# Welcome to 11th NHS Radiology & Imaging Conference!

5th February 2025
Hilton Hotel, 303 Deansgate,
Manchester M3 4LQ

# Chair Opening Address

**Huw Shurmer**
AXREM Chair (Strategic and Government Relationship Manager) - AXREM /Fujifilm Healthcare UK

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# Keynote Presentation

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

# Keynote Presentation
# Future Workforce Part 2: What you need to know about Generations to plan your Sustainable Imaging Workforce

Greater Manchester Diagnostics Network

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


**11th NHS Radiology & Imaging Conference: Navigating Challenges and Driving Innovation**

- 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*

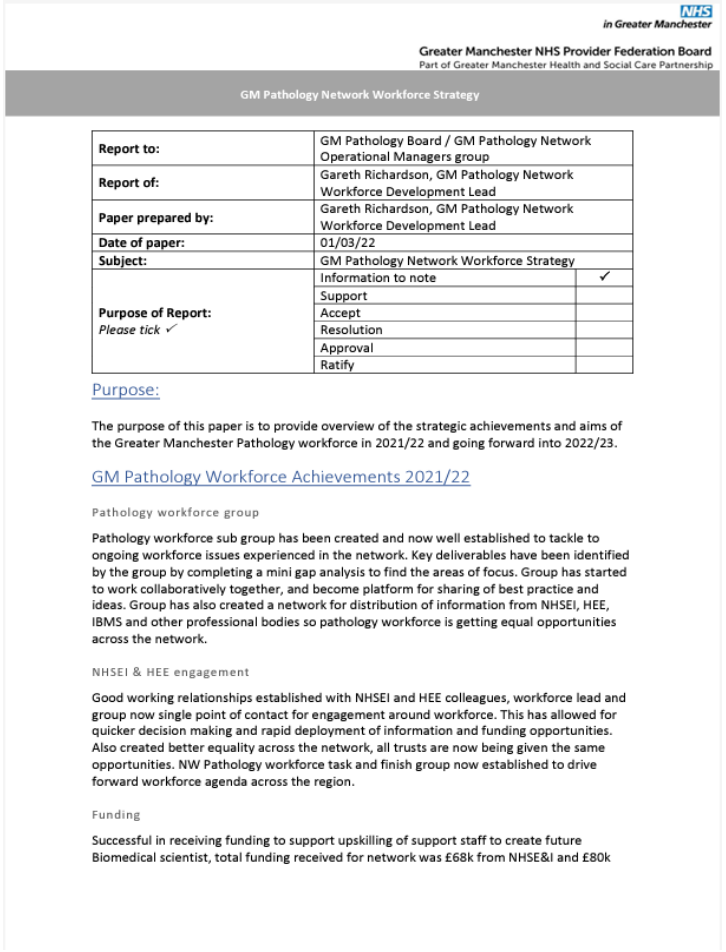
- *What you need to know*
- *Their attitude to work*
- *Five Top Tips to help you recruit, manage and work with Gen Z employees*

TRAFFORD COUNCIL
Trafford General Hospital
Birthplace of the NHS
Commemorating the visit of
Aneurin Bevan, Minister of Health,
on 5th July 1948
to launch the
National Health Service

Greater Manchester Diagnostics Network

NHS

# GM Diagnostics workforce strategy



NHS in Greater Manchester

Greater Manchester NHS Provider Federation Board
Part of Greater Manchester Health and Social Care Partnership

GM Pathology Network Workforce Strategy

| | | |
|---|---|---|
| **Report to:** | GM Pathology Board / GM Pathology Network Operational Managers group | |
| **Report of:** | Gareth Richardson, GM Pathology Network Workforce Development Lead | |
| **Paper prepared by:** | Gareth Richardson, GM Pathology Network Workforce Development Lead | |
| **Date of paper:** | 01/03/22 | |
| **Subject:** | GM Pathology Network Workforce Strategy | |
| **Purpose of Report:** *Please tick ✓* | Information to note | ✓ |
| | Support | |
| | Accept | |
| | Resolution | |
| | Approval | |
| | Ratify | |

Purpose:

The purpose of this paper is to provide overview of the strategic achievements and aims of the Greater Manchester Pathology workforce in 2021/22 and going forward into 2022/23.

GM Pathology Workforce Achievements 2021/22

Pathology workforce group

Pathology workforce sub group has been created and now well established to tackle to ongoing workforce issues experienced in the network. Key deliverables have been identified by the group by completing a mini gap analysis to find the areas of focus. Group has started to work collaboratively together, and become platform for sharing of best practice and ideas. Group has also created a network for distribution of information from NHSEI, HEE, IBMS and other professional bodies so pathology workforce is getting equal opportunities across the network.

NHSEI & HEE engagement

Good working relationships established with NHSEI and HEE colleagues, workforce lead and group now single point of contact for engagement around workforce. This has allowed for quicker decision making and rapid deployment of information and funding opportunities. Also created better equality across the network, all trusts are now being given the same opportunities. NW Pathology workforce task and finish group now established to drive forward workforce agenda across the region.

Funding

Successful in receiving funding to support upskilling of support staff to create future Biomedical scientist, total funding received for network was £68k from NHSE&I and £80k

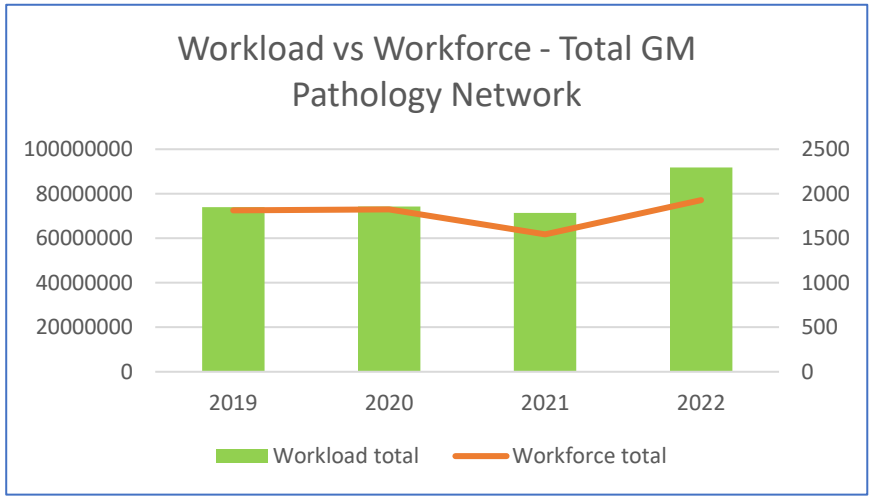
Objective 1 – **to attract and retain** talent in the network, to **decrease vacancy and turnover** rates.

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

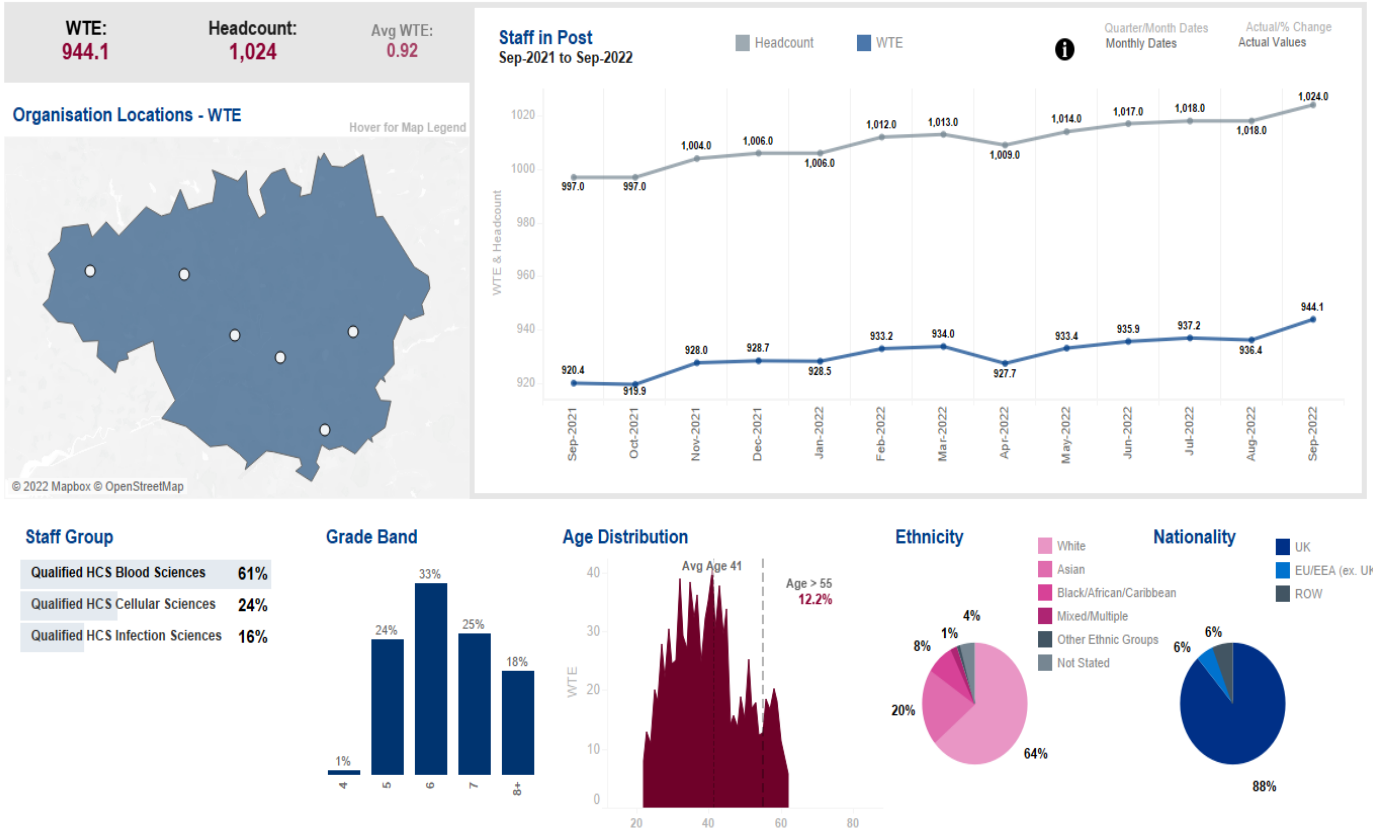
Objective 3 – to better understand the workforce needs and **create a sustainable workforce** for the future.

