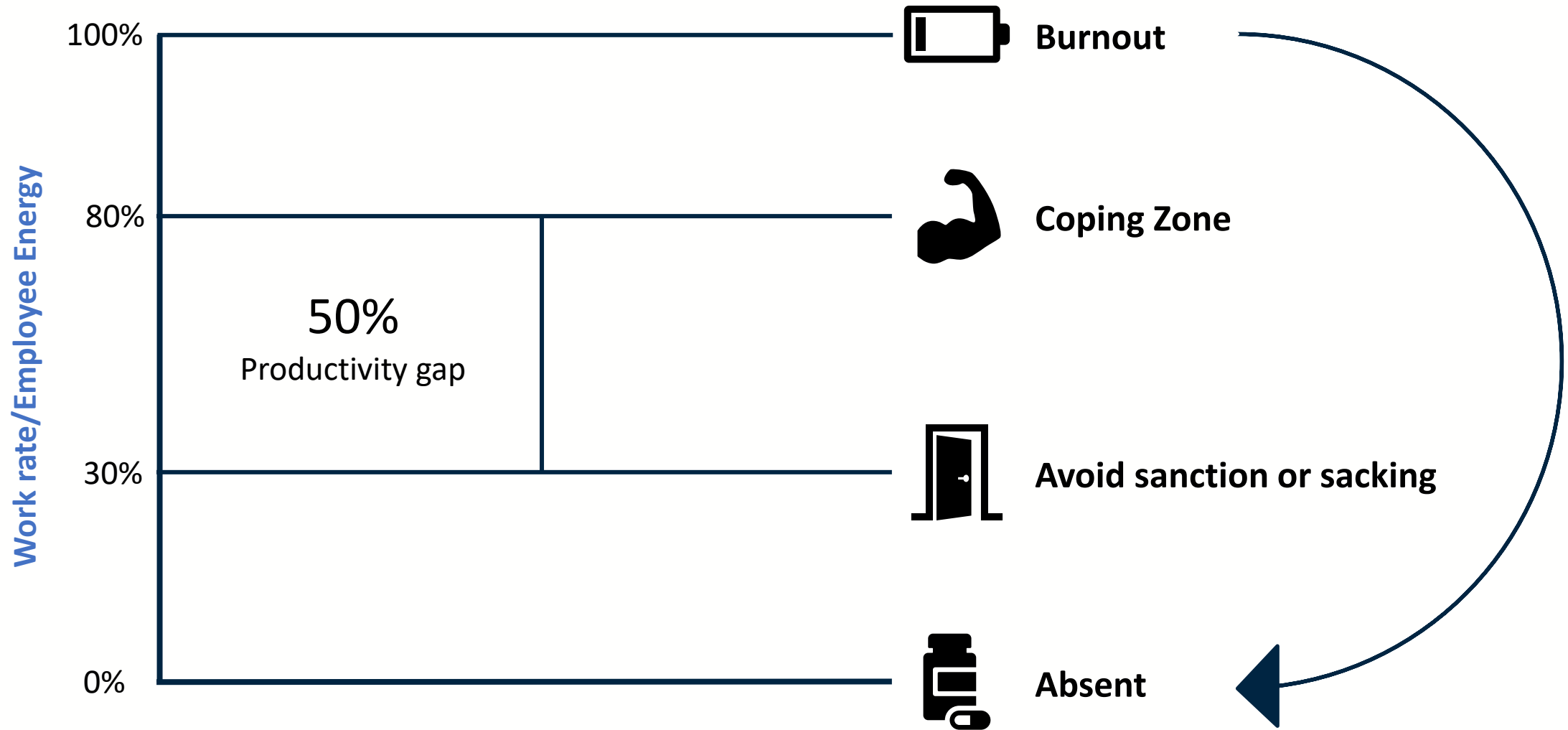
Please scan the QR Code on the screen below to register your interest for our accredited training courses.

Register your Interest

Case Study

Joanne Barton
Senior Category Manager & North East & Yorkshire Regional Lead
NHS Workforce Alliance

NHS Workforce Conference - North

Presentation by:

Jo Barton, Associate Director of Procurement – Workforce, Healthcare & Pharmacy

May 2025

Bringing together people who care

www.workforcealliance.nhs.uk

Who we are

NHS Procurement in Partnership is a collaboration of four procurement hubs:

- NHS Commercial Solutions (NHSCS)
- East of England NHS Collaborative Procurement Hub (EOECPH)
- NHS London Procurement Partnership (LPP)
- NHS North of England Commercial Procurement Collaborative (NOE CPC)
- Crown Commercial Service (CCS)

NHS and not-for-profit

As a team of, NHS / public sector employed, health workforce category experts with decades of experience, we are motivated by a genuine desire to make the NHS better. Partnership and collaboration is at the heart of everything we do.

Bringing together
people who care

NHS
Workforce Alliance

Regional teams

Bringing together people who care

North East & Yorkshire

REGIONAL LEAD:
Joanne Barton
joanne.barton@noecpc.nhs.uk

East Midlands

REGIONAL LEAD:
Katherine Moore
katherine.moore@eoecph.nhs.uk

North West

REGIONAL LEAD:
Lucy Upton
lucy.upton@crown
commercial.gov.uk

East of England

REGIONAL LEAD:
Katherine Moore
katherine.moore@eoecph.nhs.uk

West Midlands

REGIONAL LEAD:
Angela Donohue
angela.donohue@crownco
mmercial.gov.uk

London

REGIONAL LEAD:
Stephanie Alexander
stephanie.alexander@lpp.nhs.uk

South West

REGIONAL LEAD:
Jessica Emmett
jessica.emmett@eoecph.nhs.uk

South East

REGIONAL LEAD:
Frances O'Grady
frances.o'grady@nhs.net

NHS
Workforce Alliance

A national solution, delivering regionally

Over 30 regional NHS experts with decades of experience in workforce and procurement, many of whom have worked within trusts and on the frontline themselves.

A combined strength covering eight regions working as one team operating at national scale whilst providing a flexible, dedicated service to our NHS colleagues at local and regional level.

Reducing complexity in the market by working with a common national strategy, procuring once and focusing on supplier quality and value to the NHS.

Relieving pressure on trust's internal resources by partnering with functions to support the implementation of NHS England national policies.

North East & Yorkshire

NHS Workforce Alliance

Joanne Barton
Regional Lead
Associate Director of Procurement

Joanne oversees the North East & Yorkshire team. She joined in 2015 and leads our HR & People and our Healthcare & Pharmacy Teams

Tina Shires
Category Manager

Rachel Plant
Category Manager

Ryan Quinn
Category Procurement Specialist

Nathan Kelly
Category Procurement Specialist

The North East and Yorkshire team are exceptionally placed to support your trust with all your workforce and staffing needs.

Our highly experienced team includes colleagues who have many years of expertise in providing public sector frameworks, and former customers who have used our frameworks, ensuring you can have complete confidence in our ability to deliver the best staffing solutions tailored to your requirements.

North West

Lucy Upton

Senior Category Lead – Health Workforce

Lucy leads the North West regional team and has extensive experience of the procurement of large framework agreements, spanning and clinical and non-clinical contingent labour.

Helen Hess
Commercial Practitioner - Health

Lesley Houlihan
Commercial Practitioner - Health

Our North West team brings together diverse expertise in large scale and complex procurement projects. With hands-on experience in NHS trusts and the public sector, particularly in temporary staffing procurement, we can assist with your specific, local, or regional staffing requirements.

Our in-depth market knowledge and specialised skills allow us to deliver tailored workforce solutions that align with your strategic workforce goals.

East Midlands

Katherine Moore

Strategic Workforce Procurement Lead

Katherine Moore has taken on leadership of the workforce category and strategically leads the East Midlands regional team. Katherine joined the NHS Workforce Alliance in January 2022 bringing both clinical and procurement experience to the role.

Alex Howard
Workforce Procurement Specialist

Matt Green
Workforce Procurement Specialist

Jocelyn Bale
Workforce Procurement Specialist

The East Midlands team is dedicated to supporting our NHS trusts and systems with all their workforce needs. We are committed to ensuring that our healthcare workforce is equipped and empowered to deliver the highest quality care.

The team are a blend of clinically qualified staff, workforce and procurement experts, ensuring all aspects of NHS staffing is supported.

West Midlands

Angela Donohue

Senior Category Lead – Health Workforce

Angela leads the West Midlands regional team and has extensive experience of commercial contract management, procurement and supplier relationship management in the public sector.

Mike Heelas
Commercial Lead - Health Workforce

Laura Bolochowecki
Commercial Practitioner - Health

Our West Midlands team brings together diverse expertise in large scale and complex procurement projects. With hands-on experience in NHS trusts and the public sector, particularly in temporary staffing procurement, we can assist with your specific, local, or regional staffing requirements.

Our in-depth market knowledge and specialised skills allow us to deliver tailored workforce solutions aligned with your strategic workforce goals.

The Background and Context

NHS Workforce Alliance

Bringing together people who care

The Background and Context

Workforce Alliance (NHS logo)

National Policy

In line with the government mandate, the 2025/26 priorities and operational planning guidance was published. Priorities include, waiting list reduction, waiting time reduction, improved A&E waiting times, Improved GP access, and ALL systems must reduce their current agency usage (**QR Code: NHSE Website**)

Financial Pressure

All systems must reduce their agency spend by 30% as well as reduce their bank usage and spend by 10%. Systems must work to accepted commercial standards, making full use of available framework agreements, which support value for money**. (QR Code: NHS WA Website)**

Workforce pressure

The Kings Fund estimates that NHS staff have increased by 30% since 2009, with notable increases around 2013 following Mid Staffs inquiry and then again more recently due to demands of the covid 19 pandemic. The NHS relies heavily on its international workforce. In May 24 this was said to be 35% doctors, however funding reductions and immigration policy changes have seen international recruitment campaigns reduce significantly. Vacancy rates remain a concern with estimated 110,000 posts currently unfilled substantively. (**QR Code: The Kings Fund website**)

Market Complexity

Unregulated, highly competitive, high spend, saturated market, various legislative constraints (public sector procurement law, Private Selection Regime, employment law, agency worker regulations,Tax law, safeguarding requirements, changing demand, national policy, regional priorities, geographical demographics, and ultimately a lack of control of the core commodity (people)

Recruitment & Retention

NHS England say we must be an employer of excellence – valuing, supporting, developing and investing in our colleagues. Retaining our people is a key priority of the People Plan and NHS Long Term Workforce Plan.
Retention Hub supports Trusts to improve in key areas such as wellbeing, culture, training & professional development, Leadership, pride and meaningful recognition, flexible working and support to deliver high quality care. (**QR Code: NHSE Retention Hub Programme page**)

Six Ways We Support Your Organisation

NHS Workforce Alliance

Relieving pressure on our **NHS** colleagues by providing support with:

Cost savings

We help manage workforce cost savings
In 2023/24 we delivered over £200 million in savings to the NHS through our frameworks.
Capture savings at project level based on agreed baseline and Trust / ICB targets
Cost reduction and cost avoidance

Patient care

Source temporary workers with confidence
Ours framework terms and conditions enable us to contractually manage market behaviours. Our rigorous health assurance audit programme ensures awarded suppliers are regularly audited against NHS employment check standards.

Trust, ICS & regional collaboration

We foster collaboration
With extensive experience of facilitating collaboration at local, ICS and regional level, we know collaboration is a critical success factor.

Workforce partners

Unrivalled workforce expertise
Our regional teams have over 30 specific healthcare workforce management experts. We partner with you to develop tailored workforce strategies.

National policy implementation

We support delivery of national policy
Supporting Trusts to deliver NHS England's policy aims for workforce
Tailored support around individual Trust / ICB needs

Supply efficiencies

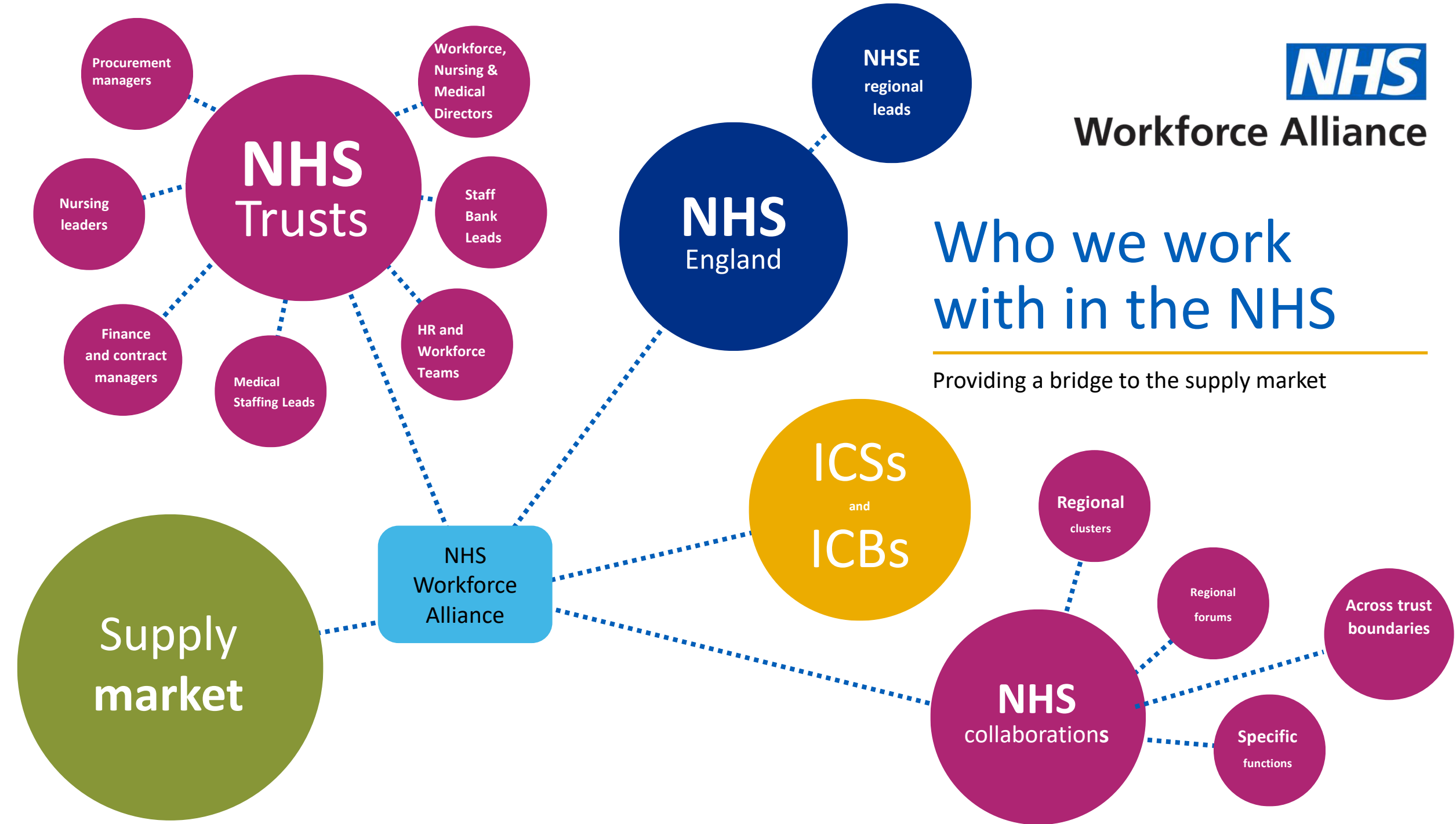**Improved efficiencies and productivity**
Here to support the delivery of cost and resource efficiencies through deep dives various means eg onsite workforce strategy reviews or more simple supplier rationalisation projects

NHS Workforce Alliance

Who we work with in the NHS

Providing a bridge to the supply market

- NHS Trusts
  - Procurement managers
  - Workforce, Nursing & Medical Directors
  - Nursing leaders
  - Staff Bank Leads
  - Finance and contract managers
  - Medical Staffing Leads
  - HR and Workforce Teams
- NHS England
  - NHSE regional leads
- ICSs and ICBs
- NHS collaborations
  - Regional clusters
  - Regional forums
  - Across trust boundaries
  - Specific functions
- Supply market
- NHS Workforce Alliance

NHS
Workforce Alliance

Sustainable Solutions

Bringing together people who care

Data analytics

NHS Workforce Alliance

Identify **high cost** suppliers & inefficiencies

Better understand your spend, trends, spikes and rates.

benchmarking **TOOLS**

CAP BREACH Reports

View spend variations across **bands, shifts, departments, trusts & regions**

Ability to analyse spend from 900 suppliers across temporary and permanent agency markets, allows us to provide trusts with reports that:

- Understand current spend, trends, spikes, gaps and rates
- Identify high-cost areas based on market averages in your area
- Benchmark agency spend variations across trusts, ICSs and regions
- Report on NHS England cap breaches and framework savings analysis
- Break data down by shift type and band to identify hard to fill shifts
- Using data insights to input into supplier review programmes
- Highlight savings opportunities
- KPI Dashboards to support contract and supplier performance management

CASE STUDY

NHS trusts in the South East region wanted to explore how to use data to find alternative suppliers to replace their off framework spend.

