



Welcome to the NHS Workforce Transformation, Productivity & Staffing Conference



8th October 2026
etc.venues, Prospero House, 241 Borough
High St, London, SE1 1GA





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*“Engaging, thought-provoking and
highly relevant courses that
strengthen strategic leadership while
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Join the Healthcare Engagement Society (HES)

- **What it is** – A secure, year-round platform bringing NHS professionals together across six specialist communities.
- **Why it matters** – Stay connected beyond today's event, share challenges, and learn from peers facing the same priorities.
- **Your benefits** – Exclusive access to interviews, insights, best practice, and real-time discussion threads with colleagues nationwide.
- **How to join** – Simply scan the QR code, choose your community, and start connecting today.



SCAN ME

Stay Connected Beyond Today

Join the **HES Integrated Care, Patient Flow & Workforce WhatsApp Community** to stay connected with the people, ideas and conversations shaping this space. Receive relevant updates, access focused peer discussion groups, share practical insight and be first to hear about future events, resources and opportunities.



Scan the QR code to join the Community



Chair Morning Address



Chris Sleight MSc BSc FIBMS

Chief Executive Officer of Sleight Insights

Formerly Chief Officer of the Greater Manchester Diagnostic
Networks



Keynote Presentation



Alison Blackler

Founder of 2minds – Mind Coach, Tedx Speaker, Author
2minds



NHS WORKFORCE & LEADERSHIP

Navigating the 'Generation' Game: Beyond the Divide

Unlocking retention, engagement, and collective wisdom across NHS clinical & operational teams.

AB

Alison Blackler

Founder, 2minds, Tedx Speaker, Mind Coach, Author



Same Action. Different Label.



When I Leave at 5:00 PM

Self-care, boundary setting, and burnout prevention.



When They Leave at 5:00 PM

Lack of commitment to the service.



Generational labels give quick explanations for complex human behaviour so we avoid doing the real work of understanding.

Has anything changed?

“We have always done it like this” versus “trying something new”

AB

Alison Blackler

Founder, 2minds, Tedx Speaker, Mind Coach, Author



2minds



A 3D graphic illustrating the hierarchy of generations. The names of the generations are displayed in large, white, bold, sans-serif capital letters, each resting on a light gray rectangular platform. The platforms are arranged in a staircase pattern, ascending from the bottom left towards the top right. The background is a solid dark blue, and the floor is a light brownish-tan color.

GEN Z

MILLENNIALS

GEN X

BOOMERS

Seeing the Human, Not the Label



Carol • Late 60s

Leads digital innovation with 30 years of clinical experience.



Noah • Age 19

Craves structure, meticulous planning, and long-term stability.



Emily • Age 24

Champions face-to-face team connection and digital detox.

The NHS cannot afford to lose fresh ideas or marginalise hard-won wisdom.

The 3-Level Action Ladder

LEVEL 01

The Perspective Swap

Ask: "Help me understand - what led you to that approach?"

LEVEL 02

5-Min Story Circle

Ban rotas for 5 minutes. Share one practical learning or challenge.

LEVEL 03

Cross-Gen Challenge

Pair new recruit with senior staff for dual problem-solving.



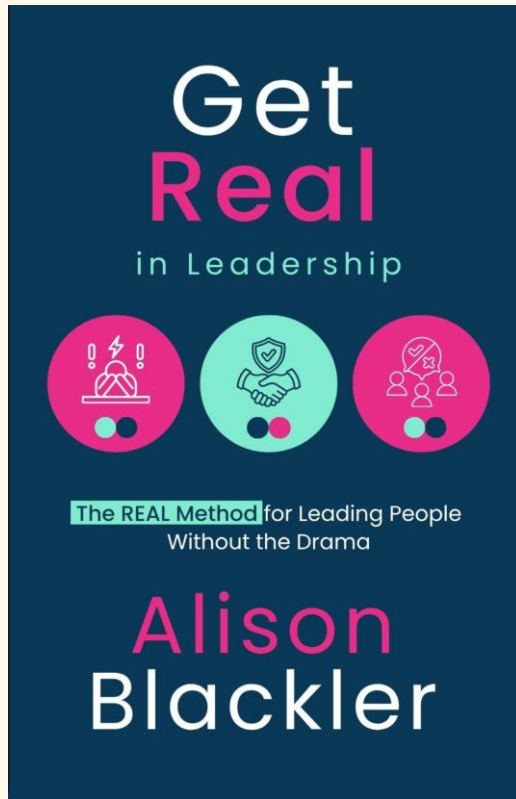
New thoughts

Beyond Age, Into Possibility

Great performance has no age.

Innovation has no age limit.

Wisdom is never measured in years.



Get Real in Leadership

Launches 20th October at 10.00am

On line via zoom

You are all invited

• BOOKING ACCESS

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Point your camera at the code to open the booking page instantly.