# Greater Manchester Diagnostics Network

## Background and Current workforce position

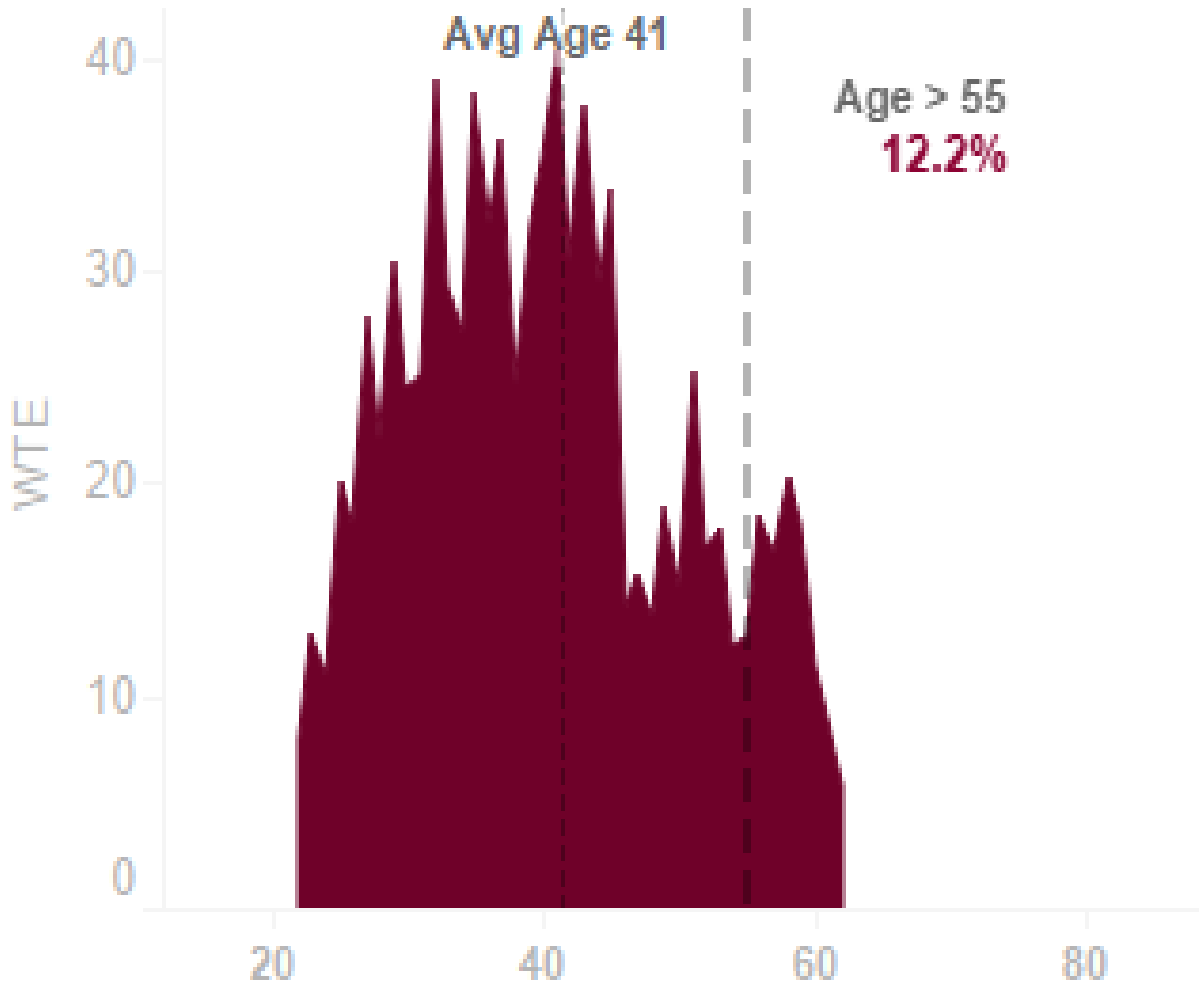



- National occupation shortage in many staff groups across Diagnostics
- Increased demand on both imaging and pathology diagnostic services – especially post COVID recovery
- More staff taking early retirement
- Graduate entry reducing
- Training capacity reducing – focus on service, no time to train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