We created a supplier tool that identifies spend, hours and shifts to help determine which suppliers they should engage with to manage rates and provide an indicator of suppliers that could be used as an alternative to current off framework providers.

Off-framework reduction

Supporting trusts to optimise bank and agency provision to eliminate off-framework agency spend and increase NHS England Agency rules compliance

OUR SIX STEP APPROACH

- Analyse supplier data to understand size of problem
- Identify causes by working with trust stakeholders
- Provide data led options to colleagues for alternative solutions
- Create a project plan for implementing changes
- Establish reporting to ensure oversight going forward
- Create regular reviews

Reducing agency costs

Achieve the optimum balance of permanent, fixed-term, bank and agency staff

- Establishing appropriate supply models that support market management
- Standardised rate cards per band / grade supported by aligned escalation policy
- Supporting effective contractual terms are agreed to support cost adherence and performance management
- Support improved bank and agency market management to ensure value for money and continuous improvement
- Full workforce reviews using data analytics to identify issues which drive agency spend, and identify solutions to manage demand
- Identify opportunities to utilise workers in the most cost effective way eg post 12 week transfer to fixed term / substantive posts

Reducing the total annual NHS agency staffing bill is a key policy driver at national, regional and local level. We have a strong track record in helping trusts with this.

Collaboration

NHS Workforce Alliance

Facilitating a collaborative approach to effective management of temporary staffing spend:

Temporary Staffing Clusters – meet monthly
- Yorkshire Community & Mental Health Cluster
- North East Yorkshire & Lincs Acute Cluster
- West Yorkshire Acute Cluster
- Cheshire & Mersey Community & Mental Health Cluster
- AHP/HSS 21 Trust Stakeholder Group

Workshops and Events - upcoming
- Occupational Health new framework launch – 9th May (9.30-10.15)
- Temporary medical locum round table discussion / workshop (Leeds) – 3rd July (full day)
- Annual NHS Joint Cluster Workshop (Sheffield) – 4th Nov 25 – full day
- Annual NHS Workforce Workshop (Newcastle) – 30th Sept 25 – full day

Webinars
- IR35 webinar (with HMRC) – NHS audience – 9.30am, 26th June 25
- IR35 webinar (with HMRC) – Supplier audience – 11.00am, 26th June 25

Please visit our stand for further details.........................

Case Studies

NHS Workforce Alliance

CASE STUDY

Conducting Supplier Reviews with Mid and South Essex NHS Foundation Trust

Agency supply reviewed to maximise efficiency opportunities, identify operational improvements and create closer working relationships with strategically important agencies. Using Alliance data capabilities and extensive market knowledge, we analysed shift-level data to benchmark supplier performance resulting in the removal of under-performing suppliers

With our access to vast quantities of data gathered each month from suppliers and – on a voluntary basis – from NHS trusts, we're able to identify key trends at a local, regional, and national level on everything from fill-rate to demand patterns, along with benchmarking rates and highlighting suppliers providing niche specialties. This means our advice in developing agency supply strategies for trusts is always underpinned by evidence.

CASE STUDY

Norfolk and Norwich University Hospitals NHS Foundation Trust: Reducing the echocardiology backlog with insourcing

The Alliance worked collaboratively with the trust to identify suppliers that could provide specialist capabilities needed to deliver an end-to-end service. We developed a bespoke, robust contract to meet the insourcing requirements. As a result, the trust was able to consolidate their insourcing spend from 10 contracts to three.

"It is the expertise that the Alliance has provided us which has resulted in us improving our own knowledge on insourcing contracts, and consequently improving our processes and governance when assessing the award of an insourcing contract."

James Anderson, Head of Clinical Procurement, NNUH NHS Foundation Trust

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CASE STUDY

Temporary Staffing for Salisbury NHS Foundation Trust: Delivering above and beyond just framework support for clinical supply

Salisbury NHS Foundation Trust nursing supply reviewed to ensure a high-quality supply of temporary staff, rate compliance and to improve fill rates. Key outcomes included the implementation of electronic timesheets, supplier engagement, robust contract management and setting of KPIs.

The complexity and challenges of implementing a new contract, regional rate compliance implementation and internal process and systems changes are huge and the Alliance continues to support the trust throughout this process and not just during the procurement process."

Beth Bartholomew, Deputy Head of Sourcing at the trust

CASE STUDY

One master vendor supplier agreement across 19 trusts

The supply of Allied Health Professionals (AHP) and Highly Specialised Service (HSS) staff across trusts had different agreements. Via an Alliance led collaboration a further competition procurement identified a master vendor that could deliver one collaborative agreement. Supplier performance is now measured via a KPI dashboard that was created in line with the agreed contract.

"Bringing together so many NHS organisations from across the different spectrums into one process and one outcome is a positive experience for all involved. This collaboration will help to drive down costs, share data and strategies and reduce agency use across the AHP field, which will benefit us both financially and clinically."

Richard Somerset, Head of Procurement, Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

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CASE STUDY

New Staff Bank Management Service at Barts NHS Trust boosts operational efficiency

Working together with all major stakeholders, the Alliance developed a comprehensive specification to meet all critical aspects of service delivery. Robust KPIs were set to enable the team at Barts to monitor and track each phase of the contract lifecycle, ensuring that the long-term strategies for the trust's temporary staffing, procurement and commercial contracts teams are met.

"Not only was the trust able to complete the exercise on time without any expensive external resource, but the end result will contribute to a substantial saving. We also had no challenges from any competitors on what was a very large and complex tender. The NHS Workforce Alliance acted in true partnership with the trust and delivered impressive results."

Daniel Waldron, Group Director of People, Barts Health NHS Trust – Group Director of People

Case Study

Dr Nadia Koloteva-Levine
Lecturer in Applied Biosciences
University of Kent

Our Apprenticeships

University of Kent

Policy Officer
Level 4

Technician Scientist
Level 5

Biomedical Scientist Level 6

Laboratory Scientist
Level 6
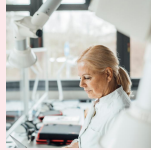
Clinical Trial Specialist
Level 6

Research Scientist
Level 7

Chartered Manager
Level 6

Senior Leader
Level 7

Operational Research
Specialist - Level 7

Digital Technology Solutions
Professional – Level 6

Social Worker
Level 6

Professional Economist
Level 6

Science Apprenticeships

University of Kent

LEVEL 5
Technician Scientist

LEVEL 6
Scientist

LEVEL 6
Clinical Trials Specialist

LEVEL 7
Research Scientist

Unlocking Opportunities: Our Collaborative Learning Partners
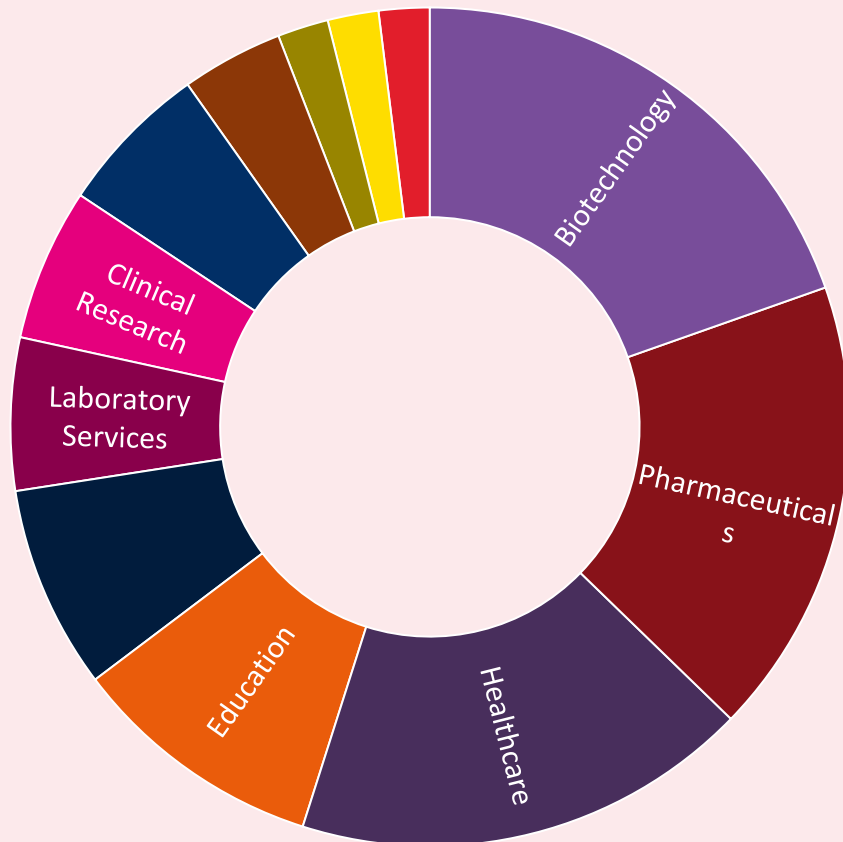
NHS Workforce Gap – The Challenge

University of Kent

• Diagnostics under pressure: 80% diagnoses, ~5% NHS workforce

• Rising demand + ageing workforce = urgent need

• Traditional training routes can't meet demand

• NHS Workforce Plan → apprenticeships as a key solution

Introducing the Degree Apprenticeship

University of Kent

- Level 6 BSc Hons Biomedical Science, 4-year earn-as-you-learn

- Co-designed with NHS pathology experts

- Apprentices = full-time NHS employees + part-time students

- New entry route for school leavers & lab staff

- First cohort planned January 2026

Co-Design with the NHS

• Curriculum built with NHS lab managers & scientists

• Employer-led, workplace-based training

• Flexible blended delivery: online + in-person practicals

• Continuous feedback & review with NHS partners

• Shared goal: workforce-ready scientists

University of Kent

Joanna Nightingale's Perspective

University of Kent

"This course allows pathology to select those assistant healthcare scientists (AHCS) with ability to continue working for them and training without them having to resign and go to Uni.

It allows us to **train** and retain **existing talent** that do not want to go to University full time."

"Co-design means no steep learning curve for graduated – they're NHS ready"

"This apprenticeship bridges the gap – combining academic rigour with real NHS experience."

Senior Lecturer at University of Kent
- Science and workforce program lead
- Education and Training Lead for Pathology (EKHUFT)
- Head Biomedical Scientist

Outcomes & Benefits

- Workforce-ready graduates

- Sustainable local pipeline → reduced agency/overseas reliance

- Improved care: faster test turnaround, better diagnostics

- More diverse, inclusive workforce

- Clear NHS career progression for staff

Conclusion – Collaborative Success

- Co-design = effective workforce solutions

- Education aligned to NHS service needs

- Strong partner interest, positive early signals

- Ready to scale and adapt for other roles

- Thank you → open to questions & discussion

University of Kent

Our Apprenticeship Support

Planning

Recruitment

Onboarding

Student Support

Employer Support

Partnership and Collaboration

Further Information & Feedback

University of Kent

• Scan QR code → info pack, feedback, contact form

• Contact: recruitapprenticeships@kent.ac.uk

Thank you!

University of Kent

To find out more, visit stand **C54** today or contact our Business Development Team:
recruitapprenticeships@kent.ac.uk

SCAN TO FIND OUT MORE

University of Kent

Level 5
Technician Scientist

- 3-year course +EPA

- Online delivery with yearly summer schools

- £21,000 from Levy or government co-investment funding

- FdSc in Applied Chemical or Applied Bioscience

- ATMP pathway

Level 6
Laboratory Scientist

- 5-year course +EPA

- Online delivery with yearly summer schools

- £27,000 from Levy or government co-investment funding

- BSc in Applied Chemical or Applied Bioscience

- ATMP pathway

Level 6
Clinical Trials Specialist

- 5-year course +EPA

- Online delivery with yearly summer schools

- £26,000 from Levy or government co-investment funding

- BSc in Applied Bioscience with Clinical Research Operations

Level 7
Research Scientist

- 30 months+ EPA

- Online delivery with yearly intensive weeks

- £18,000 from Levy or government co-investment funding

- MSc in Drug Discovery and Development

CONVENZIS

Fireside Interview

NHS Workforce Conference

Building Sustainable NHS Teams

CONVENZIS

Graham Rimmer
Business Manager and Chair of
the LGBTQ+ Staff Network
Manchester University NHS
Foundation Trust

Paul Nethercott
Community Partnership Manager
Manchester University NHS
Foundation Trust

Case Study

Dr Simon Mac Rory
CEO
The Guardian Service

Are your staff on mute?

Dr Simon Mac Rory
CEO & Author

The Guardian
Service
Here to listen

CONVENZIS

Chair Afternoon Reflection

NHS Workforce Conference

Building Sustainable NHS Teams

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Mr Chris Sleight MSc BSc FIBMS
Chief Officer
Greater Manchester Diagnostics Network

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NHS Workforce Conference

Building Sustainable NHS Teams

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Keynote Presentation

Ian Setchfield
Associate Director-Workforce Development and Education for Nursing, Midwifery and Allied Health Professionals
East Kent Hospitals University NHS Foundation Trust

Enhanced, Specialist, Advanced and Consultant (ESAC) Nursing, Midwifery and Allied Health Professionals (NMAHP) Review

Ian Setchfield

Associate Director-Workforce Development and Education for Nursing, Midwifery and Allied Health Professionals

Advance Practice Lead

NHS
East Kent Hospitals University
NHS Foundation Trust

We are a large hospitals Trust, with five hospitals and a number of community clinics serving around 700,000 people in east Kent.

We also provide specialist services for a wider population of over a million, including renal services in Medway and Maidstone, the county's specialist vascular surgery service and pPCI cardiac service.

10,100
staff

48
wards

1,000
beds

5,762
Babies born

303,500
Annual emergency Department visits

1,026,000
Annual outpatient appointments

179,600
Elective and emergency admissions

100,000
Elective admissions

We care

Why a review?