Or use the booking link below

<https://www.trybooking.com/uk/event/122547>

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Skills Clinic



Craig de Sousa
Director of Workforce Supply
NHS England



Jasmine Penny
Associate Director of PMO &
Assurance
Croydon Health Services NHS Trust



Munira Kachwala
Head of Category - Workforce
Northwest London Procurement
Services





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Workforce Alliance



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Will Laing
Operations Director
NHS Workforce Alliance





Workforce Alliance

NHS Workforce Trends & Reflections

Presentation by:
Will Laing
Operations Director
NHS Workforce Alliance

Convenzis – People
First

8 October 2026

Bringing together people who care

www.workforcealliance.nhs.uk

What I'll cover today...



Welcome



Respect for the NHS



Productivity: Dynamic tensions in meeting demand



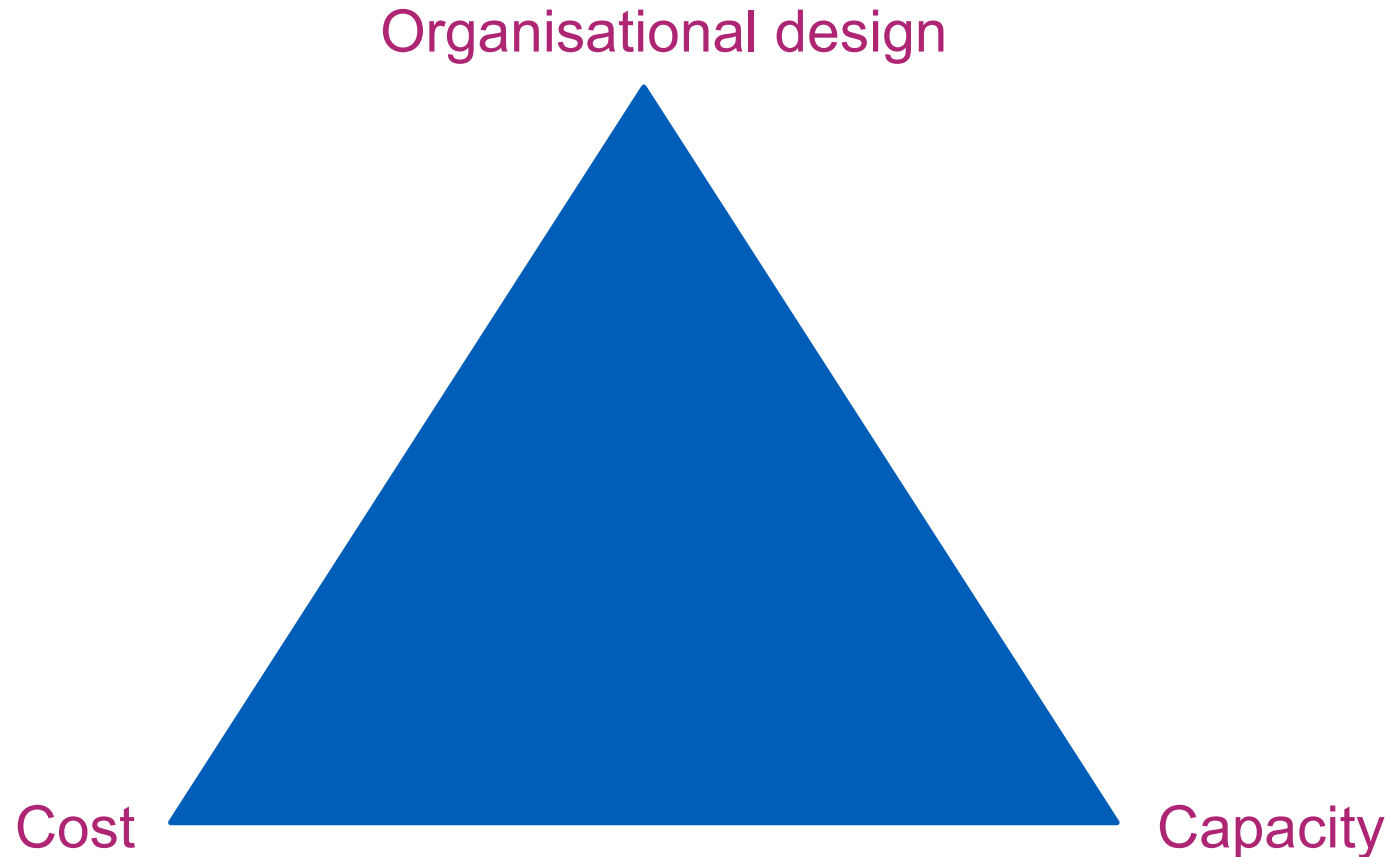
Market trends and data



Questions

Demand and productivity

Dynamic Tensions



- Health Foundation Report on NHS Productivity (September 2026)
[Breaking the cycle](#)
- Targets and consequences
- Contingent labour trends
- Impact on morale

Foundations for evidence-based decisions



Workforce Alliance

Data Sources

Openly published data

- NHS Waiting Lists (NHS England)
- NHS Workforce Data (NHS Digital)

Restricted data

- Atamis (login required) – shows NHS / WPS contract and workplan information
- Spend Comparison Service (login required) – shows monthly actual spend information (from Accounts Payable systems)

NHS Workforce Alliance data

- Monthly supplier management information
- NHS commercial workforce projects and plans
- NHS trust roster data (at the discretion of individual trusts)
- NHS contact database

Questions





Workforce Alliance

Annexes

Bringing together people who care

Annex 1: Who we are

We are a collaboration of four NHS procurement hubs and Government Commercial Agency

As a team of NHS / public sector health workforce category experts with decades of experience, we are motivated by a genuine desire to make the NHS better. We have been working together since 2019 to combine our experience and expertise for the benefit of the NHS.