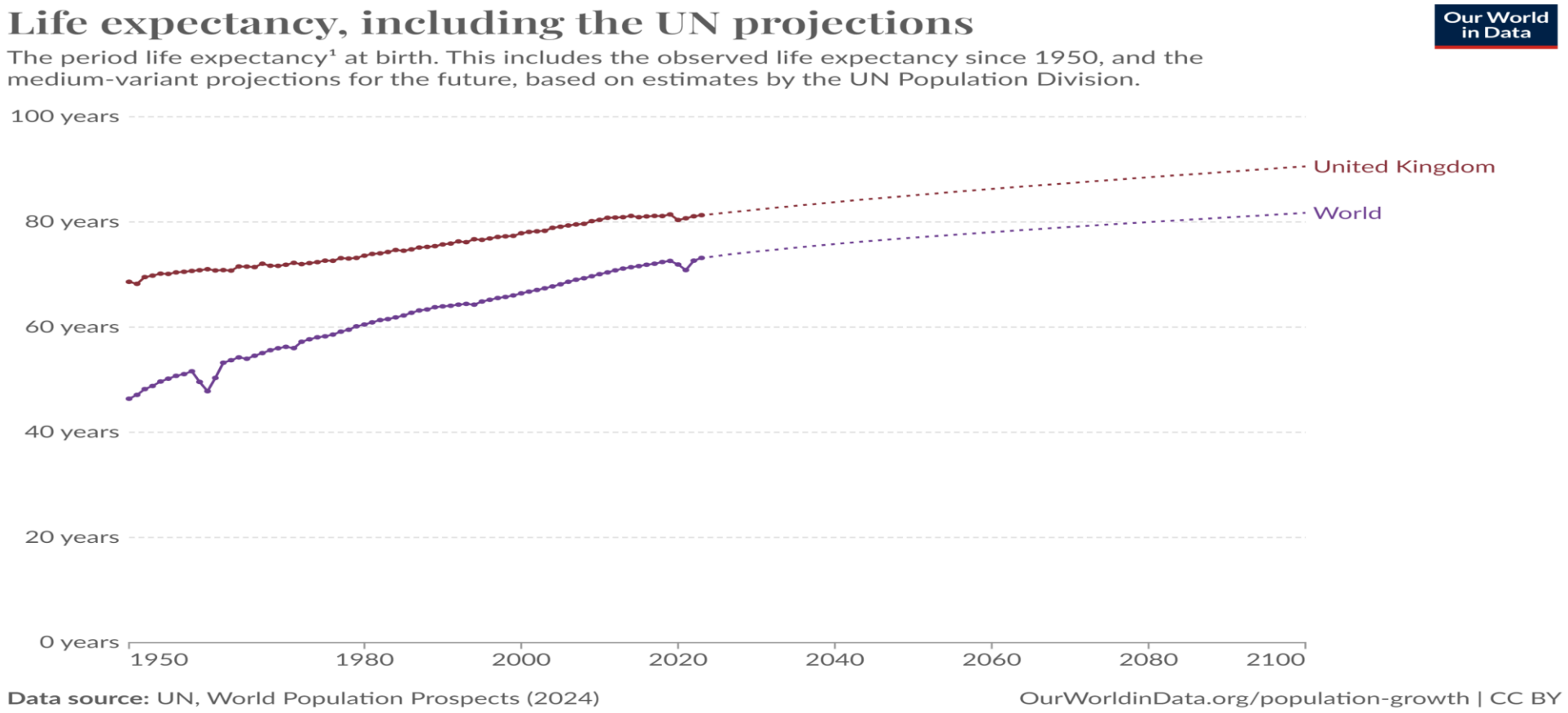



ESR snapshot of registered Biomedical Scientist in GM

# Age Distribution

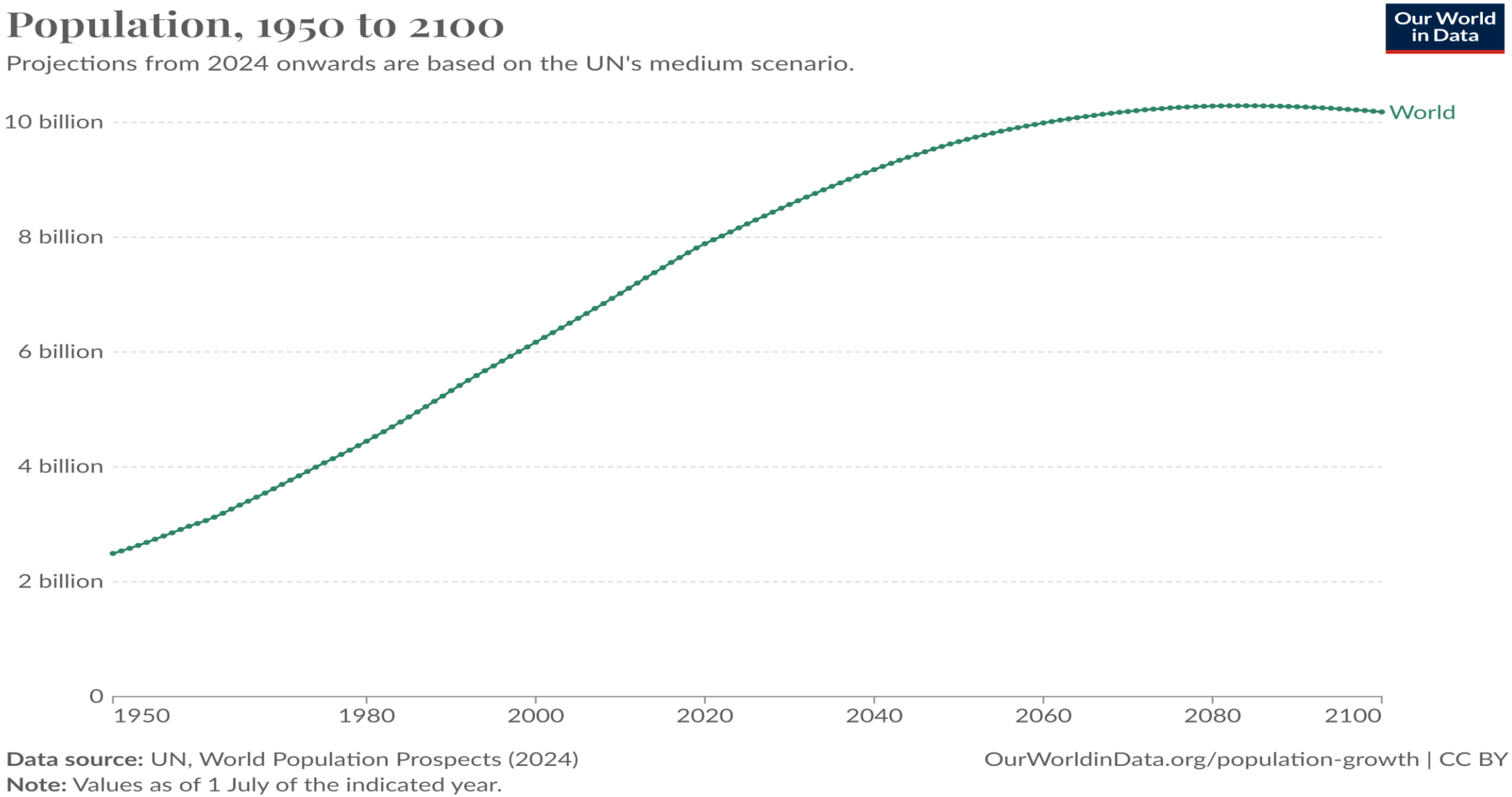


# SOME GOOD NEWS! World Probabilistic Projections in Life Expectancy (Both Sexes)

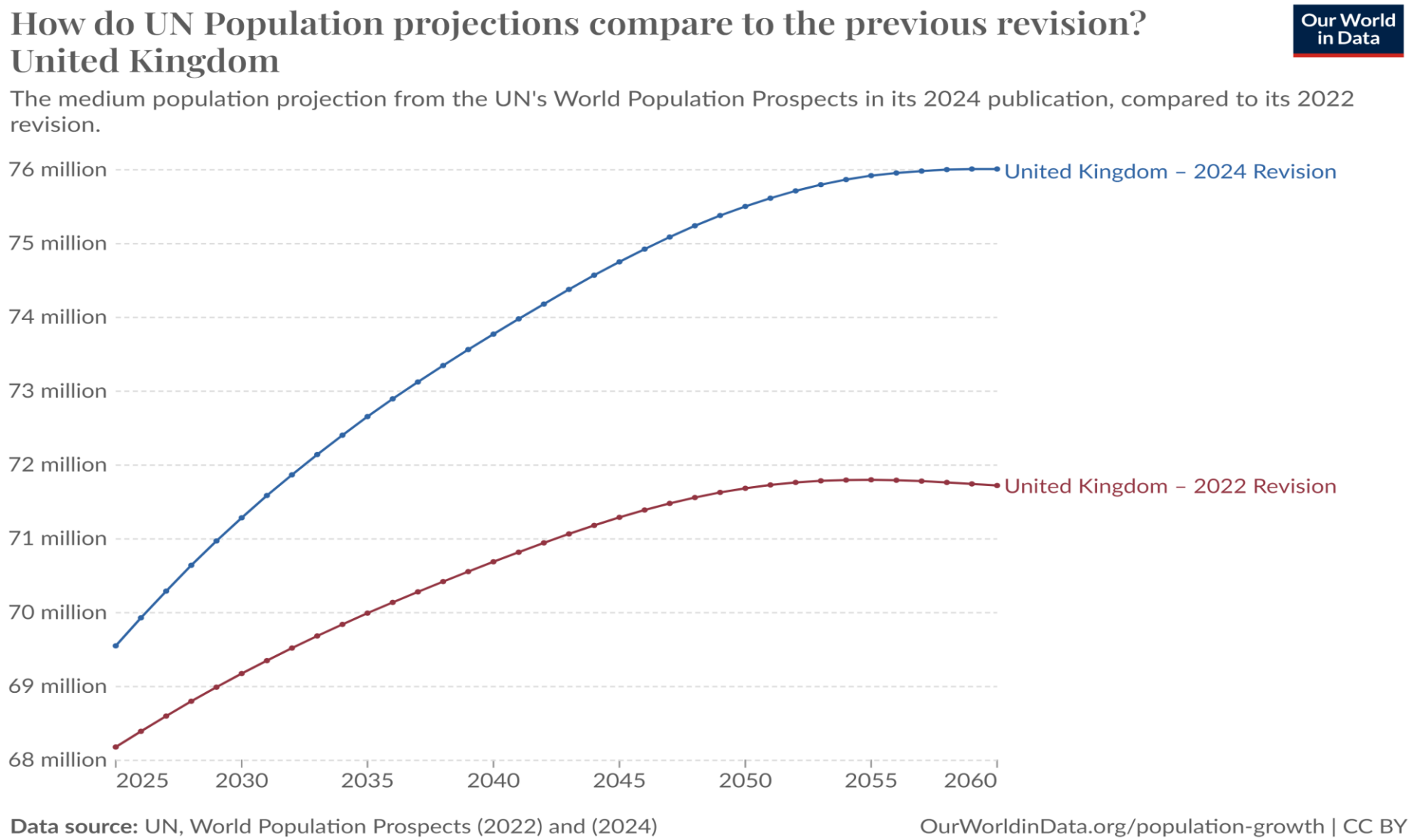



1. **Period life expectancy**: Period life expectancy is a metric that summarizes death rates across all age groups in one particular year. For a given year, it represents the average lifespan for a hypothetical group of people, if they experienced the same age-specific death rates throughout their whole 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….



# .....Faster than we thought!

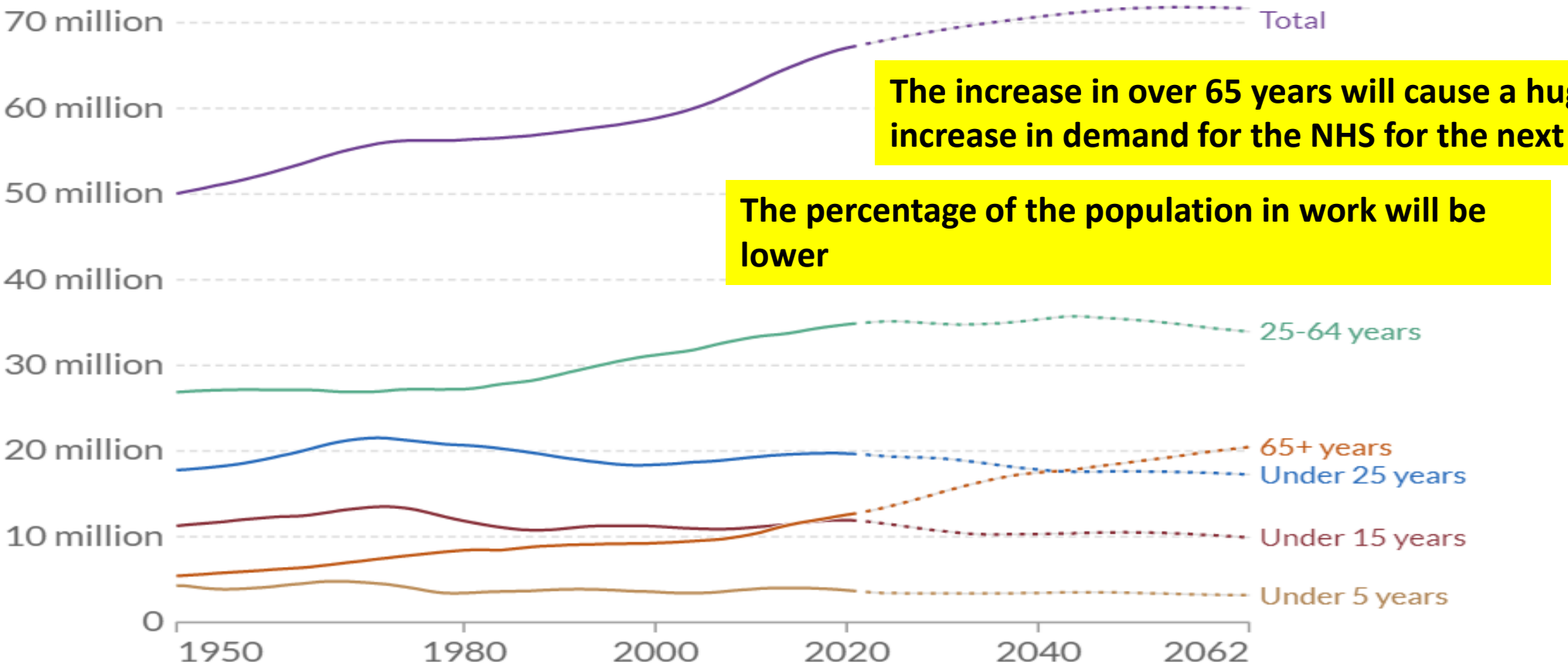


# Population by age group, including UN projections, United Kingdom

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.

Our World in Data

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**

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<br>PlayStation 4<br>X Box 360 | Nintendo DS<br>Scooters<br>Fashion Dolls (BRATZ) | Cabbage Patch Kids<br>BMX Bike<br>Little Tykes (Log Cabin/Cozy Coupe) | Lego<br>Rubix Cube<br>Chopper Bikes | Etch A Sketch<br>Spacehopper<br>Frisbee | Bubble Solution<br>Roller Skates<br>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. |

# Unsure Which Generation You Are?

**Generation Alpha**

Samsung Galaxy Z Flip 6

(other suppliers are available!)