UNDERSTAND SPECIALIST, ENHANCED, ADVANCED, CONSULTANT NMAHP ROLES

PROVIDE AN ASSESSMENT ACROSS SERVICES, SPECIALTIES, CARE GROUPS AND TRUST SITES, TO SUPPORT PRACTITIONERS AND PROVIDE CLEAR ROLE DEFINITIONS

CONSIDERED EXISTING GOVERNANCE ARRANGEMENTS AND REQUIREMENTS TO SUPPORT PATIENT SAFETY, CLINICAL EFFECTIVENESS AND FUTURE SERVICE NEEDS AT EKHUFT
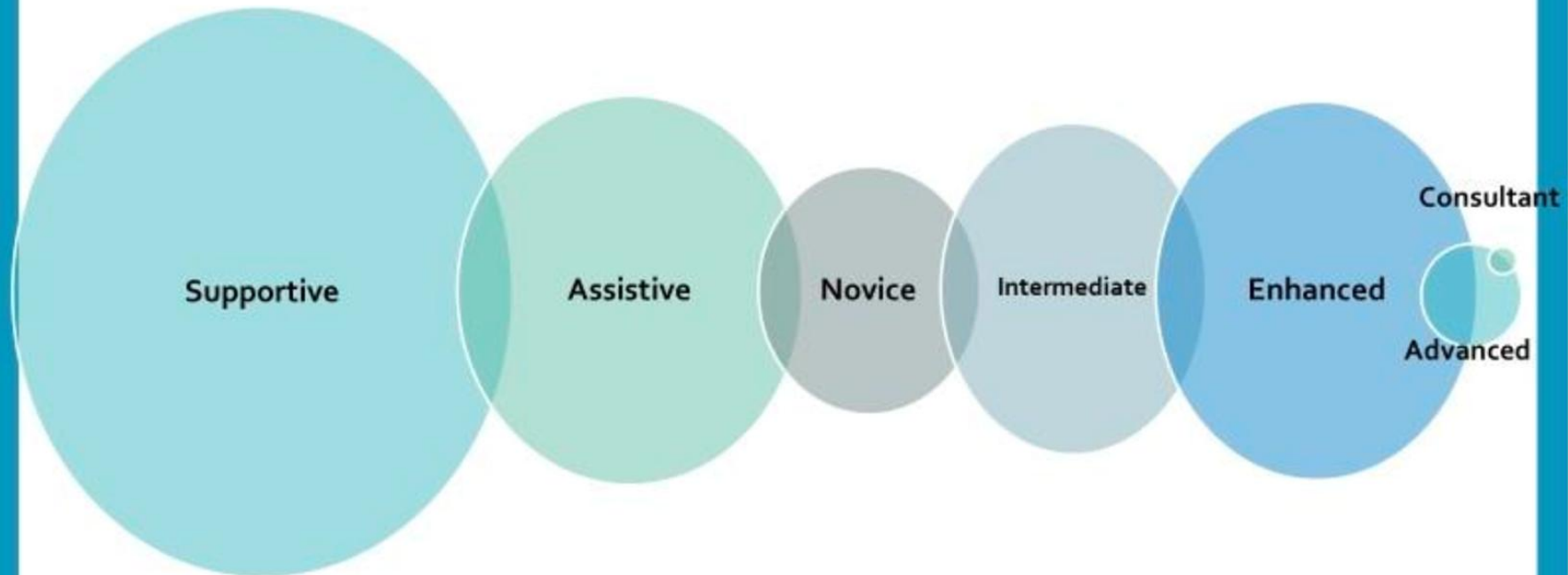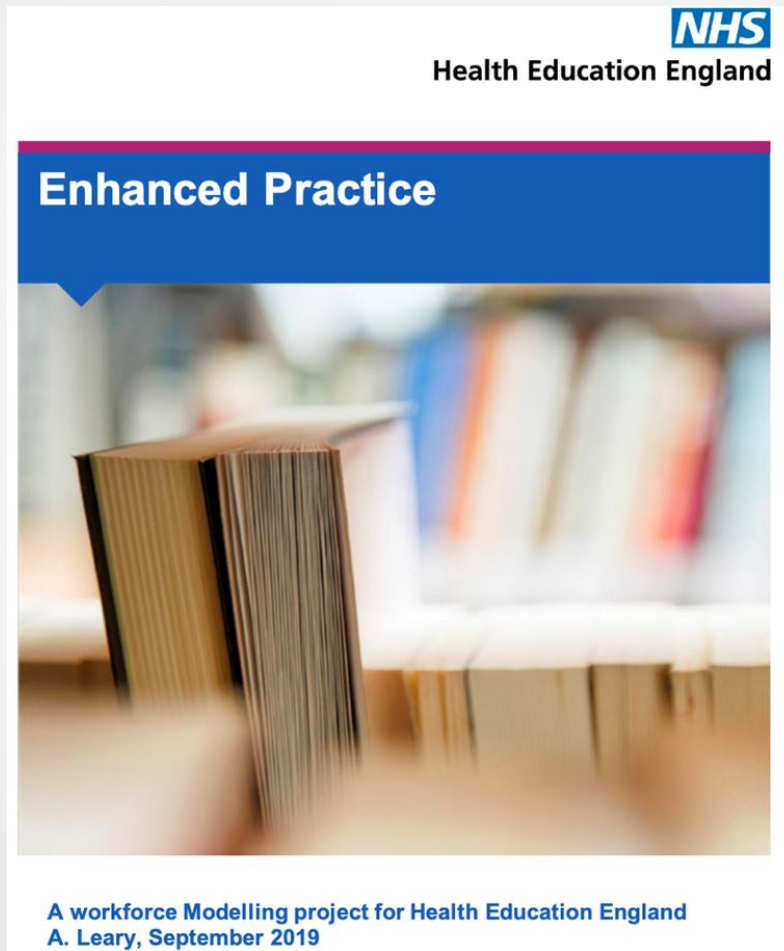
Why not specialist?

'Specialist knowledge is articulated across all levels of complexity there was a consensus not to use "specialist" as a level of practice'

Advanced Clinical Practice is delivered by experienced registered healthcare practitioners. It is a level of practice characterized by a high level of autonomy and complex decision-making. This is underpinned by a master's level award or equivalent that encompasses the four pillars of clinical practice, management and leadership, education and research, with demonstration of core and area specific clinical competence"

Multi-professional framework for advanced clinical practice in England
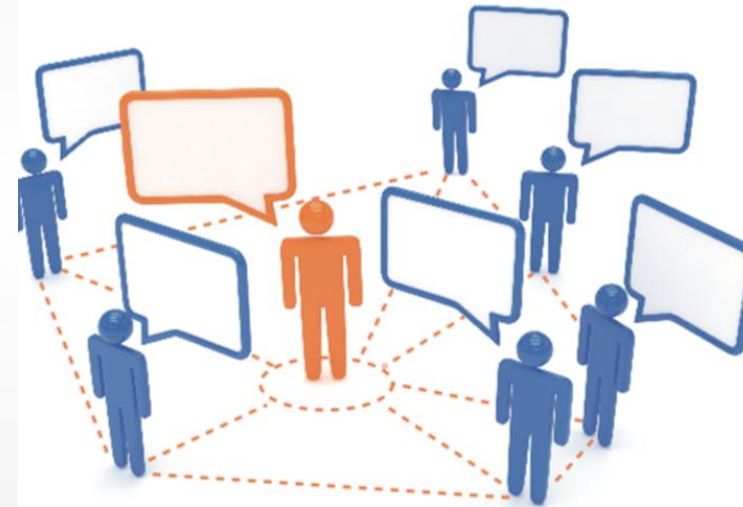
"New solutions are required to deliver healthcare to meet the changing needs of the population. This will need new ways of working, new roles and new behaviours."

We care

Consultant Practice

The role, is at the pinnacle of the clinical career ladder and provides expertise, clinical and strategic leadership in the practice of nursing for a specific client group; practice-based research, inquiry, development and improvement approaches that change practice sustainably through individual, team and organisational learning, cultural change and improving effectiveness[1]

1. Manley, 1997, 2000a,b, 2002, Manley & Titchen,2012.

The Four Pillars			
Expert practice (the consultant's main health- or social-care profession)	Strategic and enabling leadership	Learning, developing and improving across the system	Research and innovation
Consultancy: the foundations for putting expertise in place across systems of health and social care			

Review to date

- Enhanced, Advanced, Consultant Level Practice policy
- Advancing Practice Governance Maturity Matrix (Centre for Advancing Practice NHSE)
- Job plans
- Non-medical job planning policy

- Enhanced, Advanced, Consultant Level Practice Assurance Group
- Enhanced, Advanced, Consultant Forums
- Standardised N&M JD's
- Defined job titles
- Ensuring EASC roles were included in strategic plans and NM Ambitions

Benefits

Interdisciplinary role models with significant leadership & change agent potential

More likely to stay than their transient medical workforce

Succession planning, improved recruitment & retention and a sustainable workforce model

More likely to adhere to local policy and procedures, and therefore less likely to make mistakes/improve patient safety culture

The future

- Not modelling what we already have but what we require for the future
- Not concentrating only on numbers of staff but skills and competencies required for the future
- Need for a clear multi-professional workforce pathway/strategy for the model
  - Enhanced, Advanced, Consultant Practitioner

CONVENZIS

Keynote Presentation

NHS Workforce Conference
Building Sustainable NHS Teams
CONVENZIS

Mr Chris Sleight MSc BSc FIBMS
Chief Officer
Greater Manchester Diagnostics Network

What you need to know about Generations to plan your Sustainable Imaging Workforce

Mr Chris Sleight
Chief Officer
Greater Manchester Diagnostics Network
Email: Chris.Sleight@nca.nhs.uk

16th NHS Workforce Conference:
Building Sustainable NHS Teams

- Clinical background in Pathology.
- Various Operational and Strategic Senior Roles in Greater Manchester.
- Now Chief Officer for the Greater Manchester Diagnostics Network.
- SRO for GM Community Diagnostic Centre Programme.
- I have Programme Director responsibilities for Digital Diagnostics programmes.

- ……and I am a father of 4 boys

Why a short-, medium-, and LONG-TERM Workforce Focus is critical now to sustain future services & MANAGE INCREASING DEMAND

- *An Ageing & Growing Population*
- *New Generations with different stereotypes, attitudes and aspirations*

Going to focus on the rise of Generation Z – those people aged between 13 and 27 who are now coming into your workforce

- *What you need to know*
- *Their attitude to work*
- *Five Top Tips to help you recruit, manage and work with Gen Z employees*

GM Diagnostics workforce strategy

Objective 1 – **to attract and retain** talent in the network, to **decrease vacancy and turnover** rates.

Objective 2 – to create clear **development opportunities for all** staff to maximize staff potential and **create equality in training** across the network

Objective 3 – to better understand the workforce needs and **create a sustainable workforce** for the future.

Background and Current workforce position

Workload vs Workforce - Total GM Pathology Network
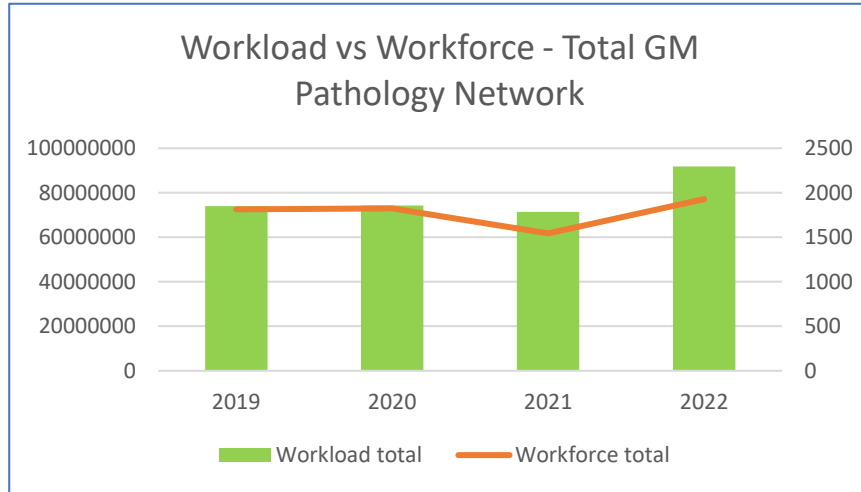
- National occupation shortage in many staff groups across Diagnostics
- Increased demand on both imaging and pathology diagnostic services – especially post COVID recovery
- More staff taking early retirement
- Graduate entry reducing
- Training capacity reducing – focus on service, no time to train
- Burn out of staff – most departments carrying significant vacancies
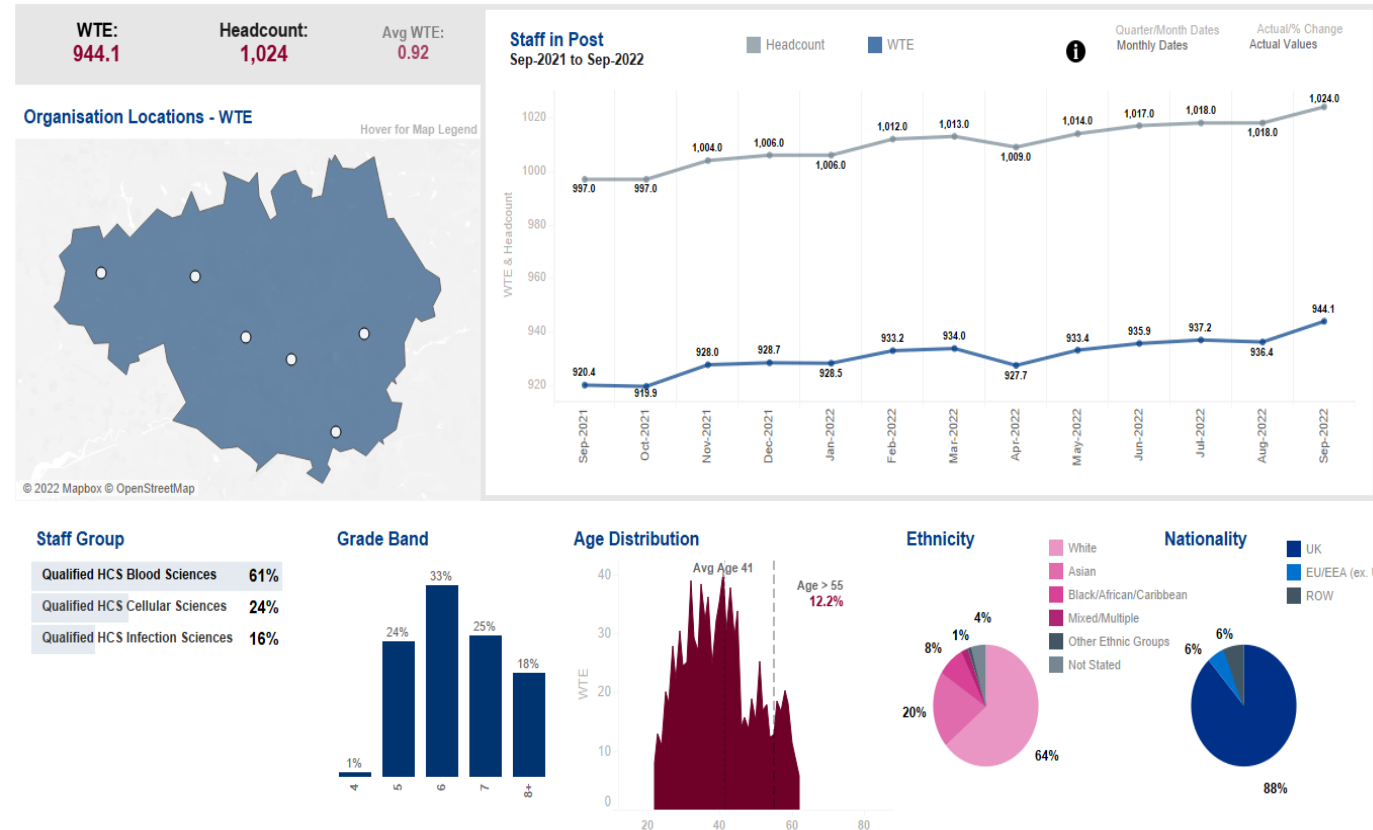
ESR snapshot of registered Biomedical Scientist in GM