**Generation Z**

Smartphone

**Millennials**

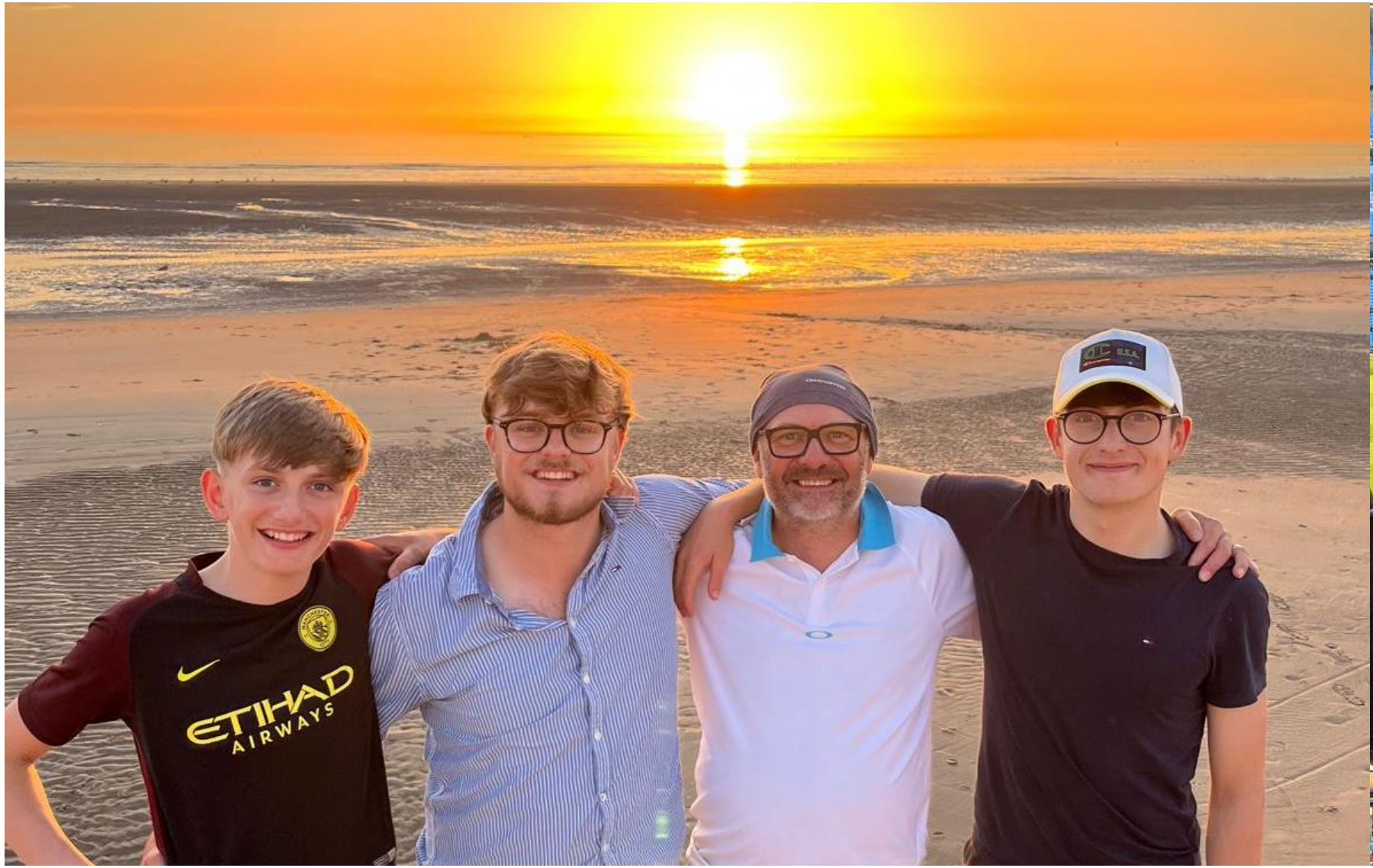
Phone

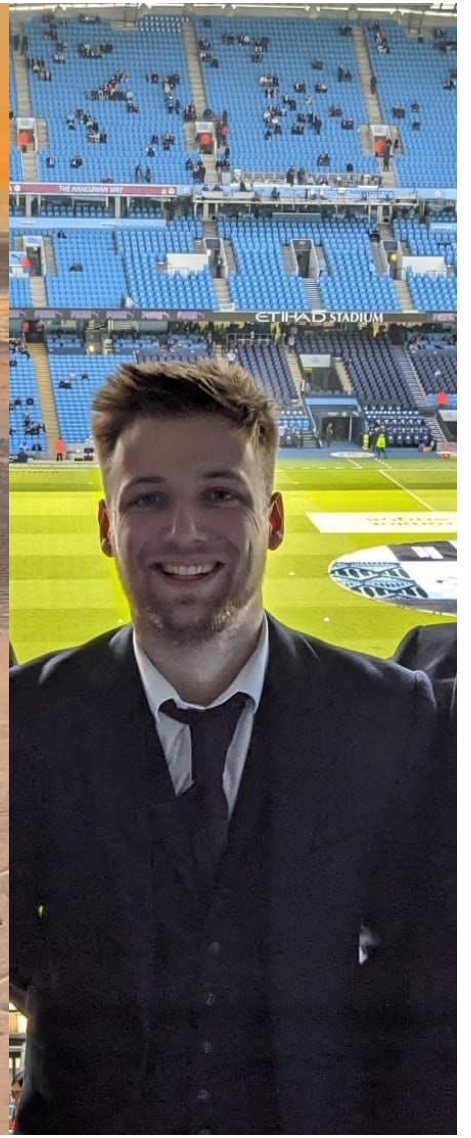
**Generation X**

Mobile Phone

**Baby Boomers ……..**

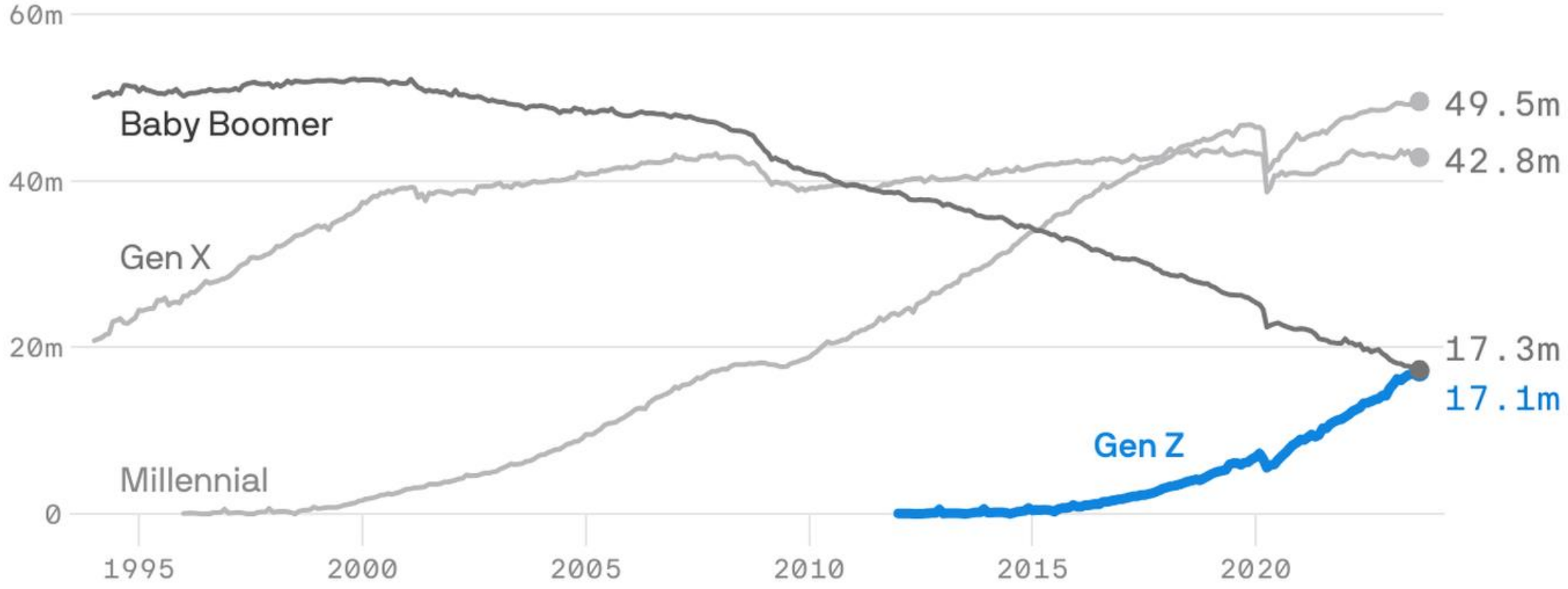
1:03
86°
Manhattan
Fair


ETIHAD
AIRWAYS


ETIHAD STADIUM

| | 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".<br>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 |

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



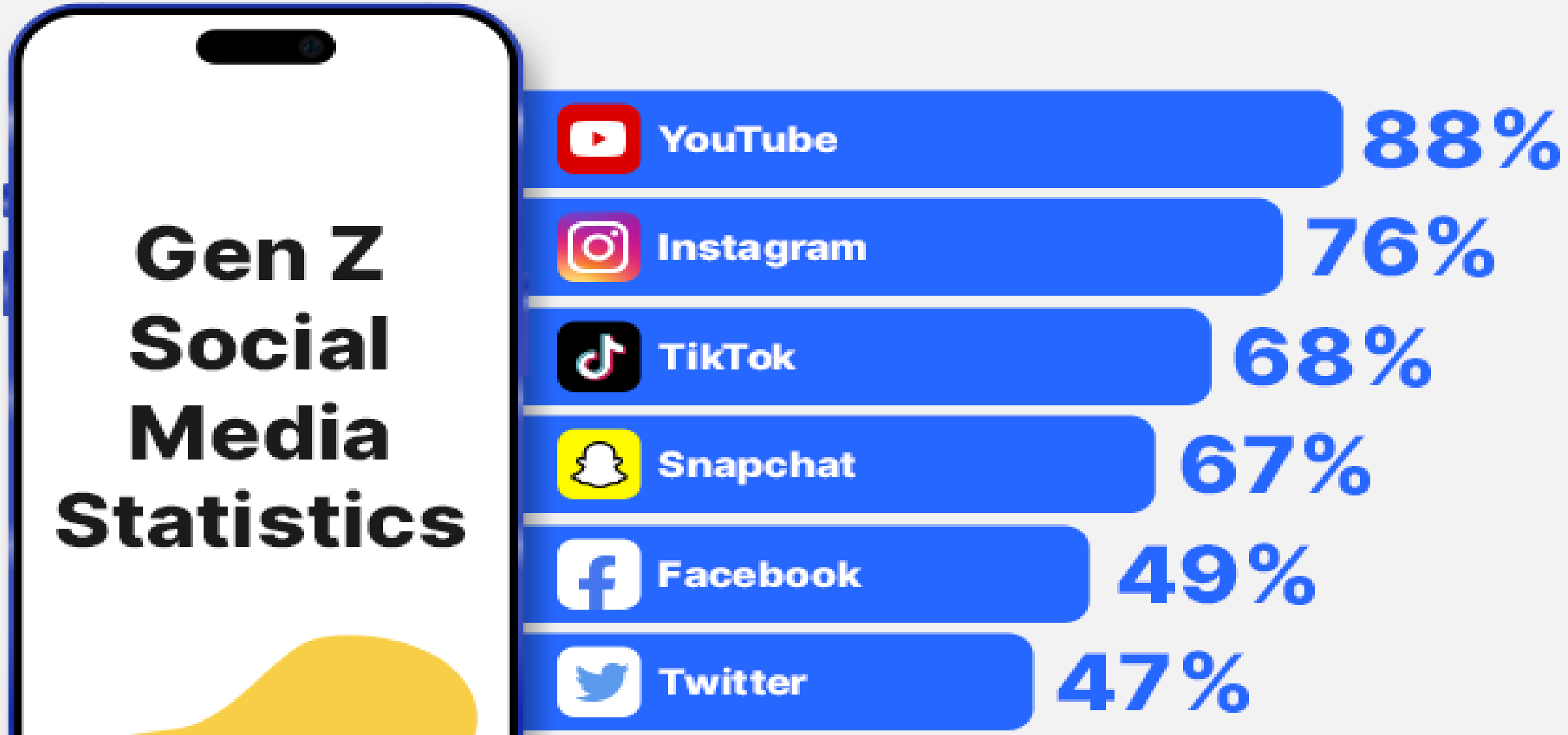

**By 2030 Generation Alpha predicted to be 13% of the workforce; by 2040 could be 50%.**

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

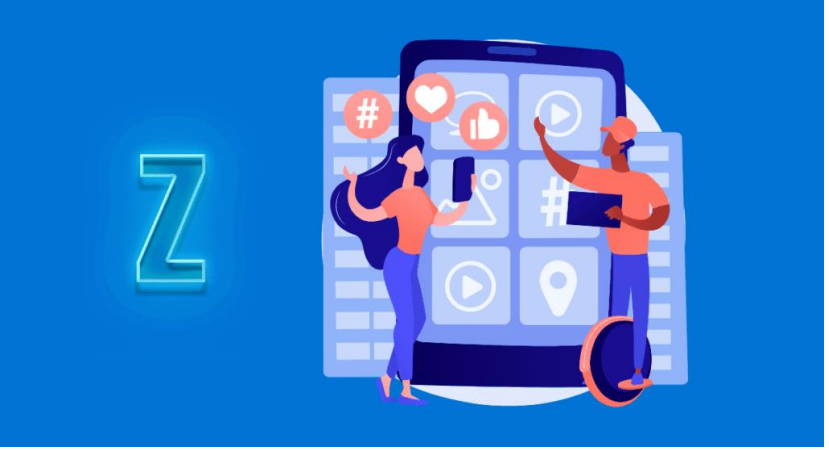
# Generation Z – What you Need to Know

- 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)

# Gen Z Social Media Statistics




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%** |

Greater Manchester Diagnostics Network

NHS

**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

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# 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 Event

# Panel Discussion

**Alexandra Lipton**
Professional Officer - The Society and College of Radiographers

**Sally Edgington**
Chief Executive Officer - AXREM

**Katherine Jakeman**
Quality Improvement Partner - RCR/CoR

**Huw Shurmer**
AXREM Chair (Strategic and Government Relationship Manager) - AXREM /Fujifilm Healthcare UK

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# Refreshments & Networking

# Chair Morning Reflection

**Huw Shurmer**
AXREM Chair (Strategic and Government Relationship Manager) - AXREM /Fujifilm Healthcare UK

# Case Study

HEXARAD

# Case Study

**James Currell**
Divisional Director - Mid and South Essex NHS Foundation Trust

**Brian Green**
Deputy Head of Radiology Services / General Manager at Southend University Hospital NHS Foundation Trust
Mid and South Essex NHS Foundation Trust

NHS
Mid and South Essex
NHS Foundation Trust

# One Vision for Radiology

## MSEFT's approach to Partnership and Productivity


**James Currell** Divisional Director, Clinical Support Services

**Brian Green** General Manager, Radiology


Excellent Compassionate Respectful

One team working together for excellent patient care

HEXARAD

PHILIPS

# The Mid & South Essex System - Key Facts

NHS
Mid and South Essex
NHS Foundation Trust

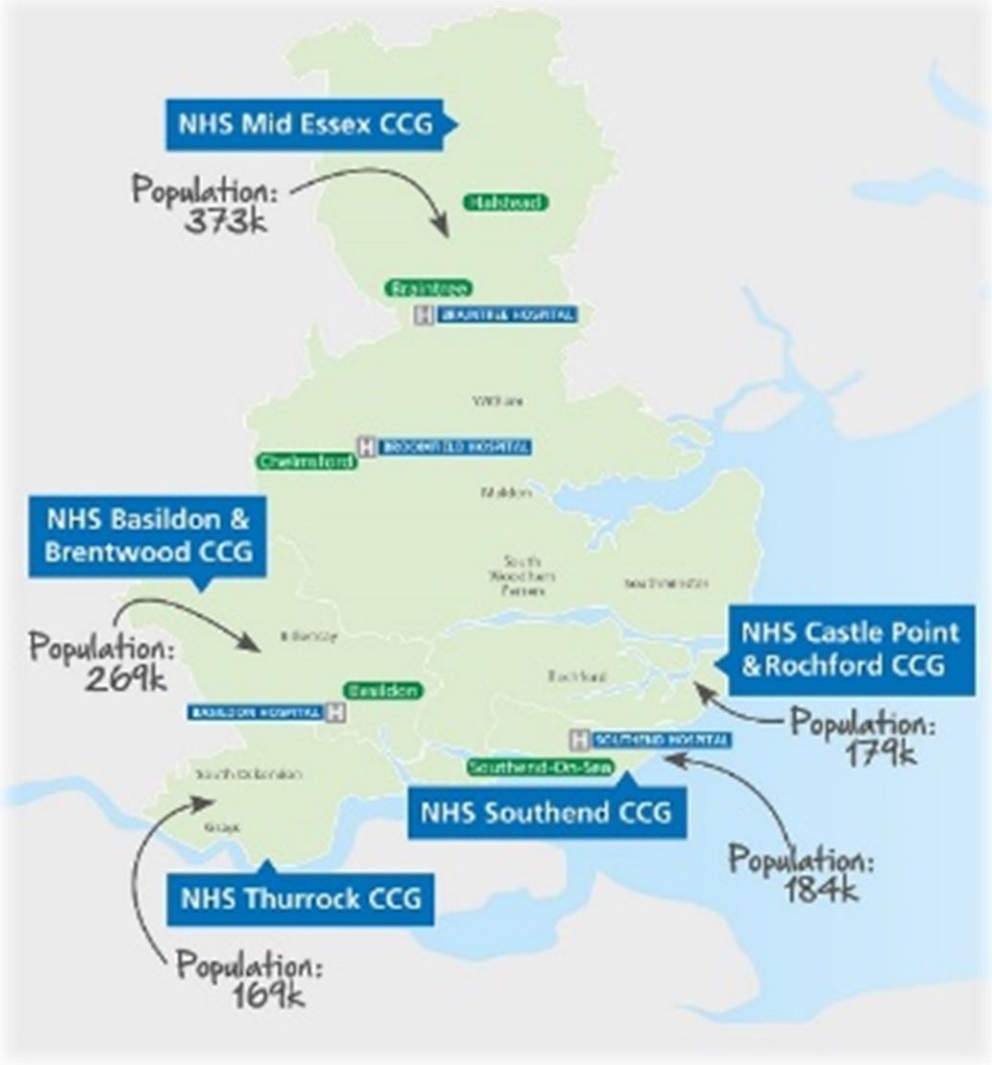
MSEFT Group was formed in 2020 from:

- Mid-Essex Hospital Service NHS Trust
- Southend University Hospital NHS FT
- Basildon & Thurrock University Hospitals NHSFT

Three hospitals struggling to be independently sustainable.

The Essex Success Regime was formed prior to the Mid and South Essex Sustainability & Transformation partnership in 2016:

Our three sites work as an acute group model, with a shared Executive and joint working Board, to support **substantive leadership, clinical reconfiguration** and taking **advantage of scale,** including **sharing of risks and financial burden** as key enablers.



NHS
Mid and South Essex
NHS Foundation Trust

# Case for change

# The challenge we're facing: maintain quality during increasing demand, with limited resources

Mid and South Essex NHS Foundation Trust

**Need timely diagnostic to maintain safe, high quality care for patients in challenging environment**

- Ensure patients are seen in a timely manner; Get It Right First Time
- Prompt diagnostic for A&E to meet the 4 hours target
- Continue to meet Cancer, RTT and waiting list targets

**Demand for CT and MRI is growing at 8-10% per year**

- Becoming increasingly challenging to meet demand within current resources
- CT & MRI examinations complexity increased by 10%
- Waiting time for diagnostic ranging from 2 – 6 weeks, post covid many patients waiting > 13 weeks.

**Radiology needs to make efficiency savings to help the trusts deliver sustainable services**

- Spend ~£4M on outsourcing per annum

**We need to support our staff**

- Lack of time for staff training and development
- Remove the frustrations that stop staff from doing their job properly

Excellent Compassionate Respectful

One team working together for excellent patient care

# Aug 2017 - different outcomes across sites as a result of pressures of capacity demand and performance[1]

Mid and South Essex NHS Foundation Trust

**Total of 7,132 patients waiting for scans across 3x trusts**

**~30% variation in waiting times for scans across sites and modalities**

- MRI: waiting times between 4.1 weeks and 3.2 weeks
- CT: waiting times between 3.2 weeks and 2.3 weeks

**Cancer referral to scan times vary by 86% across sites**

- 621 patients currently on cancer waiting lists
- Cancer waiting lists range from 8.1 days (site 1) and 15 days (site 2)

**Throughput/hr differs across sites – driven by machine age, scan mix and operational efficiency**

- CT: 3.67 (Site 1) vs 2.86 (site 2)
- MRI: 1.99 (site 1) vs 1.64 (site 2)

**DNA rates range from 10.4% to 2.1%**

1. Performance dashboard for week 8-14 August 2017

NHS
Mid and South Essex
NHS Foundation Trust

# Our Response

# In response, we addressed five problems…

Mid and South Essex NHS Foundation Trust

**Working directly with the frontline staff, service management team and clinical leads, we identified three areas which make a difference:**

1. *Make the best use of available capacity across the three hospitals and improve access to data*
2. *Ensure patients are available for scheduled appointments reliably and on time*
3. *Ensure that appointments are clinically appropriate, and patients are ready for their scans*

**Plus, we identified two cross-site enablers for change:**

i. *Reduce variation in protocols and scanning times for same indications across hospitals*

ii. *Improving booking templates to so we can efficiently scan less complex cases ('blitzing')*

# …through five workstreams

Mid and South Essex NHS Foundation Trust



**1. Cross-site working**

**Enable load-sharing of patients across sites, leading to**

- More equitable waiting times and improved patient choice for appointments
- Spreading of risk with increased supply (6 scanners vs 2) when booking
- Extended open hours
- Reduced outsourcing cost as more scans are insourced



**2. Minimised DNA rates / Contingent booking**

**Minimise the impact of patient DNAs. Potential levers include:**

- Contingency booking to minimise downtime resulting from patient DNAs
- Improved patients communications through letters, text reminders and phone calls



**3. Optimised IP flow**

**Improve quality of referrals to support the vetting process in specifying appropriate sequences**

- Streamline patient pathways to reduce demand for simple scans and increase availability of beds

**Optimise the flow of IPs from Ward-Suite to reduce utilisation gaps for scanners**



**4. Optimise protocols**

*Cross-site*

**Optimise protocols across sites, to improve quality and efficiency of scans**

- Optimise sequences required for the most common types of scan
- Ensure booking slots match the length of scans
- Enable cross-site working and reporting across the group



**5. Blitzing**

*Cross-site*

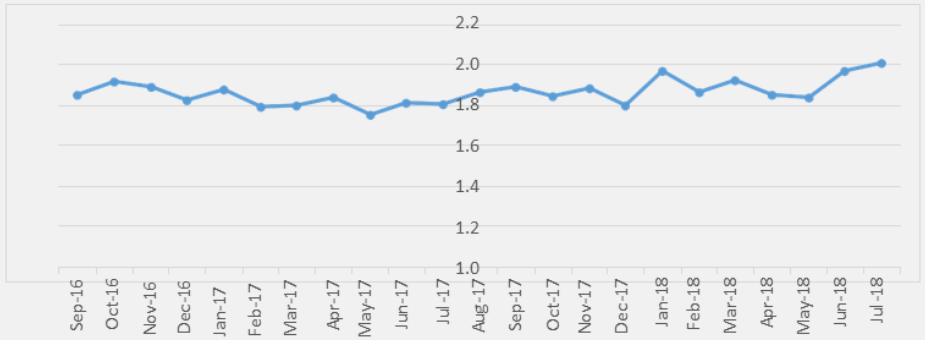
**Improve scanner productivity by optimising scan scheduling**