Age Distribution

Avg Age 41

Age > 55
12.2%
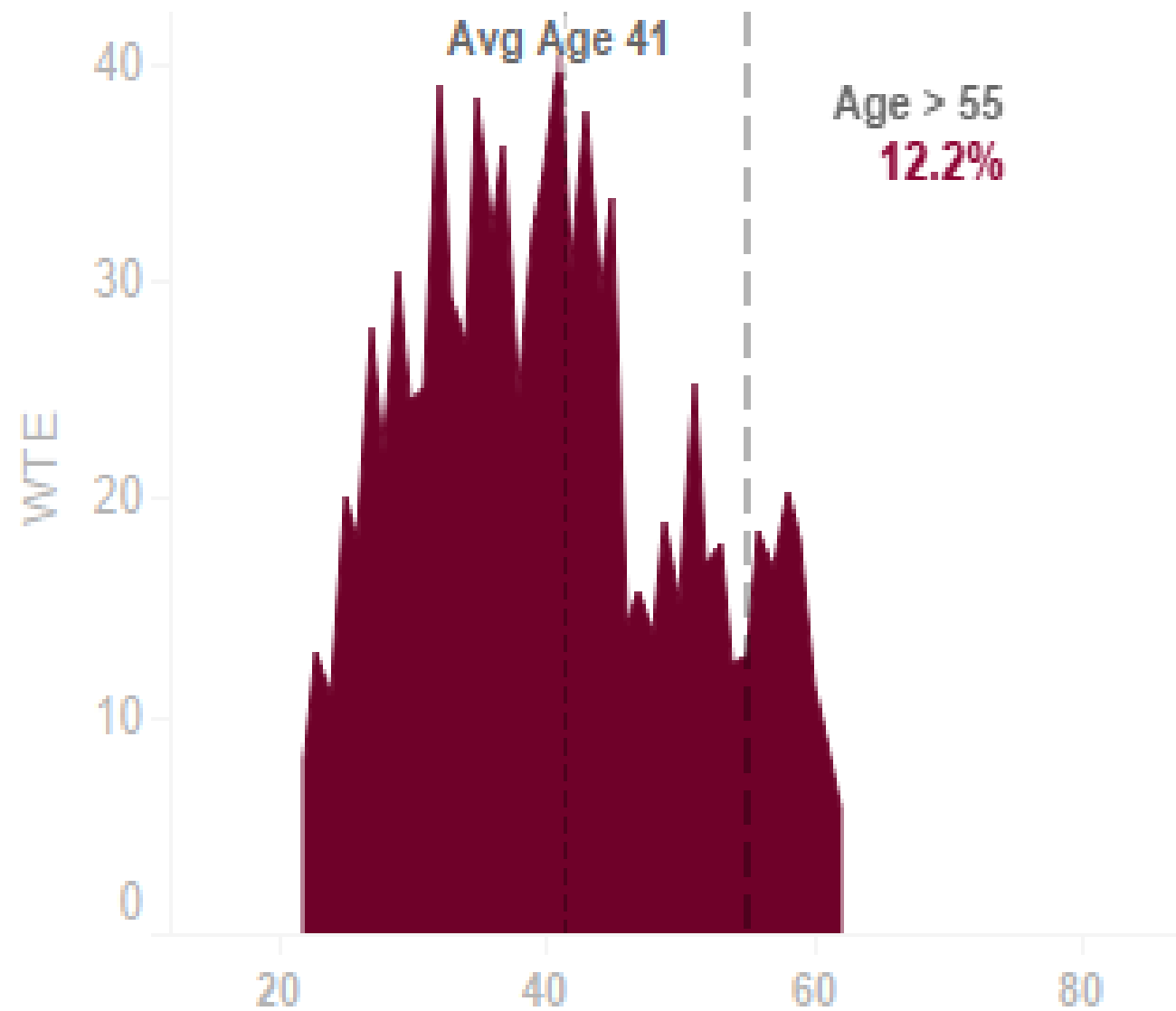
SOME GOOD NEWS! World Probabilistic Projections in Life Expectancy (Both Sexes)

Life expectancy, including the UN projections
The period life expectancy¹ at birth. This includes the observed life expectancy since 1950, and the medium-variant projections for the future, based on estimates by the UN Population Division.

Our World in Data

United Kingdom
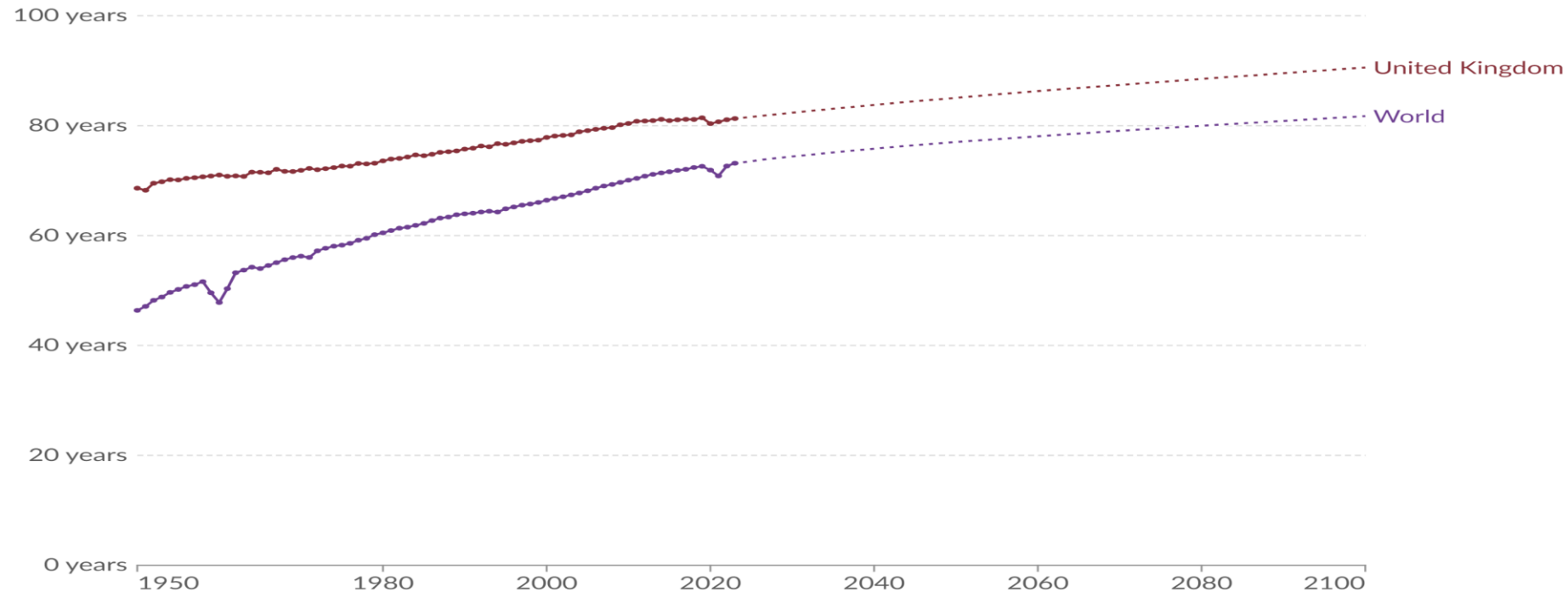
World

Data source: UN, World Population Prospects (2024)

OurWorldinData.org/population-growth | CC BY

1. Period life expectancy: Period life expectancy is a metric that summarizes death rates across all age groups in one particular year. For a given year, it represents the average lifespan for a hypothetical group of people, if they experienced the same age-specific death rates throughout their whole lives as the age-specific death rates seen in that particular year. Learn more in our articles: "Life expectancy" – What does this actually mean? and Period versus cohort measures: what's the difference?

Which means the population is increasing....

Population, 1950 to 2100

Projections from 2024 onwards are based on the UN's medium scenario.

Our World in Data

World

10 billion

8 billion

6 billion

4 billion

2 billion

0

1950   1980   2000   2020   2040   2060   2080   2100
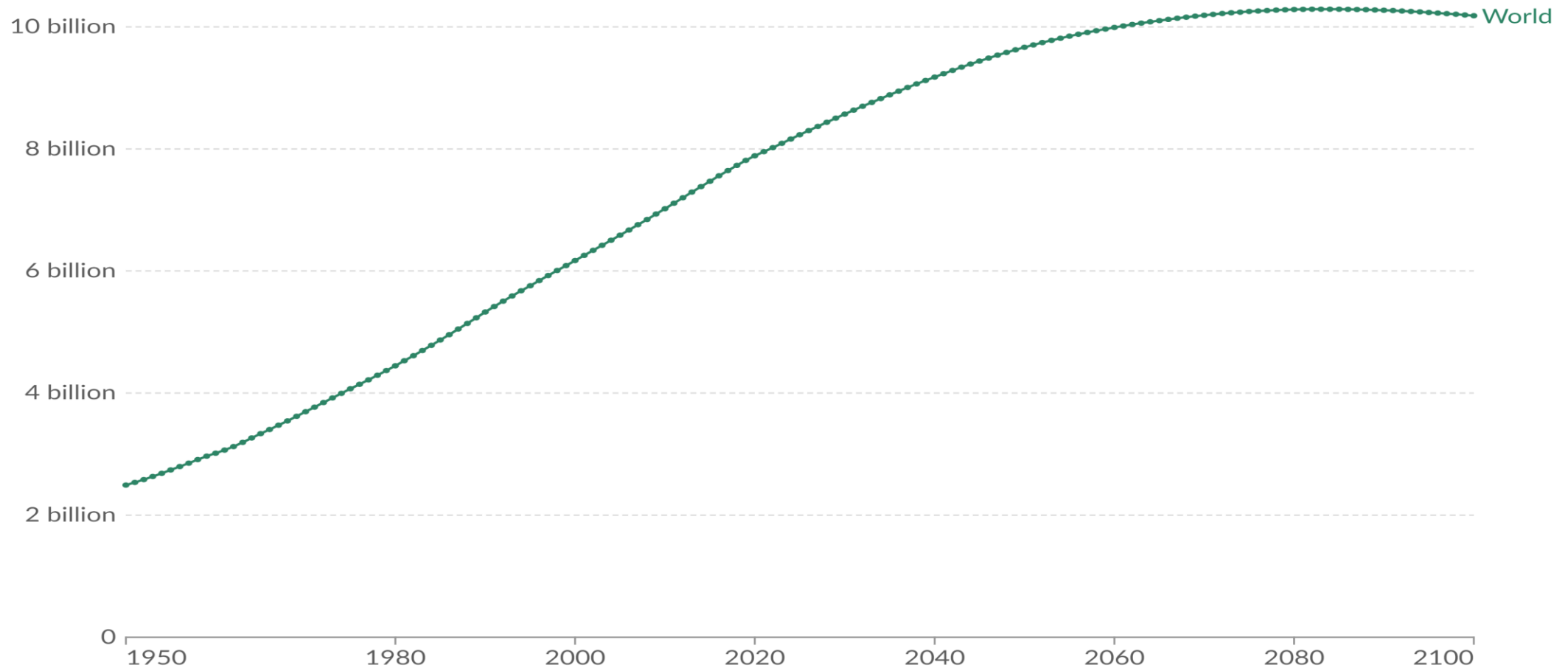
Data source: UN, World Population Prospects (2024)
Note: Values as of 1 July of the indicated year.

OurWorldinData.org/population-growth | CC BY

……Faster than we thought!

How do UN Population projections compare to the previous revision?
United Kingdom

The medium population projection from the UN's World Population Prospects in its 2024 publication, compared to its 2022 revision.

United Kingdom – 2024 Revision

United Kingdom – 2022 Revision
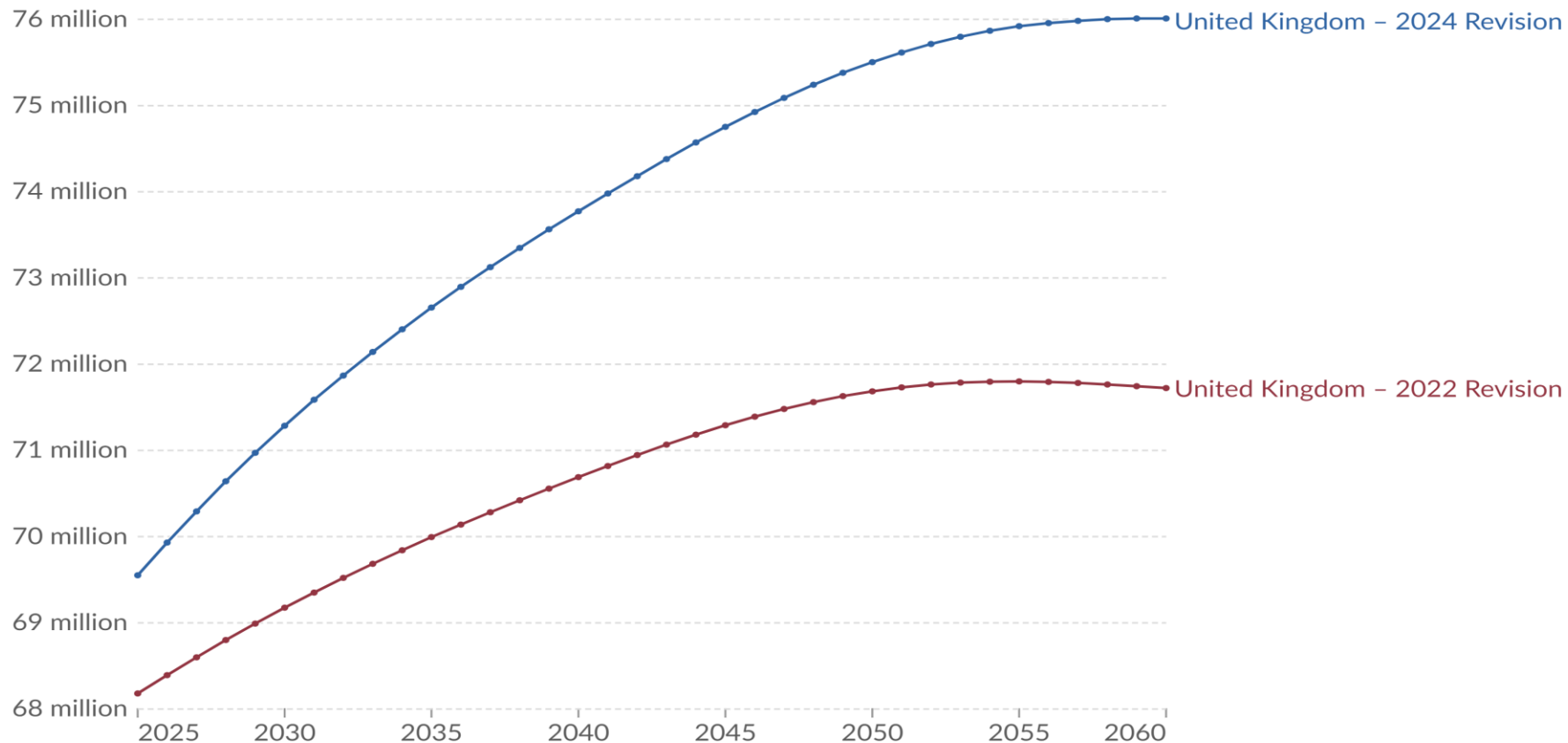
Data source: UN, World Population Prospects (2022) and (2024)

OurWorldinData.org/population-growth | CC BY

Population by age group, including UN projections, United Kingdom

Historic estimates from 1950 to 2021, and projected to 2100 based on the UN medium-fertility scenario. This is shown for various age brackets and the total population.