- Batching similar scan types to reduce the changeover and scan times

# Example Monthly Dashboard: Site 1 CT

Mid and South Essex NHS Foundation Trust

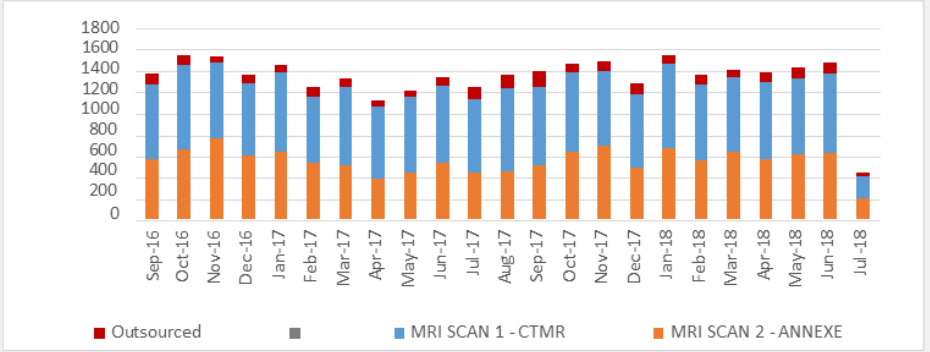
**Throughput (Scans/Hour) - *fully staffed hours, excl. major downtime***




**12 month % change:**

| 0.8% | 4.8% | 8.9% | 4.8% |
|---|---|---|---|
| Apr-18 | May-18 | Jun-18 | 3 month average |

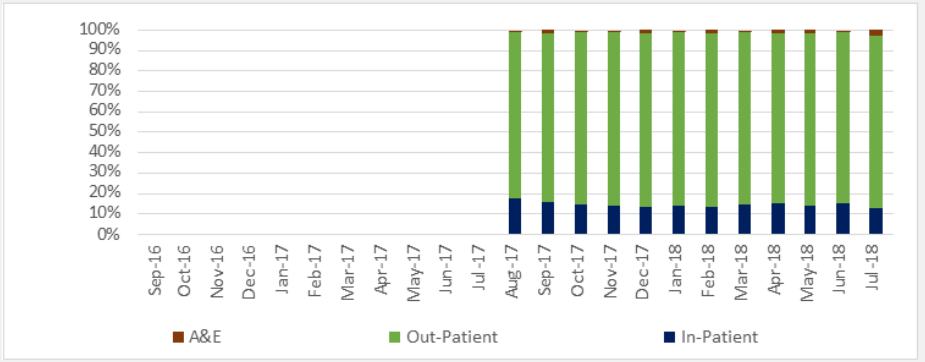
**Volume (# Scans) - *all hours***



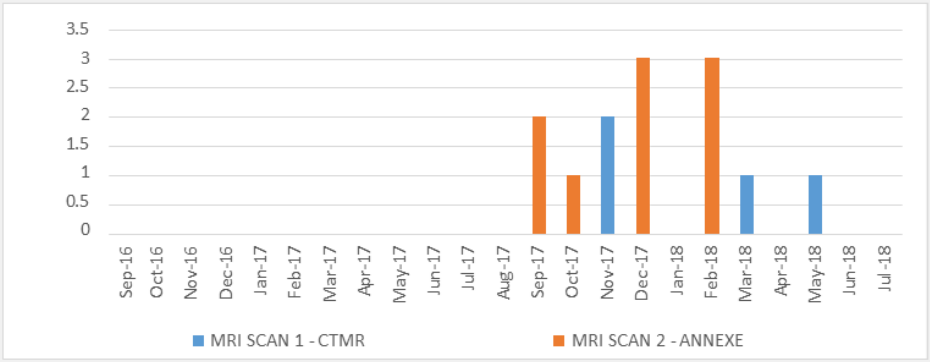

**12 month % change:**

| 4% | 15% | 9% | 30% |
|---|---|---|---|
| *MRI SCAN 1 - CTMR* | *MRI SCAN 2 - ANNEXE* | Total In-House | *Outsourced* |

**Case Mix (%) - all *hours***




**Major downtime (# days)**




Excellent Compassionate Respectful

One team working together for excellent patient care

# Results and Overall Project Impact

CT and MRI scanners were audited across all three sites; all demonstrated **significant improvements (7–15pp increase in utilisation)**

Key efficiency enablers observed, included

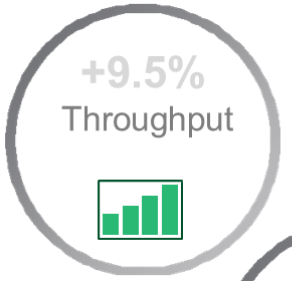
- Radiographers proactively fillings gaps with IPs, through advance notification to ward staff
- Filling of late cancelled slots by moving patients forward and adding extra IP's
- Radiographers parallel processing patients (scanning/preparing next patient)

Key improvement opportunities identified, included

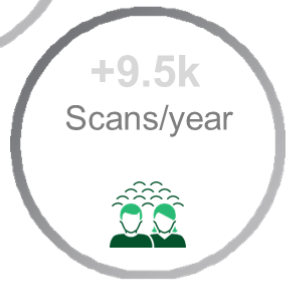
- Reduce in-room patient prep time (e.g., by avoiding Radiographer interruptions)
- Avoid scan interruptions due to unremoved jewellery/mobile phones
- Ensure arrival of patients 15 mins before scan to complete consent/cannulation steps

Maximum scan rates observed during the audit suggest a **realistic ambition** for all sites going forward should be:

- **CT 5 scans/hour**
- **MRI 2 scans/hour**




Average increase in throughput across all sites and modalities; latest July average was +12.6%




Estimated increase in patients scanned per year in core hours (MRI +CT); 13k based on July data

Estimated recurrent savings from extra scans in core hours; £1.3 M based on July data

Excellent Compassionate Respectful

One team working together for excellent patient care



1. Calculated assuming £110 / scan cost saving vs. outsourcing

# Key Success Factors from our Staff perspective

Mid and South Essex NHS Foundation Trust

- Executive involvement and engagement to unblock obstacles
- Frontline involvement and ownership
- Frontline staff engagement to establish the baseline
- Partnership with BCG to carry out shop-floor observation
- Testing each idea before implementation
- Clear key performance indicators, access to accurate data
- Reward and recognition for the team

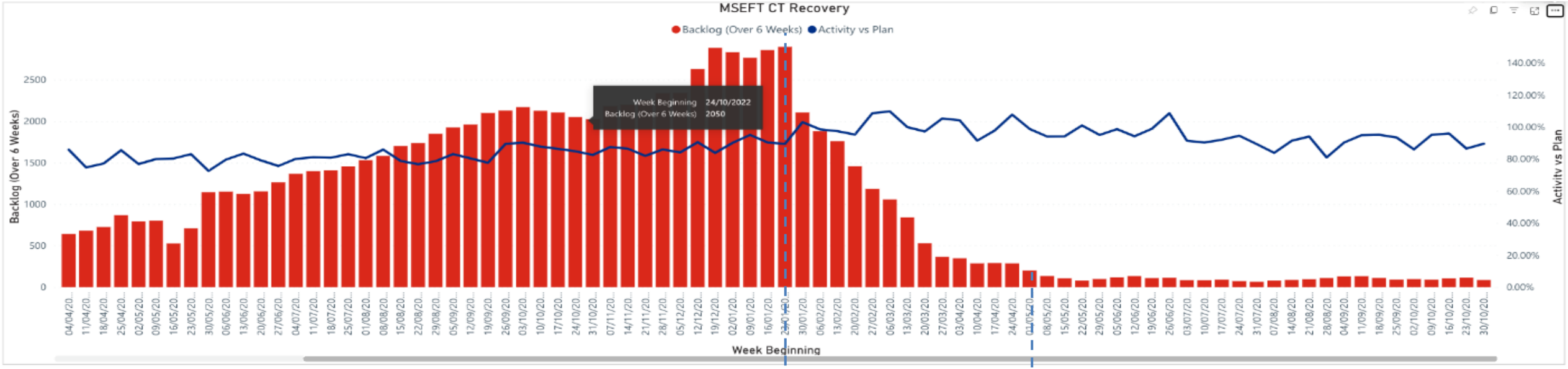
# Post Covid

- Significant scanning Backlogs, felt like starting again
- Significant CXR reporting backlogs

Mid and South Essex NHS Foundation Trust

## Actions

- Clinical re-validation and prioritization of requests
- Utilise Ai to prioritise CXR reporting backlog
- Cases for Elective recovery funding to increase capacity – Mobile MRI, additional sessions
- Robust capacity and demand modelling undertaken, Case for additional WTE approved at ISB



Mid and South Essex NHS Foundation Trust

# Spotlight on Partnerships

# Hexarad *(Outsourced Reporting Partner)*

- No consultants overnight on site
- ‘Top up’ duty and hot sessions to reduce number of WTE assigned to that role.
- Optirad – rostering tool – BI and workflow management
- 12% productivity = c.£150k cost avoidance
- Efficient workflow allocation
- Align with RCR guidance – ensure productivity is appropriate
- Reduce admin burden - weekly rotas

Mid and South Essex NHS Foundation Trust

Excellent Compassionate Respectful

One team working together for excellent patient care

HEXARAD

# Oversight of productivity

Capacity Reporters

Choose reporter: All

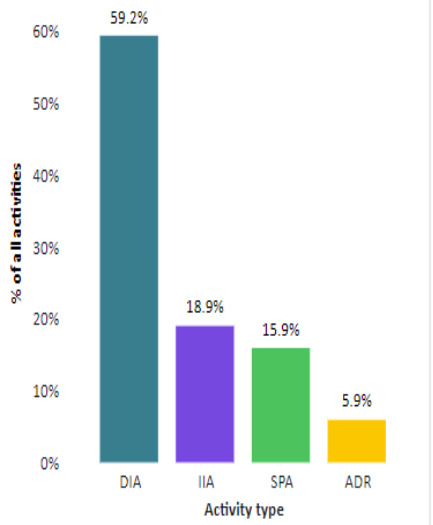
Choose capacity metric: Hours

Choose date range: 01/11/2024 – 30/11/2024

### Rostered capacity by reporter

| Reporter | DIA | IIA | SPA | ADR | Total |
|---|---|---|---|---|---|
| Dr A Brownw | 78 | 43 | 24 | 15 | 160 |
| Dr A O'Reillyq | 32 | | | | 32 |
| Dr B Kozeya | 85 | 29 | 32 | 5 | 151 |
| Dr B Torphyc | 12 | | | | 12 |
| Dr C Durganr | 108 | 8 | 24 | | 140 |
| Dr D Collinss | 76 | 29 | 36 | 27 | 168 |
| Dr D Kulasx | 16 | | | | 16 |
| Dr E Bergstromv | 64 | | | | 64 |
| Dr E Borerg | 88 | 20 | 26 | | 134 |
| Dr E Greenholtr | 110 | 34 | 24 | 2 | 170 |
| Dr G Aufderharj | 64 | 10 | 19 | 24 | 116 |
| Dr G Hirthey | 79 | 32 | 24 | 16 | 151 |
| Dr H Grahams | 12 | | | | 12 |
| Dr J Cummeratax | 94 | 36 | 20 | 10 | 160 |
| Dr J Gleasoni | 87 | 34 | 30 | 8 | 159 |
| Dr K Toys | 36 | 8 | | | 44 |
| Dr L Emardy | 8 | | | | 8 |
| Dr L Raynorg | 72 | 18 | 24 | | 113 |
| Dr L Wisozki | 54 | 28 | 21 | 2 | 105 |
| Dr M Littelg | 87 | 59 | 20 | | 166 |
| Dr P Kesslerp | | 4 | | | 4 |
| Dr R Coler | 55 | 21 | 18 | 5 | 99 |

### Rostered capacity by activity




### Planned vs rostered capacity

| Activity | Rostered | Planned | Delta |
|---|---|---|---|
| DIA | 1,618 | 1,775 | -157 |
| IIA | 525 | 568 | -43 |
| SPA | 430 | 476 | -47 |
| ADR | 164 | 177 | -14 |
| **Total** | **2,736** | **2,996** | **-261** |

Names anonymised

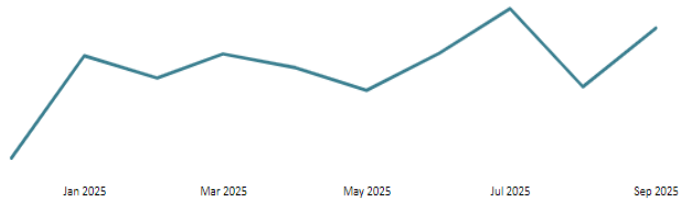
NHS Mid and South Essex NHS Foundation Trust

## Analyse and forecast Direct imaging activities

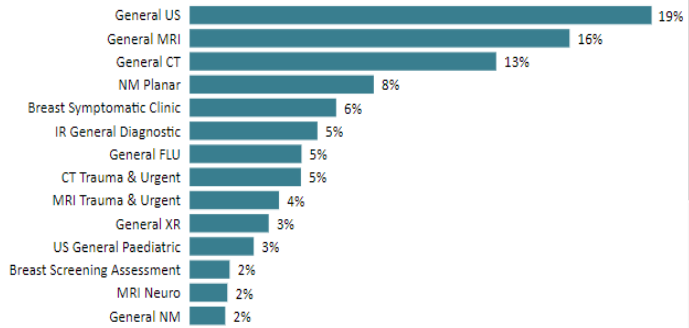
Choose capacity metric: Hours

Choose date range: 01/12/2024 – 30/09/2025

### Rostered capacity by DIA category (chart view)




### DIA category as % of all DIA activities




### Rostered capacity by DIA category (table view)

| DIA Category | 2024 | 2025 | Total |
|---|---|---|---|
| General US | 236 | 2,879 | 3,115 |
| General MRI | 203 | 2,359 | 2,561 |
| General CT | 168 | 1,898 | 2,067 |
| NM Planar | 95 | 1,147 | 1,242 |
| Breast Symptomatic Clinic | 77 | 912 | 988 |
| IR General Diagnostic | 78 | 784 | 862 |
| General FLU | 55 | 700 | 754 |
| CT Trauma & Urgent | 63 | 687 | 750 |
| MRI Trauma & Urgent | 53 | 550 | 603 |
| General XR | 40 | 493 | 533 |
| US General Paediatric | 44 | 388 | 432 |
| Breast Screening Assessment | 20 | 250 | 270 |
| MRI Neuro | 20 | 234 | 254 |
| General NM | 12 | 228 | 240 |
| FLU General Adult | 23 | 201 | 224 |
| Breast Screening Film Reading | 23 | 160 | 182 |
| MRI Urology | 22 | 157 | 178 |
| CT Cardiac | 8 | 154 | 162 |
| CT Gastrointestinal | 8 | 154 | 162 |
| US Diagnostic MSK | 12 | 117 | 129 |
| MRI MSK | 8 | 116 | 124 |
| MRI Gynaecology | | 84 | 84 |
| Cone Beam CT Dental | 6 | 78 | 84 |
| **Total** | **1,271** | **14,728** | **15,999** |



HEXARAD

# Philips *(Radiology Imaging Equipment Partner)*

- Trust experiencing significant challenges with projects - estates and project constraints and expertise were limited (“locked in” scanners)
- Huge replacement programme combined with access to NHSE capital funding
- Multiple OEM’s – essential that supplier was vendor neutral
- Procurement exercise – risk share
- Advised and supported by experts in the field – department design, patient flow.
- Support developing the team (CPD), vision and strategy, co-create workshops.
- Demand profiling for next 10 years.
- Up to date asset register and replacement plan / priorities
- Set to deliver one of the most comprehensive single modality revenue models (Broomfield) - maximising asset replacement through the partnership approach

# MSE Radiology Vision – 'Areas that Matter'

## Workforce

- Establish baseline: actual vs establishment across all staff groups.
- Establishment aligned with demand (and capacity)
- Provide and share CPD & learning opportunities (with protected time)
- Empowering and engaging (esp. integrating staff and management/ leadership)
- Develop extended roles (ACP etc) and assure GIRFT alignment
- MSE training academy linked to ARU for radiographers/sonographers & jnr. Doctors
- Acting upon feedback from staff to improve the service for both staff and patients.

## Clinical effectiveness & development

- Paediatrics with cross Trust coordination
- Develop IR service delivery
- Develop MSE Breast service
- Cross site harmonisation of reporting and allocation for sub-speciality reporting
- MSE radiologist/ radiographer recruitment strategy linked to 'establishment'
- Establish robust and harmonised clinical audit processes cross-Trust (standard rolling and innovative)
- Active management of the referral backlog to reduce TATs for scans/ reports (DM01 etc) and variation across sites

## Innovation and Research

- Develop use & roll-out of AI in defined and specific areas (require leadership & strategy)
- Establish a cross-site research team (medics & radiographers)
- Develop relationships/ partnerships with local universities – ARU
- Make use of MR 3T capability & revisit /extend previously explored cancer pathway innovations (e.g. XR transfer to CT)
- Link and integrate plans with Trust Exec. Innovation leadership team (e.g. Mr. Young)
- Develop commercial org. partnerships leveraging Trust's size and scale

## Equipment and physical environment

- Establish register, minimise EoL challenges
- Establish an ERP roadmap
- Improve working and patient environment
- Flexible/ agile facilities for CT and MR (mobiles, portables etc.)
- Assess value of a Managed Service
- Interventional capabilities (IR)?

## Digital & informatics

- Clear digital solution (roadmap) allowing cross trust (and wider) data sharing
- Cross trust performance data - capacity & demand etc.
- Establish a single RIS (planned Dec 2022)
- Understand, report and manage the backlog and waiting list/ times
- Develop technology change expertise

## Patient centred (safety)

- Patient focus and experience/ dignity
- Time & place – scheduling (on-line)
- Consistency in care and experience across the Trust
- Working to assure safety and prevent harm
- Engage workforce in improving care quality
- Develop digital interfaces and communication with patients
- Develop mechanisms for acquiring and using patient feedback
- Work to minimise dose impacts (e.g. limiting use of ageing equipment)

## Harmonised, seamless & efficient processes

- Standardised protocols
- Seamless/ standard core and 'back office' processes across sites – image sharing, patient booking etc.
- Clinical pathways (to be mapped out) & referrals (use of iRefer)
- Incorporate best practice

## Separating elective and non-elective patient pathways

- Develop and implement CDC for elective / community patients with ICS
- Determine arrangements for patient booking (decision making etc.)
- Imaging network interface
- Develop/ confirm workforce requirements (structure etc.)
- Treat / manage as a 'virtual 4th site'
- Manage hubs and spokes as a 'unit'
- Address clinical leadership/ governance issues

NHS Mid and South Essex NHS Foundation Trust

PHILIPS

NHS
Mid and South Essex
NHS Foundation Trust

# Thank you

# Slido

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SCAN ME

# Fireside Interview

**Dr Rhidian Bramley**
Consultant Radiologist, Digital & Innovation lead - Christie NHS trust and the Greater Manchester Cancer Alliance

# Lunch & Networking

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# Welcome to 11th NHS Radiology & Imaging Conference!

5th February 2025
Hilton Hotel, 303 Deansgate,
Manchester M3 4LQ

# Chair Afternoon Address

**Huw Shurmer**
AXREM Chair (Strategic and Government Relationship Manager) - AXREM /Fujifilm Healthcare UK

CONVENZIS

# Keynote Presentation

**Chris Taylor**
Sustainability Lead
AXREM

# Chris Taylor

AXREM Sustainability & Social Value SFG Convenor

Sustainability Lead UKI, Philips Health Systems

11th NHS Radiology & Imaging Conference

**AXREM Sustainability Special Focus Group**

## Who is AXREM?

AXREM is the UK trade association representing the interests of suppliers of diagnostic medical imaging, radiotherapy, patient monitoring, healthcare IT and care equipment in the UK. Our group is comprised of most of the industry supply companies.

# Our Members

AXREM

# Our Members

AXREM

# Our Members

AXREM

AXREM AFFILIATE MEMBER

AMDS Advanced Managed Diagnostic Services

Kenex

nanosonics Infection Prevention. For Life.

Raybloc

TClarke

TELEDYNE TECHNOLOGIES Everywhereyoulook™

# Our Affiliate Members

AXREM

ALZHEIMER'S RESEARCH UK FOR A CURE

Department for Business & Trade

MAKE uk The Manufacturers' Organisation

NHS England

Radiotherapy UK

BMUS

MHRA Regulating Medicines and Medical Devices

NHS SCOTLAND

RCR The Royal College of Radiologists

BHTA British Healthcare Trades Association

Department of Health & Social Care

NAMDET national association of medical device educators & trainers

BIR British Institute of Radiology

NHS Supply Chain

SoR THE SOCIETY OF RADIOGRAPHERS

NICE National Institute for Health and Care Excellence

BIVDA British In Vitro Diagnostics Association

GOV.UK

Royal College of Nursing

TRADE ASSOCIATION FORUM THE ASSOCIATION OF ASSOCIATIONS

bsi.

INTERNATIONAL IMAGING CONGRESS

IPEM Institute of Physics and Engineering in Medicine

The ROYAL MARSDEN NHS Foundation Trust

# External Engagement

AXREM

# Formal Partnerships:

AXREM

BIR
The British Institute of Radiology

BMUS
THE BRITISH MEDICAL ULTRASOUND SOCIETY

IPEM
Institute of Physics and Engineering in Medicine

NAMDET

The Royal College of Radiologists

SoR
THE SOCIETY OF RADIOGRAPHERS

PUBLIC POLICY PROJECTS
INSIGHT • ANALYSIS • INTELLIGENCE

ebme Expo
26th–27th June 2024
Coventry Building Society Arena, Coventry

HIGHLAND MARKETING

CONVENZIS

UKIO
UK IMAGING & ONCOLOGY CONGRESS 2024
VISION AND VALUES: PUTTING PEOPLE FIRST
10–12 JUNE 2024
ACC LIVERPOOL
BIR CoR IPEM

radmagazine
...FOR MEDICAL IMAGING AND RADIOTHERAPY PROFESSIONALS

# Formal Partnerships

## Global healthcare $CO_2$ emissions are 4.4%, more than Aviation or the Shipping industry[1]

This is a forum launched  in April 2022 and is open to all AXREM member companies giving them a forum to engage with NHS England & Improvement, NHS Supply Chain, NHS Scotland, IPEM & the RCR discussing the latest news in relation to the NHS net zero target.