⇄ Change country
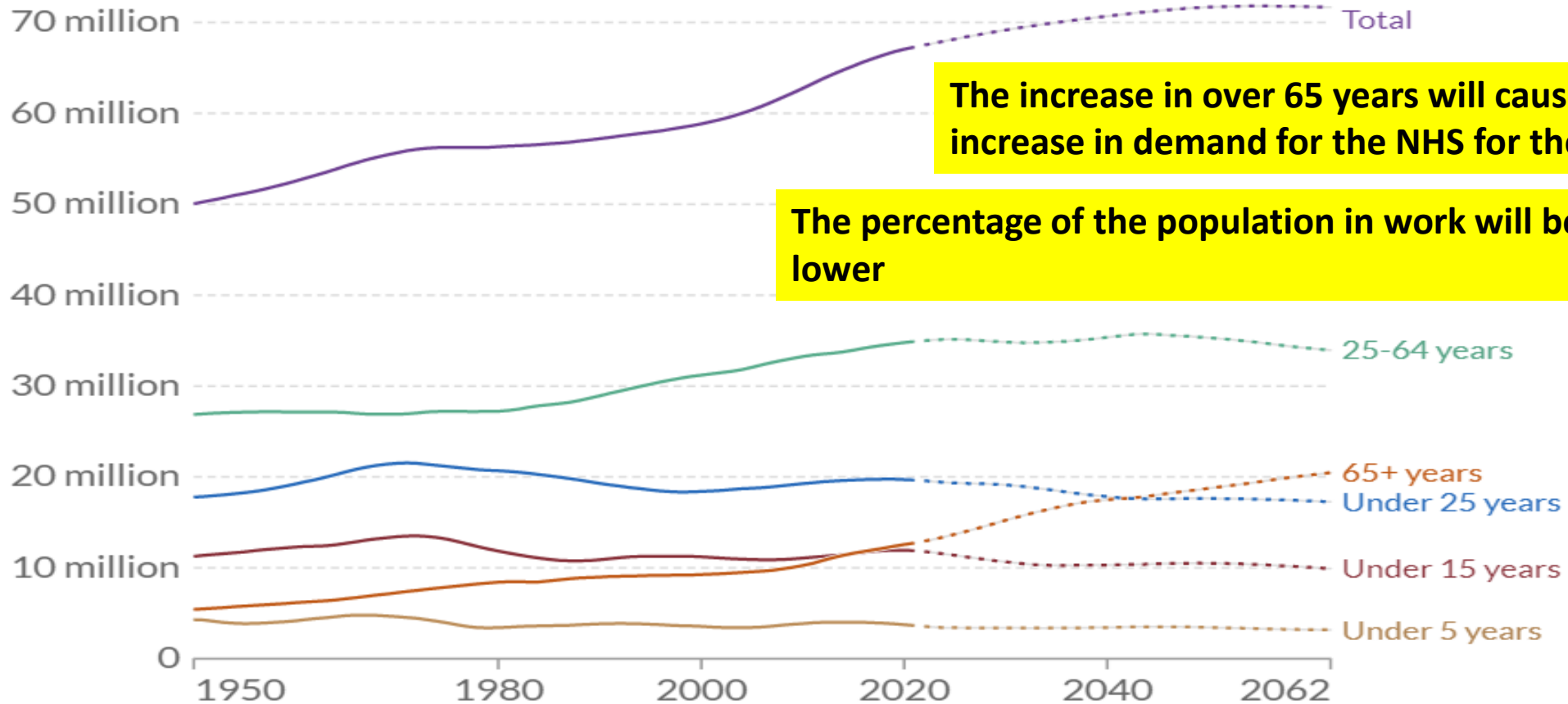
The increase in over 65 years will cause a huge increase in demand for the NHS for the next 40 years

The percentage of the population in work will be lower

70 million — Total

60 million

50 million

40 million

30 million — 25-64 years

20 million — 65+ years / Under 25 years

10 million — Under 15 years

0 — Under 5 years

1950   1980   2000   2020   2040   2062

Source: United Nations, World Population Prospects (2022)   OurWorldInData.org/world-population-growth • CC BY

Different Generations……

We all think our parents were slightly crazy,

and we all think our children are weird……

	Generation Alpha	Generation Z	Millennials	Generation X	Baby Boomers	Silent Generation
Born	2012 - 2024	1997-2012	1981-1996	1965-1980	1946-1964	1926-1945
Age	Up to 13	14-26	27-42	43-58	59-77	78+
Stereotype	Very short attention span. All information needed instantly available. Allergies, obesity and health problems related to screen time. Family Oriented. 80% dictate family activities such as holidays! Exceptional learning abilities and opportunities.	More racially and ethnically diverse than any previous generation. No memory of life before the internet. Give more voice to social causes than previous generations. Ambitious. Confident. Higher Diagnosis of mental health. Prone to anxiety. Puberty onset earlier.	Most educated generation of humans to ever exist, with around 40 percent having a university degree or higher. Ambitious, Confident, Curious, but often labelled as "Spoilt and Lazy" the "Me, Me, Me" generation.	"Latch Key" Generation - left at home alone whilst parents worked. Resourceful. Logical. Problem-Solvers.	So called because of huge increase in birth rates following end of the second World War. Committed. Self sufficient. Competitive.	Grew up during and after World War II; taught to be "seen and not heard". Disciplined. Loyal.
Communication	Social networks, and streaming services; low interest in TV. Create on line communities.	Hand held or integrated in clothing comms device / Facetime	Text / social media / on line real time text messaging /face to face	e-mail / text	Face to Face / Telephone Landlines	Speaking Face to Face / Formal letters
Major events	Covid 19	Global financial crisis 2008 & Covid 19	Nine Eleven (2001)	Fall of Berlin wall (Nov 89)	Moon landing	World War Two
Iconic Toys	Fidget Spinners PlayStation 4 X Box 360	Nintendo DS Scooters Fashion Dolls (BRATZ)	Cabbage Patch Kids BMX Bike Little Tykes (Log Cabin/Cozy Coupe)	Lego Rubix Cube Chopper Bikes	Etch A Sketch Spacehopper Frisbee	Bubble Solution Roller Skates Toy Soldiers
Music	Smart Speakers	Spotify	iPod	Walkman /CDs	Audio Cassette	Record Player
Major Influences on lives	Internet. Tik Tok. Pandemic.	Youtubers. Internet. Parents.	Peers. Television. Internet. Parents.	Parents. Television. Books. Magazines.	Parents. Newspapers. Music (e.g. Beatles). World events. Books.	World War Two. Parents /Grandparents/ Siblings. Books.

	Generation Alpha	Generation Z	Millennials	Generation X	Baby Boomers	Silent Generation
Attitude to Technology	They don't just use technology; they intuitively understand it. Navigating digital spaces, for them, is as natural as breathing. "Technoholics". Totally dependent on IT - have no grasp of alternatives. More digitally savvy than any previous generation. Will not understand and will become quickly irritated by previous generations "lack of understanding" of modern technology.	Totally dependent on IT - (born with a smartphone and a tablet) - very limited grasp of alternatives.	Digital natives - technology is part of their everyday lives. Activities mediated by a screen. Don't need to be problem solvers as internet does it for them.	Digital immigrants. Technology was growing fast but in its infancy. Understand the importance of digital and non-digital.	Early adopters. Extremely cautious and sceptical. Seen as a luxury.	Largely disengaged. Lack of understanding or interest.
Attitude to Work	No constraints on geography; massively influenced on climate change and saving the planet. Like Generation Z, but moreso, they will have jobs that do not exist in today's world. Extremely curious – will want to learn new things. As yet unknown when they will want to retire – theories on this are diverse.	Career "multitaskers" - will move between employers and job roles. Very low limitation on geography. Want to retire early.	Digitally driven. Work "with" an employer rather than "for". Diminished geography constraint. Want to retire early.	Professionally loyal (not necessarily to employer). Geography constrained. Expect to retire at 65 or earlier. "Workaholics"	Organisational loyalty. High dependence on geography. Expect to retire at 65 or return to work.	Jobs are for Life. Totally dependant on geography.
Aspiration	Predicted to be the wealthiest generation ever, financial savvy and will demand financial stability.	Security and Stability (due to global economic turbulence in formative years)	Freedom and Flexibility	Work Life Balance	Job Security	Home Ownership

Unsure Which Generation You Are?

Generation Alpha

Samsung Galaxy Z Flip 6

(other suppliers are available!)

Generation Z

Smartphone

Millennials

Phone

Generation X

Mobile Phone
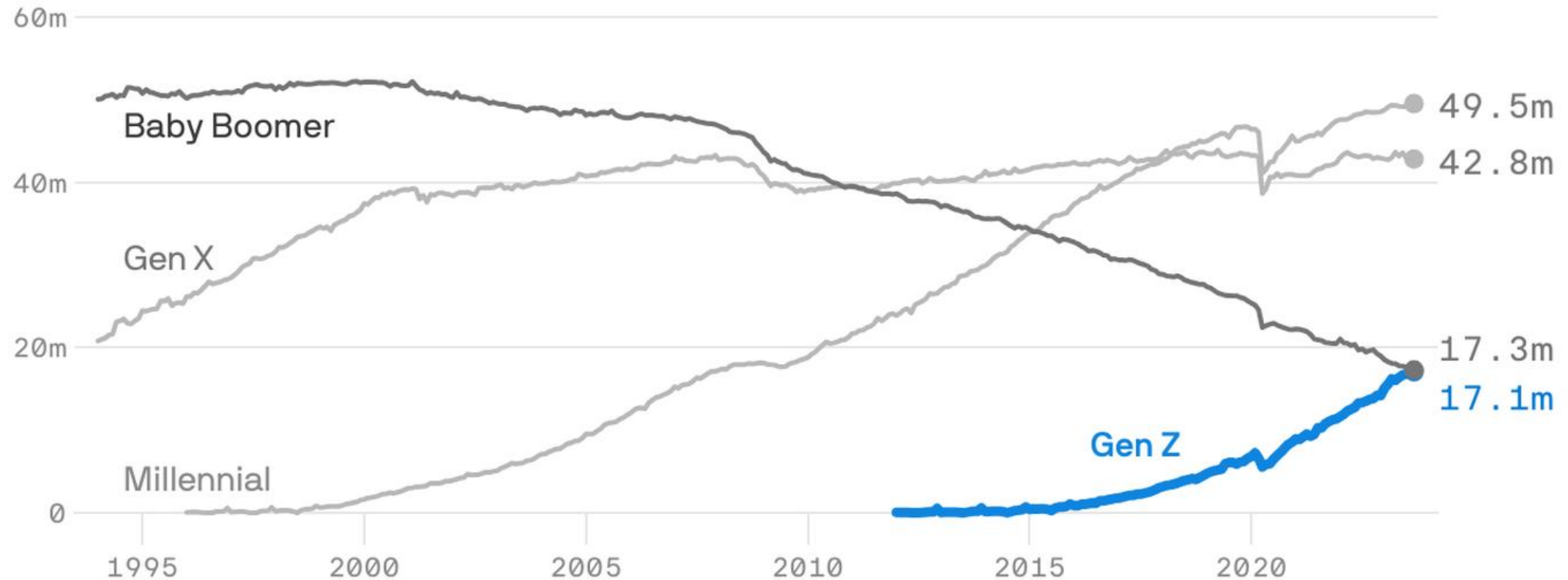
Baby Boomers ……………………………………….

Generation Z – What you Need to Know

- As of 2025, Gen Z age range is approx. 13 to 27
- Their lives are shaped by technology, climate change, surviving a global health crisis
- Like all generations – they learn from observing their parents – mostly Generation X (the "Workaholics"). They want to retire early.
- More than half (54%) of Gen Z spend four hours or more a day on social media (Morning Consult)
- 88% of Gen Z spend their time primarily on YouTube (Morning Consult's survey)

% of the generations in work - Decline of the Baby Boomers and the rise of Gen Z...

Gen Z overtook the Baby Boomers as a larger % of the UK workforce in March 2024

By 2030 Generation Alpha predicted to be 13% of the workforce; by 2040 could be 50%.

Gen Z Social Media Statistics

- YouTube **88%**
- Instagram **76%**
- TikTok **68%**
- Snapchat **67%**
- Facebook **49%**
- Twitter **47%**

source: Morning Consult Pro

Attitudes to Work in numbers
## Percentage of Gen Z who….

Prioritize work-life balance…………. **75%**

Have left a job because their employer did not offer a flexible work policy……… **72%**

Want a career with a positive impact on society…………. **93%**

Prioritize pay/salary as a top aspect they want from their next job…………. **70%**

Describe their mental health as "excellent" or "very good"………… **45%**

Expect to own a home one day……………….. **41%**

Own a smartphone ……….. **98%**

Expect to be promoted within the first 18 months of employment (graduates)……… **70%**

Want to show "personality" in work related communications………. **97%**

Percentage of Managers who think Gen Z have good work ethics and communication skills? **25%**

CONCLUSION Gen Z bring a fresh set of values, attitudes, and expectations to your workplace. Understanding the unique characteristics of Gen Z employees is crucial for organizations aiming to attract, engage, and retain this dynamic group. Five things to remember that define Generation Z employees:

1. Technology Driven
2. Diversity & Inclusion
3. Flexible Working
4. Independent - try not to micro-manage
5. Continuous Development

Biggest Motivators in Selecting Workplaces for GenZ
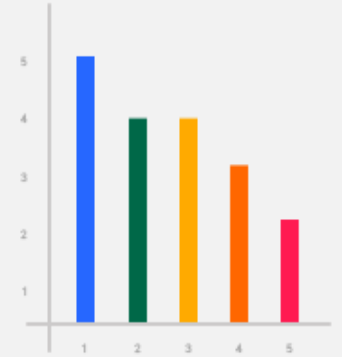
93% Impact on Society	77% Worklife Balance	77% Diversity & Inclusion	70% Health Insurance	63% Competitive Salary

Thank you for listening, any questions?

Diagnostics Network Twitter:
@GM_Imaging

Diagnostics Network LinkedIn:
@GMImagingandPathologyNetworks

Visit our Website
https://greatermanchesterdiagnostics.nhs.uk/

Or you can even send me a written letter ☺

Enjoy the rest of the Day…

CONVENZIS

Keynote Presentation

NHS Workforce Conference

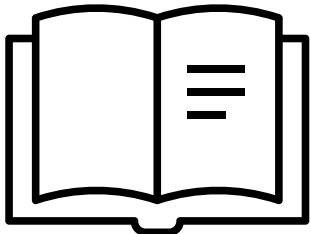Building Sustainable NHS Teams

CONVENZIS

Jennifer Cooke
Senior Project Manager
The NHS Benchmarking Network

What is benchmarking?

"The act of measuring the quality of something by comparing it with something else of an accepted standard"
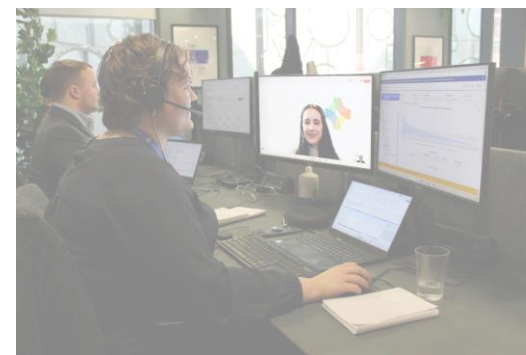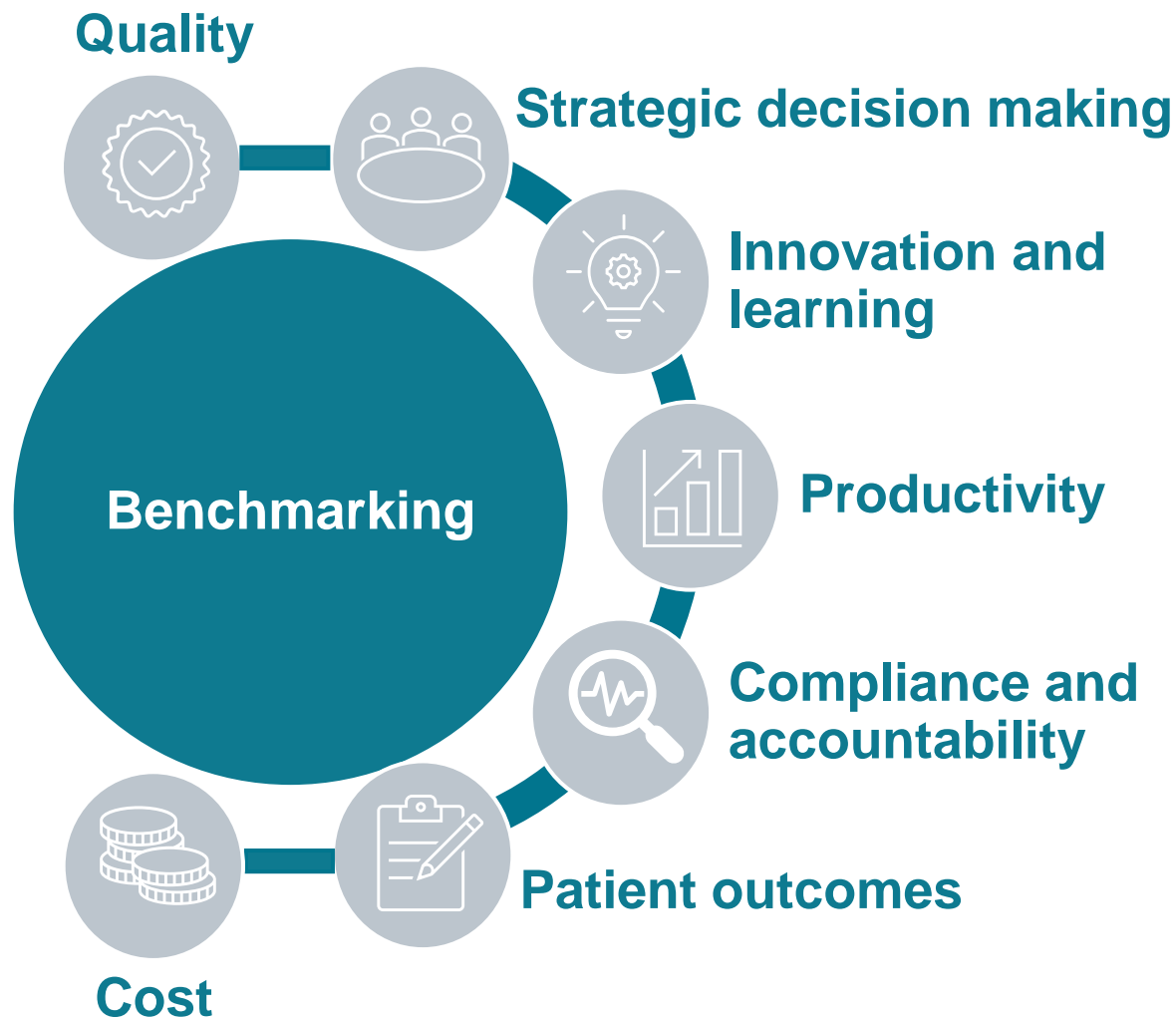
Cambridge dictionary

"Benchmarking is the practice of comparing business processes and performance metrics to industry bests and best practices from other companies"

Wikipedia

What does benchmarking support?

Quality

Strategic decision making

Innovation and learning

Benchmarking

Productivity

Compliance and accountability

Patient outcomes

Cost

Workforce Benchmarking for Health and Care

Transformation through benchmarking

Ensuring a workforce of the right size, in the right place, with the right skills is essential to meet current population need and underpins the ambitious transformation plans set out in key healthcare policy documents.

Commissioned by NHS England Workforce, Training and Education Directorate

Workforce Benchmarking
Supporting Workforce Planning with Data

How can workforce benchmarking data support you?

Workforce planning & retention
Identify trends in staffing levels and retention to inform decision making.

Workforce productivity
Compare staff skill mix, roles, and activity levels to enhance efficiency.

Safe staffing & service delivery
Benchmark against peers to ensure safe and effective workforce models.
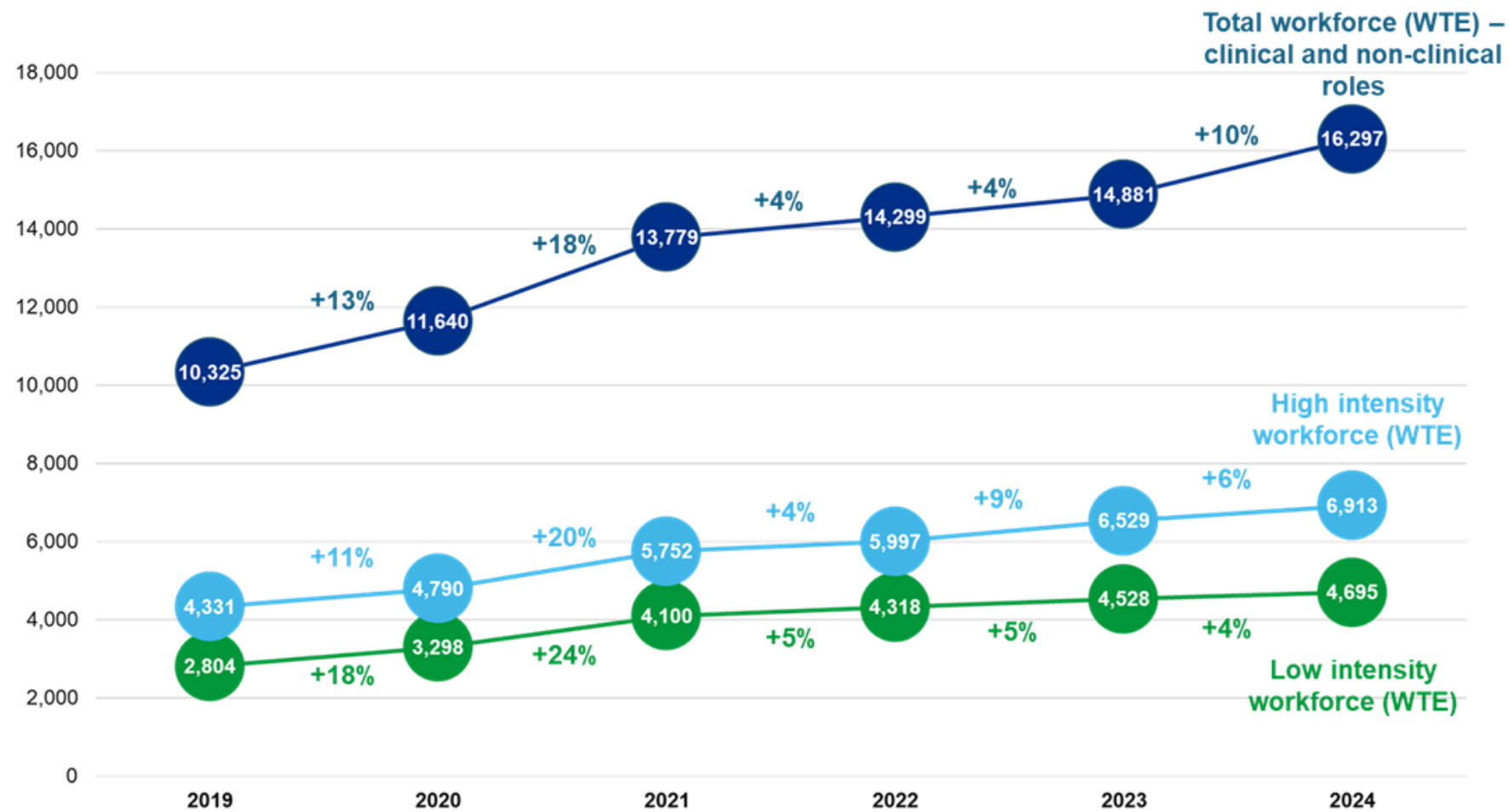
Workforce pressure & absence
Analyse sickness rates, absences, and workforce challenges.

Future workforce modelling & recruitment
Plan for future staffing needs, recruitment and funding allocations based on evidence.
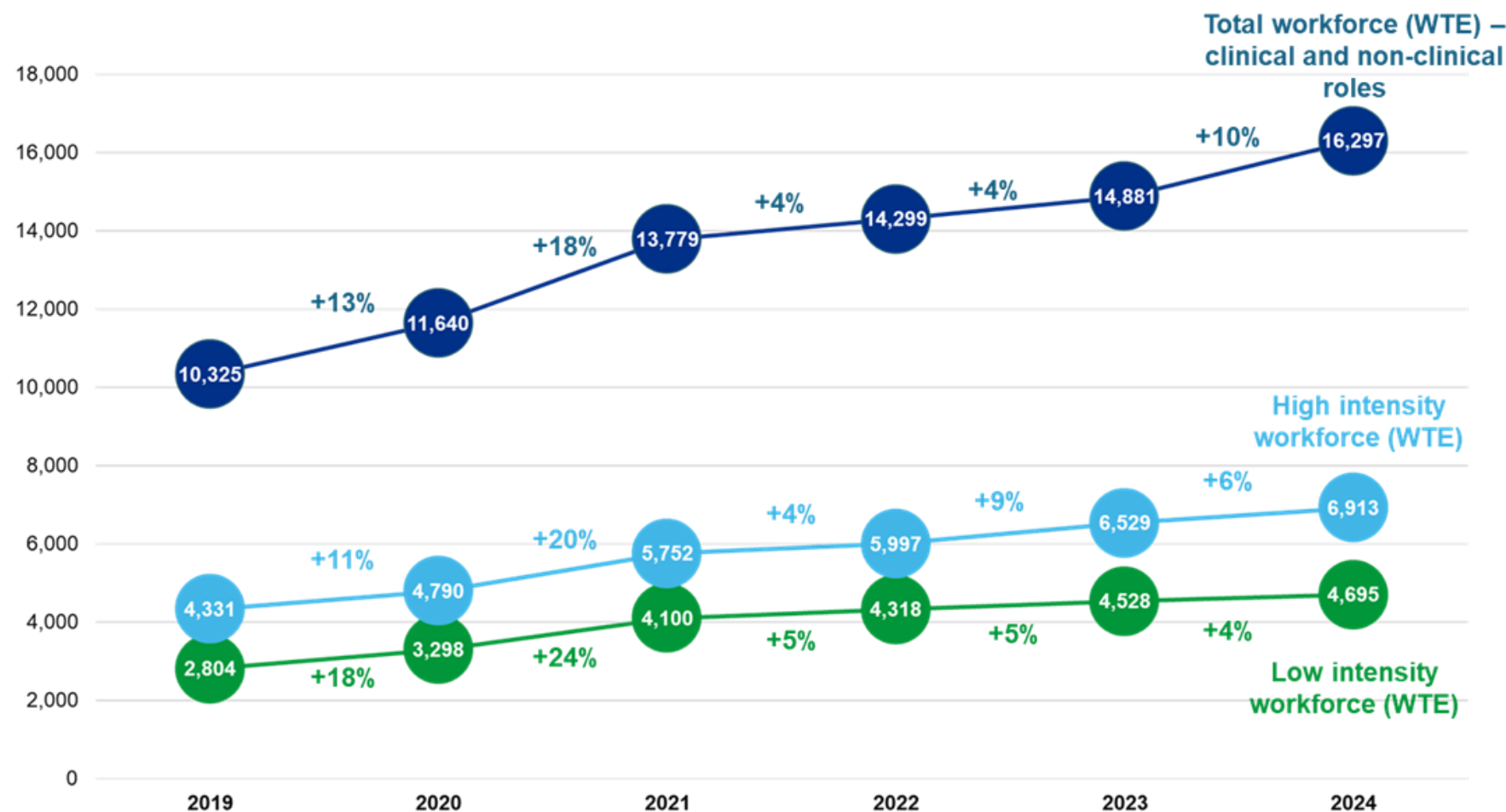
Workforce planning & retention

Total workforce (WTE) – clinical and non-clinical roles

High intensity workforce (WTE)

Low intensity workforce (WTE)

Total workforce: 10,325 (2019) → +13% → 11,640 (2020) → +18% → 13,779 (2021) → +4% → 14,299 (2022) → +4% → 14,881 (2023) → +10% → 16,297 (2024)

High intensity workforce: 4,331 (2019) → +11% → 4,790 (2020) → +20% → 5,752 (2021) → +4% → 5,997 (2022) → +9% → 6,529 (2023) → +6% → 6,913 (2024)

Low intensity workforce: 2,804 (2019) → +18% → 3,298 (2020) → +24% → 4,100 (2021) → +5% → 4,318 (2022) → +5% → 4,528 (2023) → +4% → 4,695 (2024)

Workforce planning & retention

Total workforce (WTE) – clinical and non-clinical roles

Year	2019	2020	2021	2022	2023	2024
Total workforce	10,325	11,640	13,779	14,299	14,881	16,297
% change		+13%	+18%	+4%	+4%	+10%
High intensity workforce (WTE)	4,331	4,790	5,752	5,997	6,529	6,913
% change		+11%	+20%	+4%	+9%	+6%
Low intensity workforce (WTE)	2,804	3,298	4,100	4,318	4,528	4,695
% change		+18%	+24%	+5%	+5%	+4%

Is the workforce changing in line with current policy guidance and targets?

Are the workforce levels rising in line with population need?