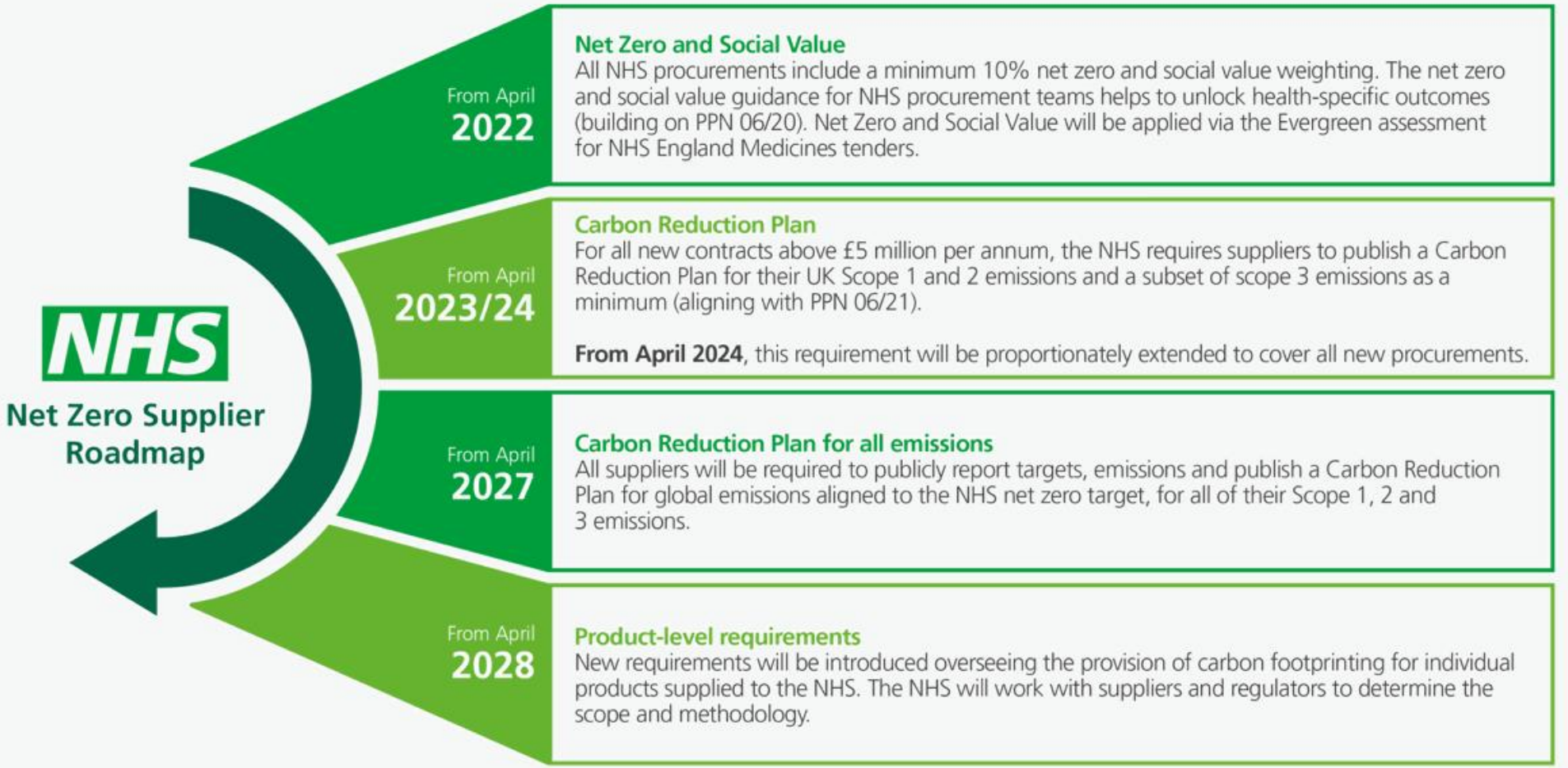
## 4.2 million premature deaths globally per year due to the ambient air pollution[2]

1. Health Care Without Harm (2019), p.22. https://noharm-global.org/documents/health-care-climate-footprint-report
2. Ambient (outdoor) air pollution (who.int)

# AXREM Sustainability Special Focus Group

- Developed a sustainability policy for AXREM
- Hosted a Sustainability & Social Value Conference
- Host regular webinars for members
- Sustainability SFG Expanded Membership & Work
- We have been finalists for our Sustainability Work at the Trade Association Forum Awards & Association Excellence Awards

# The Net Zero Supplier Roadmap



## Core Values

- Shaping the future for generations to come
- Equity and Inclusion
- Community Engagement
- Ethical Practices
- Empowerment

# AXREM Sustainability & Social Value Manifesto

## Net Zero

In alignment with the NHS Net Zero roadmap, we are dedicated to playing our part in achieving Net Zero emissions. We will do so by setting ambitious Carbon Reduction Plans, reporting the progress of our actions, in order to underscore our commitment to advancing towards the NHS Net Zero objectives. Our efforts will extend across the entire value chain, as we actively work to reduce greenhouse gas emissions resulting from our supply chains.

# AXREM Sustainability & Social Value Manifesto

# Promoting Diversity and Inclusion

We will actively promote diversity and inclusion within AXREM, its members and the wider industry. This includes where needed, implementing policies and practices that support underrepresented groups and fostering a culture of respect and acceptance.

## AXREM Sustainability & Social Value Manifesto

## Supporting Communities

We will prioritise the needs of communities in our decision-making processes. This may involve investing in community projects, partnering with local organisations, or providing resources and support where needed.

# AXREM Sustainability & Social Value Manifesto

# Environmental Stewardship

We recognise the importance of environmental sustainability in creating social value. Therefore, we are committed to minimising our environmental footprint, working towards a more circular economy model of business and adopting eco-friendly practices wherever possible, that align with the NHS roadmap.

## AXREM Sustainability & Social Value Manifesto

# Modern Slavery

We are dedicated to upholding fair labour practices throughout our supply chain. This means ensuring safe working conditions, fair wages and opportunities for professional development for all workers, both within our organisation and among our suppliers

**AXREM Sustainability & Social Value Manifesto**

# Education and Awareness

We will actively engage in educational initiatives aimed at raising awareness about social issues and empowering individuals to take action. This may include hosting workshops, seminars or awareness campaigns on topics such as diversity, inclusion and sustainability.

**AXREM Sustainability & Social Value Manifesto**

# External engagement

Engagement between AXREM and the NHS, as well as the broader healthcare sector stakeholders in the UK, is paramount for driving collective action towards sustainability goals. Through proactive collaboration, knowledge sharing, and partnership building initiatives, we can leverage the expertise and resources of industry, educational and healthcare institutions to address shared challenges and seize opportunities for innovation.

AXREM
ASSOCIATION OF HEALTHCARE TECHNOLOGY PROVIDERS FOR IMAGING, RADIOTHERAPY & CARE
www.axrem.org.uk
AXREM Sustainability & Social Value Special Focus Group Manifesto

Introduction

AXREM is the UK trade association representing the interests of suppliers of diagnostic medical imaging, radiotherapy, healthcare IT and care equipment including patient monitoring in the UK. Our group is comprised of most of the industry supply companies, meaning our members supply most of diagnostic medical imaging and radiotherapy equipment installed in UK hospitals.

In doing so, our member companies and their employees work side by side with Radiologists, Radiographers, Practitioners, Oncologists and a wide range of healthcare professionals in delivering healthcare to patients using our technologies. Our members therefore have unique knowledge, experience and insight into the workflow and challenges faced by healthcare professionals on a day-to-day basis, which enables us to develop and offer innovative solutions to improve the speed and quality of diagnostic procedures and treatments with our ultimate aim of improving patient care.

Although our members operate in a highly competitive commercial environment and in strict conformity with UK laws and regulations, certain issues require focus and resolution on an industry-wide basis.

Accordingly, the Association's primary role is to help promote and develop the industry by providing a collective interface to address the regulatory and technical needs of the UK Healthcare market – public and private.

We, the members of AXREM, are committed to championing social value within our industry, in line with NHS commitments. Recognising the connection of social, environmental, and economic factors, we strive to promote initiatives that benefit society as a whole, while aligning the goals of our organisation, with that of the NHS.

We acknowledge the pressing imperative to tackle climate change, particularly its profound impact on public health, including heightened rates of cardiovascular disease, asthma, and cancer among the population, which directly concerns the NHS. As members of AXREM, we are steadfast in our commitment to reduce our greenhouse gas emissions and actively support the NHS Net Zero roadmap.

Recognising that the NHS can influence supplier emissions through greener procurement practices, we understand the pivotal role industry must play in achieving these goals. Therefore, collaboration between the NHS and its suppliers is indispensable for success.

The collaborative efforts of trade associations, regulators, and suppliers have been instrumental in shaping the NHS's sustainability strategy. Suppliers have indicated that while the roadmap is ambitious, it is also attainable. Hence, maintaining open dialogue with the NHS is paramount. AXREM will ensure ongoing communication with the NHS throughout this journey to foster a collaborative and supportive environment conducive to achieving our shared sustainability objectives.

**AXREM Sustainability & Social Value Manifesto**

## Stay connected with AXREM:

**T:** 0207 6428082
**M:** 07717 058649
**E:** sally.edgington@axrem.org.uk

**www.axrem.org.uk**

## Follow AXREM:

Search AXREM

Search AXREM Trade Association

**Engage with AXREM**

AXREM

**Chris Taylor**

Sustainability Lead UKI at Philips Health Systems. ...

# Q & A

# Fireside Interview

**Dr Rizwan Malik**
Consultant Radiologist - Bolton NHS Foundation Trust

**Philip Bradley**
Digital Workforce and Workflow Strategist Sovereign Talents

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SCAN ME

# Panel Discussion

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

**Dr David White**
Chief Clinical Information Officer - Cheshire & Merseyside Radiology Imaging Network (CAMRIN)

**Dr Laurence Ginder**
Consultant Musculoskeletal Radiologist and Associate Medical Director - Shrewsbury and Telford Hospitals

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SCAN ME

# Chair Closing Remarks

**Huw Shurmer**
AXREM Chair (Strategic and Government Relationship Manager) - AXREM /Fujifilm Healthcare UK

# Hot Buffet
# Food & Drinks

CONVENZIS

## Scan here for the next NHS Radiology & Imaging Conference...

2nd July 2025
15Hatfields Conference Centre,
London SE1 8DJ