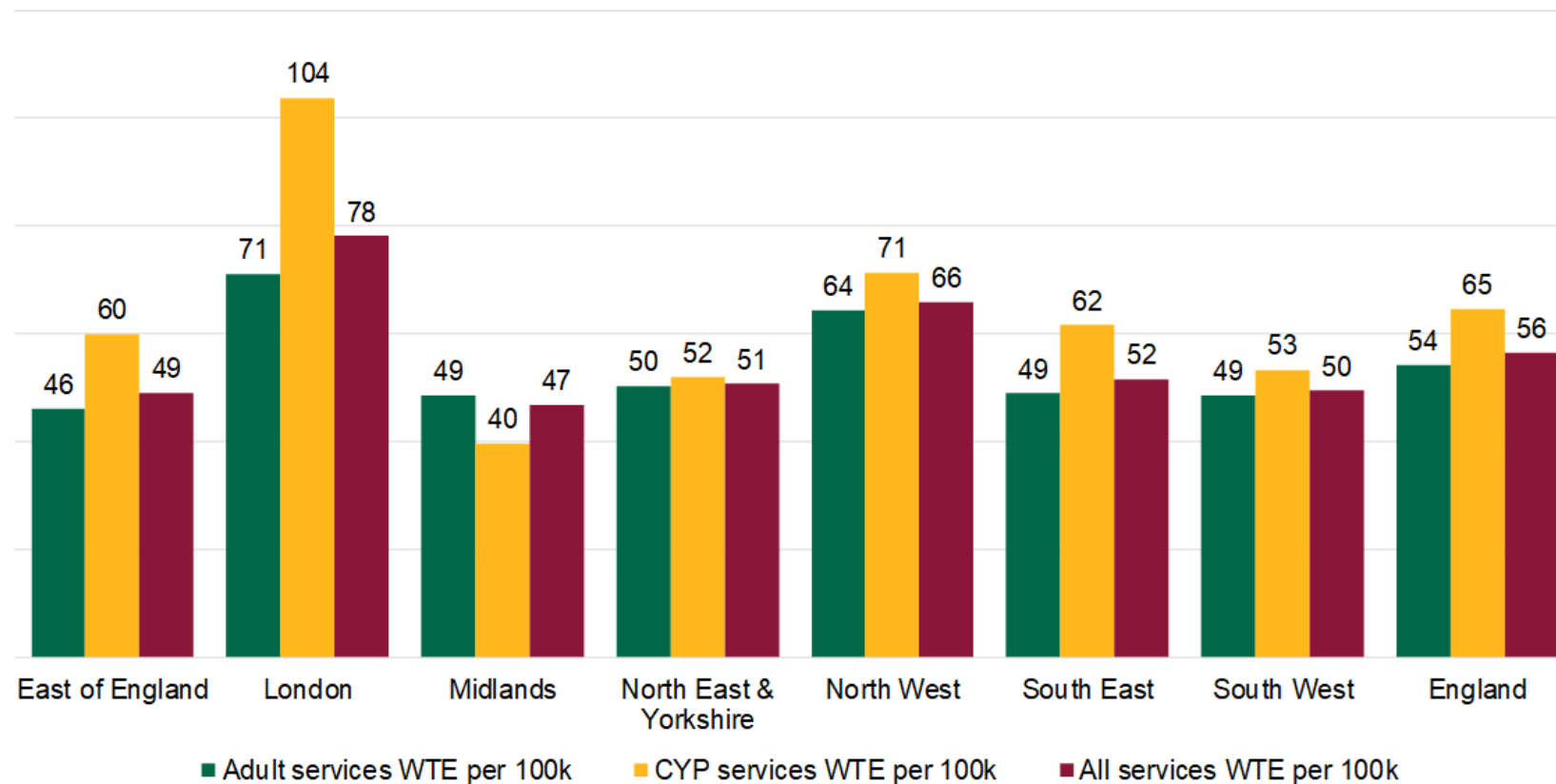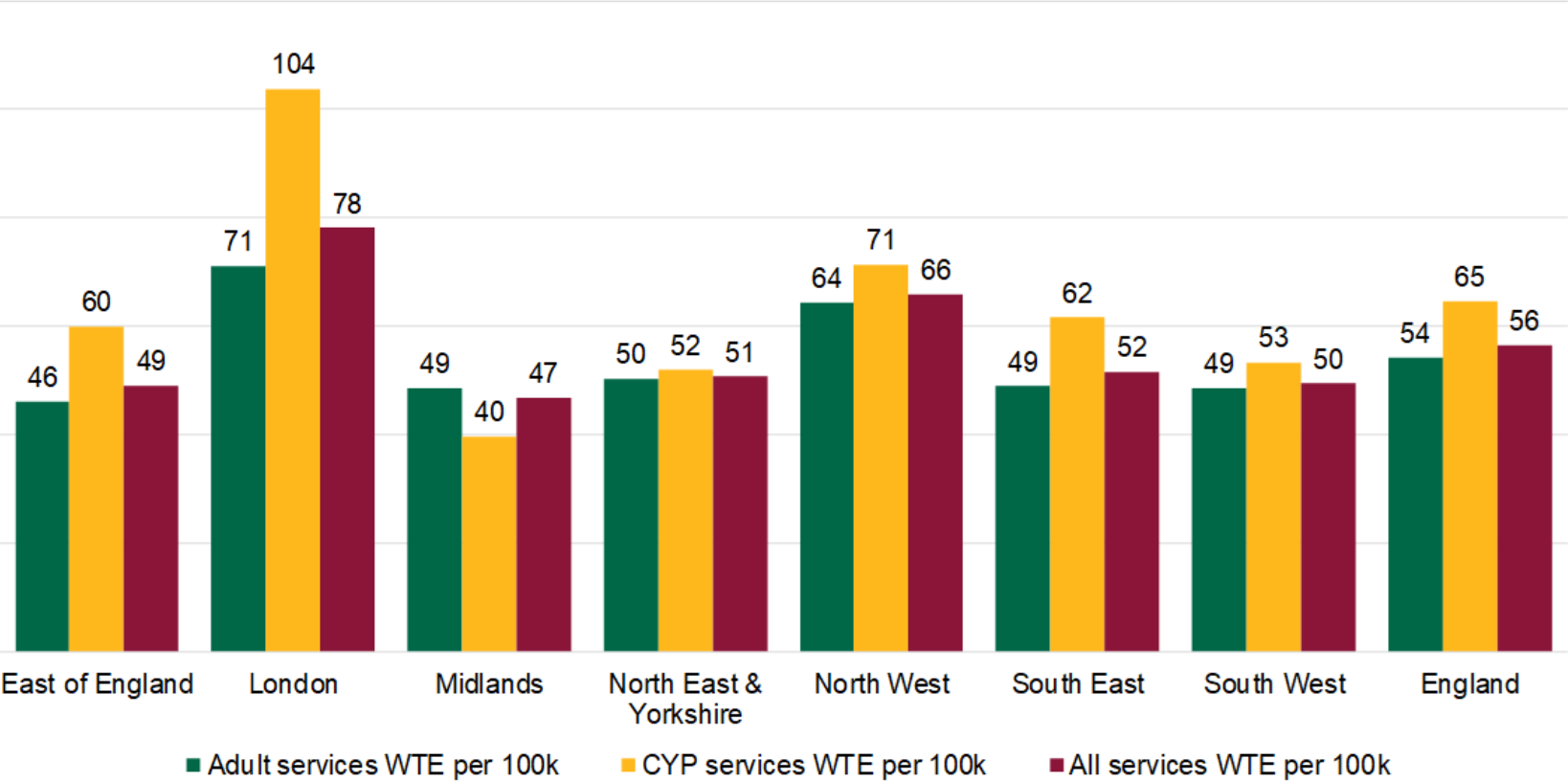**Is change being observed in the expected workforce areas?**

The data presented here is for informational purposes only. Please do not cite or share any part of this presentation outside of this session.
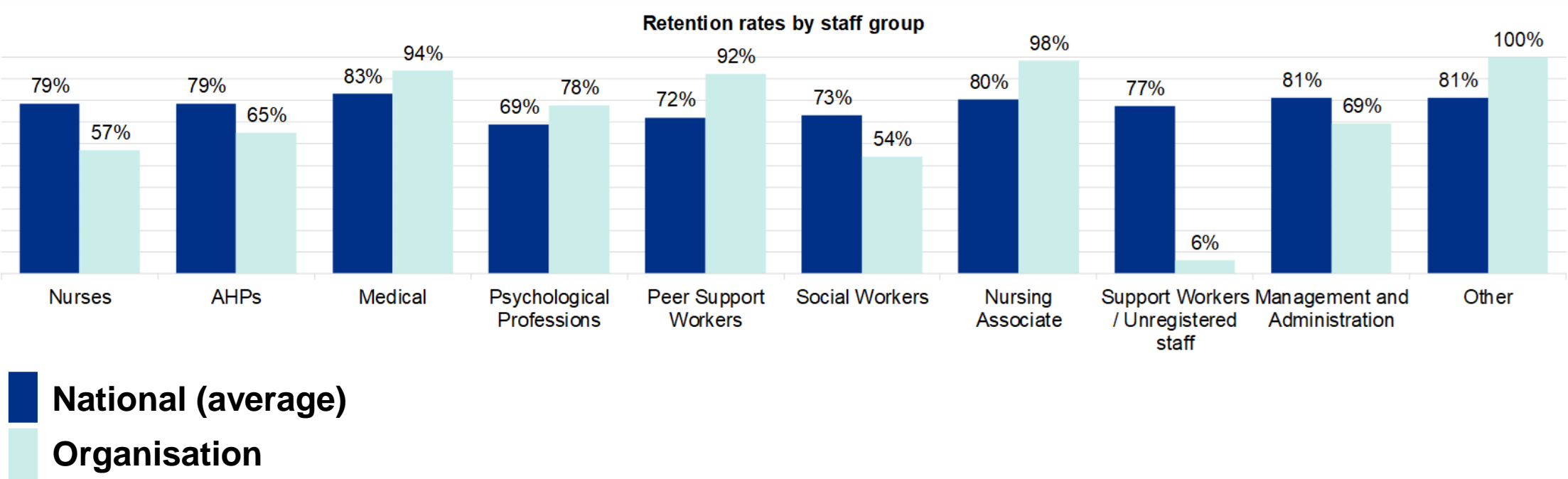
Workforce planning & retention

WTE by region per 100,000 registered population

Region	Adult services WTE per 100k	CYP services WTE per 100k	All services WTE per 100k
East of England	46	60	49
London	71	104	78
Midlands	49	40	47
North East & Yorkshire	50	52	51
North West	64	71	66
South East	49	62	52
South West	49	53	50
England	54	65	56

Workforce planning & retention

WTE by region per 100,000 registered population

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South West	49	53	50
England	54	65	56

■ Adult services WTE per 100k   ■ CYP services WTE per 100k   ■ All services WTE per 100k

Does the regional spread of the workforce highlight any disparities?

How do workforce numbers compare between adult and children's services?

Where are the regions for focused recruitment or retention strategies?
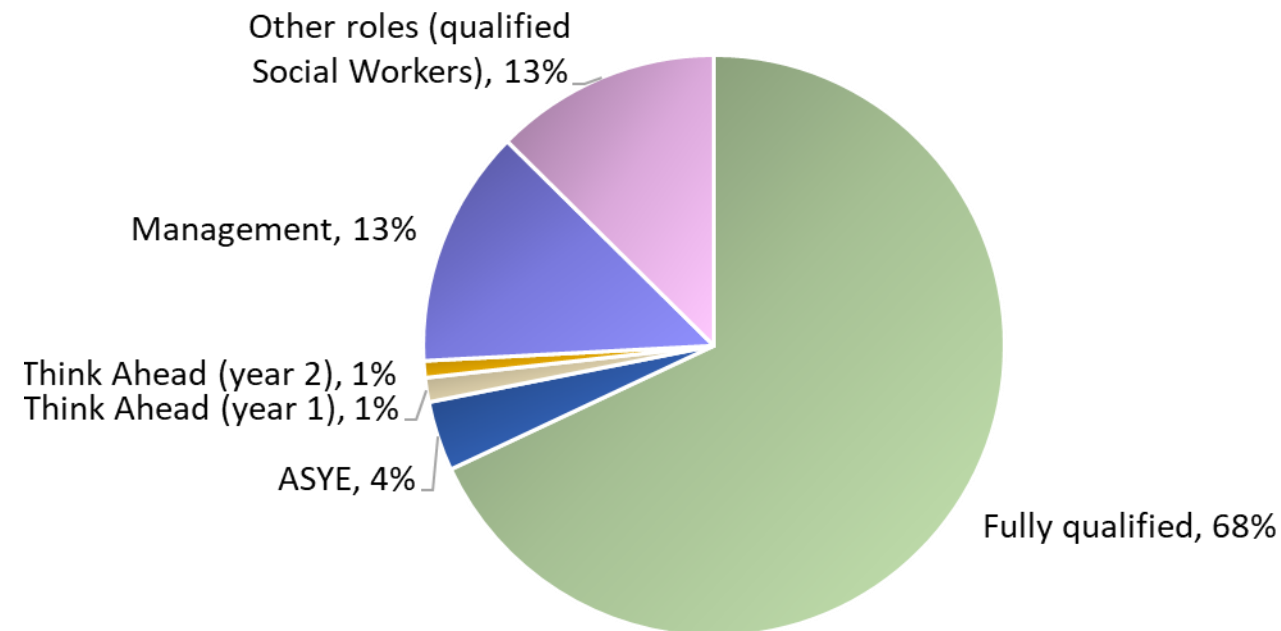
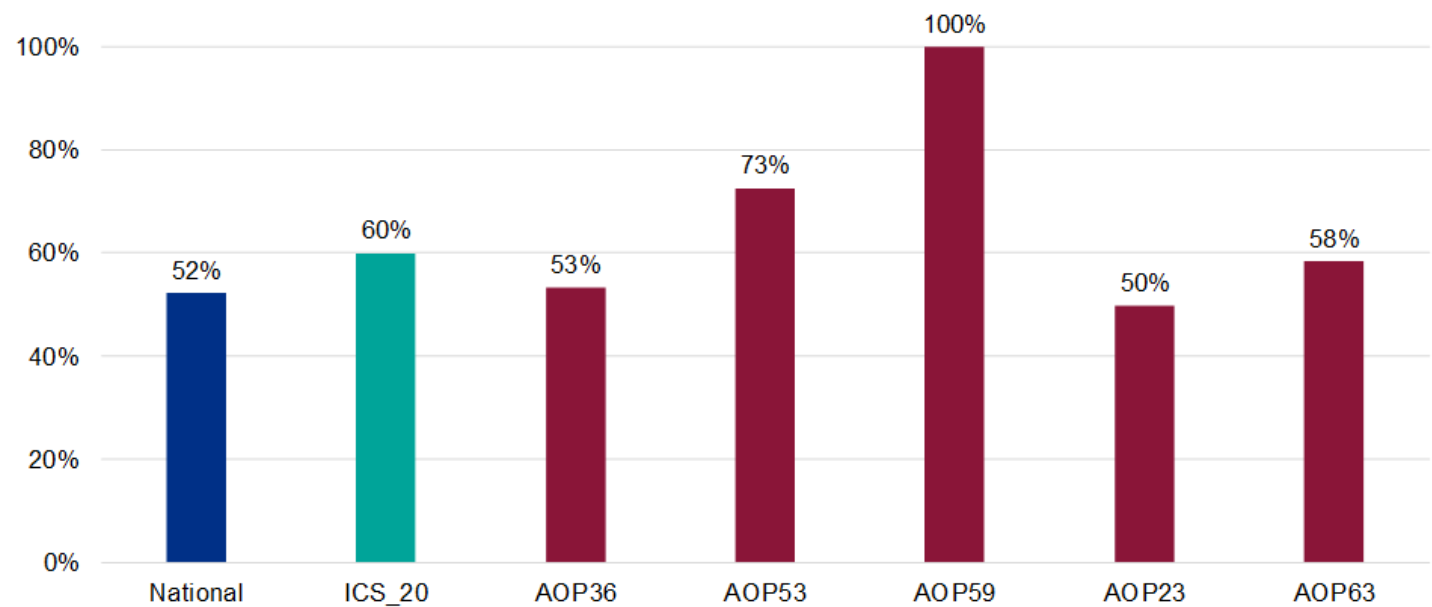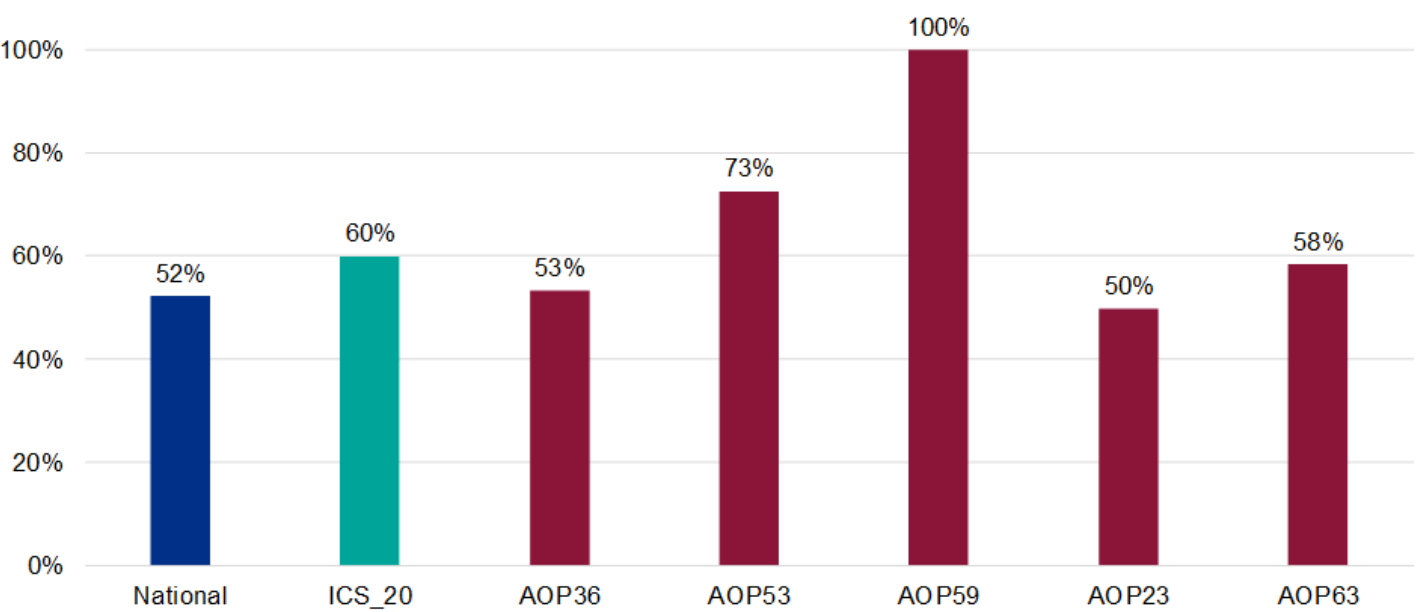*The data presented here is for informational purposes only. Please do not cite or share any part of this presentation outside of this session.*

Workforce planning & retention

Retention rates by staff group

Staff Group	National (average)	Organisation
Nurses	79%	57%
AHPs	79%	65%
Medical	83%	94%
Psychological Professions	69%	78%
Peer Support Workers	72%	92%
Social Workers	73%	54%
Nursing Associate	80%	98%
Support Workers / Unregistered staff	77%	6%
Management and Administration	81%	69%
Other	81%	100%

■ **National (average)**
■ **Organisation**
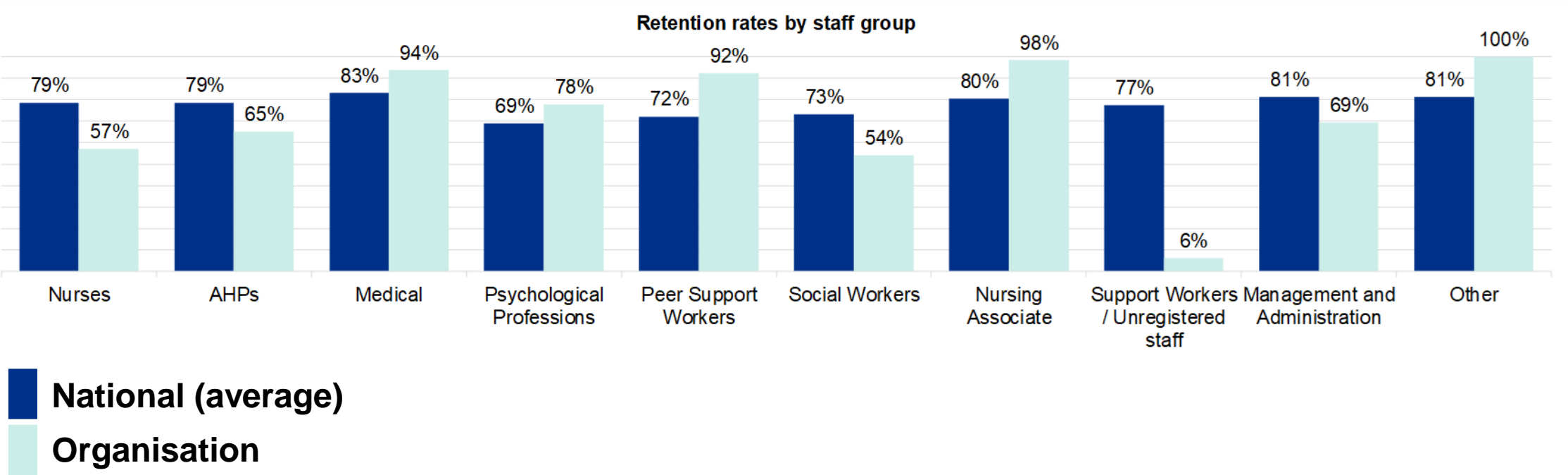
Workforce planning & retention

"The data ensures we have equitable provision across the Trust, and to notice where we may have areas of difficulty for recruitment/retention etc"

Dr Celia Lesquerre, CPsychol AFBPsS, Consultant Clinical Psychologist
Interim Director Psychological Professions
Sussex Partnership NHS Foundation Trust

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Management and Administration	81%	69%
Other	81%	100%

■ **National (average)**
■ **Organisation**

Workforce productivity

Workforce Composition: Social Workers (%)

Workforce Composition	National	MHSW011
Fully qualified	68%	70%
ASYE	4%	6%
Think Ahead (year 1)	1%	0%
Think Ahead (year 2)	1%	0%
Management	13%	24%
Other roles	13%	0%

Safe staffing & service delivery

Workforce Composition: Community setting (%)

	Total Community WTE	Total WTE	Percentage (%)
National	36,952	70,650	52%
ICS_20	1,741.6	2,904.1	60%
AOP36	273.9	514.5	53%
AOP53	700.5	965.1	73%
AOP59	84.6	84.6	100%
AOP23	578.5	1,161.8	50%
AOP63	104	178.1	58%

Safe staffing & service delivery

Workforce Composition: Community setting (%)

	Total Community WTE	Total WTE	Percentage (%)
National	36,952	70,650	52%
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AOP23	578.5	1,161.8	50%
AOP63	104	178.1	58%

"We find the reports very useful to be able to compare our data to sector averages"
Community Interest Company, 2024 Workforce Programme Survey

Workforce pressures & absence

Staff sickness absence rate by job role (%)

Legend: ■ National ■ PN001

The data presented here is for informational purposes only. Please do not cite or share any part of this presentation outside of this session.

Workforce pressures & absence

Staff sickness absence rate by job role (%)

Legend: ■ National ■ PN001

Chart data labels:

- Registered Nurses: National 10,759 5.0%; PN001 473 5.3%
- Psychological Professions: National 3,306 2.6%; PN001 221 2.3%
- AHPs: National 1,601 3.8%; PN001 51 3.2%
- Medical: National 1,096 2.6%; PN001 25 1.7%
- Social Workers: National 1,053 4.5%; PN001 … …
- Midwives: National 165 3.1%; PN001 … …
- Peer Support Workers: National 1,906 7.2%; PN001 74 7.8%
- Nursery Nurse: National 3,079 4.6%; PN001 103 7.8%
- Nursing Associate: National 83 3.9%; PN001 … …
- Support Worker / Unregistered staff: National 3,925 7.3%; PN001 131 6.0%
- Management and Administration: National 4,610 4.7%; PN001 429 6.6%
- Other: National 431 4.1%; PN001 52 10.1%
- Total: National 32,015 4.5%; PN001 1,558 4.7%
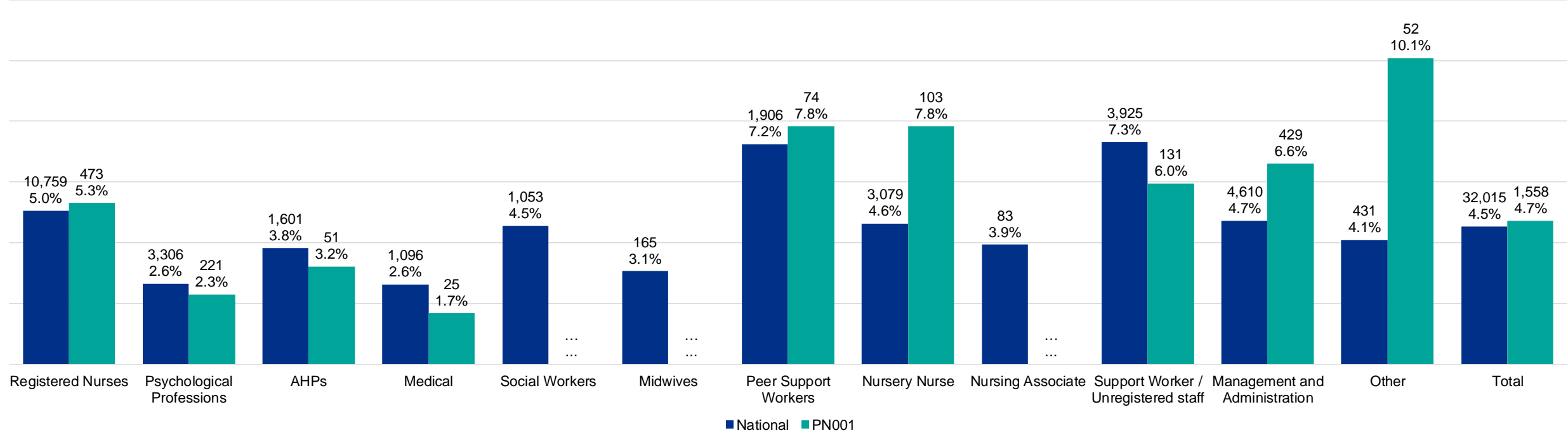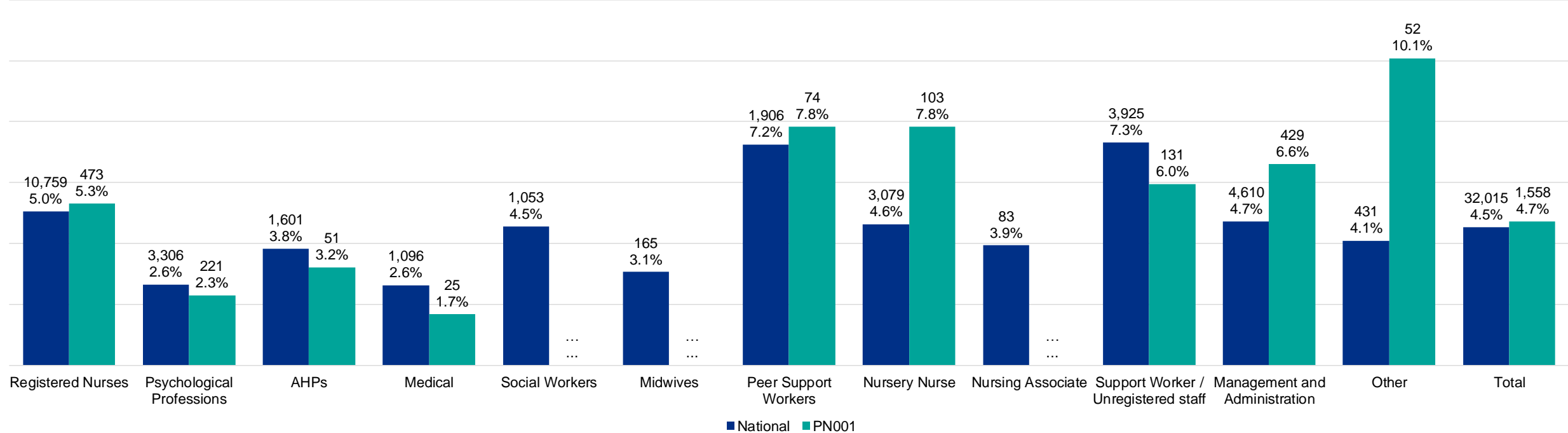
Where are the potential areas of high stress or staff burnout?

Can you identify and learn from high-performing teams with low sickness absence?

Future workforce modelling and recruitment

What else?

HR
- Vacancy rates by staff group
- Joiner rates by staff group
- Leavers by staff group
- Leaver destination

Demographic
- Gender; by pay band, by sector
- Ethnicity; by pay band, by sector
- Age; by pay band, by sector
- Disability status; by pay band, by sector

Service model/ skills/training
- Skills and training by staff group
- Service model comparison
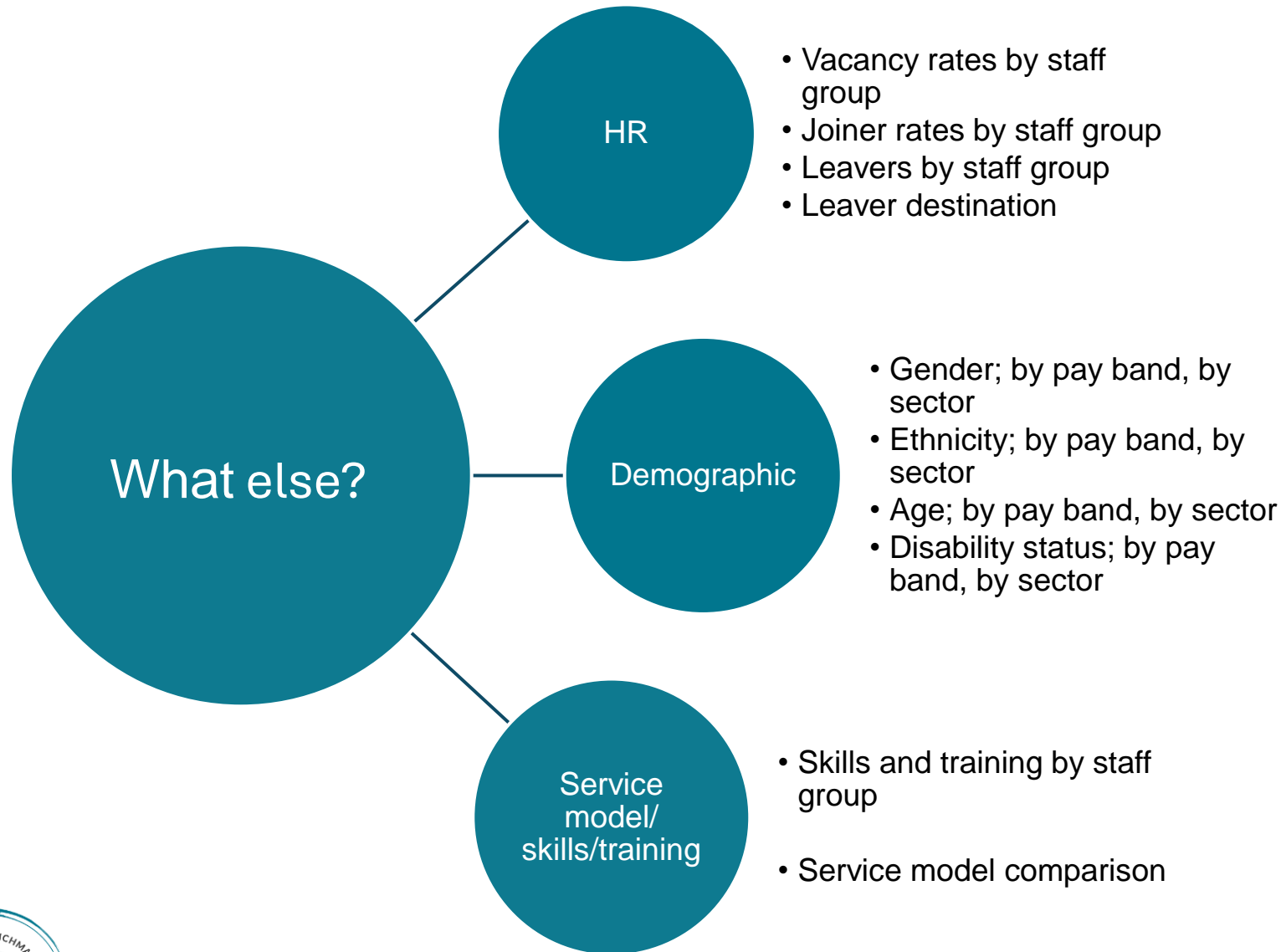
"[The reports] serve a crucial role in ensuring quality and accountability, providing the necessary insights to **assess progress**, **identify challenges**, *and* **guide future decision-making**"

Carol Benson
Head of Operations for community and wellbeing services
Coventry, Warwickshire and Worcestershire Mind

What we delivered in 2024

Workforce Programme in Numbers

936,800 Data points collected in 2024

NHS Talking Therapies for anxiety and depression
55,657 data points
6 drop-in sessions
1 launch event

Psychological Professions
263,297 data points
6 drop-in sessions
1 launch event

Drug and Alcohol Treatment and Recovery Services
70,251 data points
8 drop-in sessions
1 launch event, 3 OHID events

Specialist Perinatal Mental Health
115,383 data points
6 drop-in sessions
1 launch event

Children and Young People's Mental Health
251,813 data points
6 drop-in sessions
1 launch event

Adult's and Older People's Mental Health
150,101 data points
5 drop-in sessions
1 launch event

Peer Support Workers
5,515 data points
4 interviews conducted

Social Workers and Social Care
24,783 data points
5 drop-in sessions
1 launch event

Outputs include:

A national report per collection (not yet released for 2024)

Participant reports*

ICS reports*

*These will be integrated as part of our exciting technological solution

How are we supporting safer staffing in 2025?

We have been re-commissioned in 2025 by NHS England to collect workforce census for the following service areas:

- Psychological Professions
- Talking Therapies for Anxiety and Depression
- Peer Support Workers
- Children and Young People's Mental Health
- Adult and Older People's Mental Health
- Learning Disabilities and Autism **(New!)**

Our workforce benchmarking services are available for commissioning!

- Focused deep dives into your service workforce
- Tailored data collections to help you understand your workforce

How are we supporting safer staffing in 2025?

Introducing our new and exciting **interactive data explorer tool**!

Workforce Benchmarking for Health and Care

Transformation through benchmarking

Scan the QR code to visit our website for more information

Contact us at:

enquiry@nhsbenchmarking.nhs.uk

"Benchmarking data is absolutely valuable to service improvement, but it's only the beginning of the story.
You're going to learn a hell of a lot more by actually looking sideways at what similar services are doing and how they've improved their own services"

Dr Steve Jones
National Clinical Advisor for Children and Young People's Mental Health (CYPMH) at Specialised Commissioning, NHS England.

Panel Discussion

How can we ensure OHWB is a priority at both the executive and operational levels and what is the evidence to support that investment and focus?