NHS Commercial Solutions (NHSCS)

East of England NHS Collaborative Procurement Hub (EOECPH)

NHS North of England Commercial Procurement Collaborative (NOE CPC)

NHS London Procurement Partnership (NHS LPP)

Government Commercial Agency (GCA)

NHS
Workforce
Alliance

Annex 2: Regional support



Workforce Alliance

A national solution, delivering regionally

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.

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

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

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East Midlands

REGIONAL LEAD:

Katherine Moore

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East of England

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London

REGIONAL LEAD:

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REGIONAL LEAD:

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REGIONAL LEAD:

Lucy Upton

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South West

REGIONAL LEAD:

Jessica Emmett

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Annex 3: Get in touch

www.workforcealliance.nhs.uk



Nationwide support

Regional Team	Regional Lead	Regional Email
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East of England	Katherine Moore	katherine.moore@eoecph.nhs.uk
North East & Yorkshire	Joanne Barton	joanne.barton@noecpc.nhs.uk
North West	Rachelle Reynolds	rachelle.reynolds@gca.gov.uk
West Midlands	Lucy Upton	lucy.upton@gca.gov.uk
East Midlands	Katherine Moore	katherine.moore@eoecph.nhs.uk
South West	Jessica Emmett	jessica.emmett@workforcealliance.nhs.uk



Refreshments & Networking



Chair Morning Reflection



Chris Sleight MSc BSc FIBMS

Chief Executive Officer of Sleight Insights

Formerly Chief Officer of the Greater Manchester Diagnostic
Networks



Case Study



Case Study



David Scott
Founder and Partner
Rambutan Ltd



Hannah Roots
Senior Consultant
Rambutan Ltd



Lysa Morrison
Senior Consultant
Rambutan Ltd





Saving lives with civility in action



David



Hannah



Lysa





The pressure is real

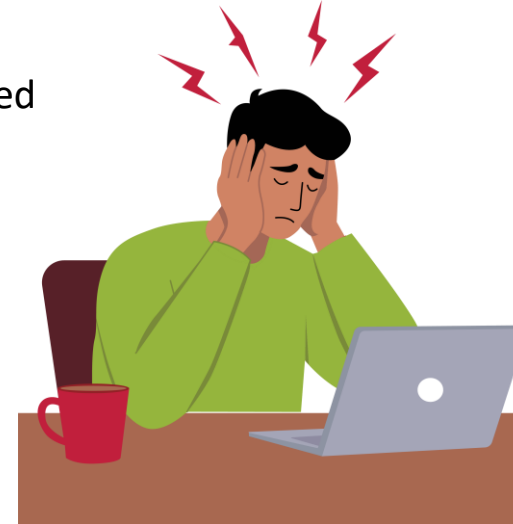
- bullying and harassment costs the NHS £2.3bn per year
- 40% of staff see bullying as an issue, 27% have experienced it in the last 12 months
- minoritised groups are disproportionately affected
- 25% of us take incivility out on others

[see www.civilitysaveslives.com for more information]



The impacts of incivility

- 48% reduce their time at work
- 38% reduce their quality of work
- 61% reduction in cognitive ability
- overall performance reduced from 91.2% to 63.6% in a simulated surgical scenario

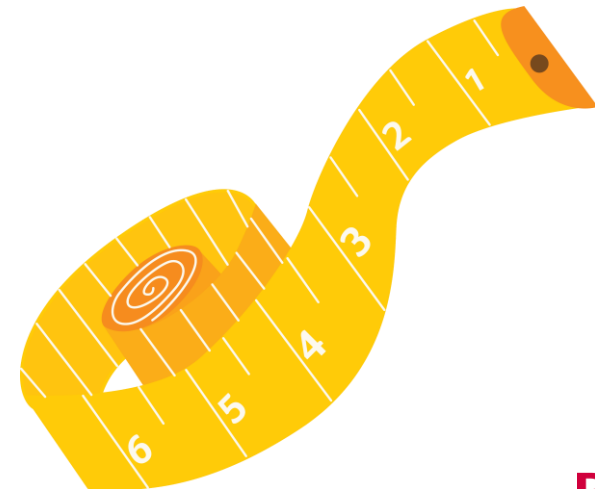


Why people do what they do

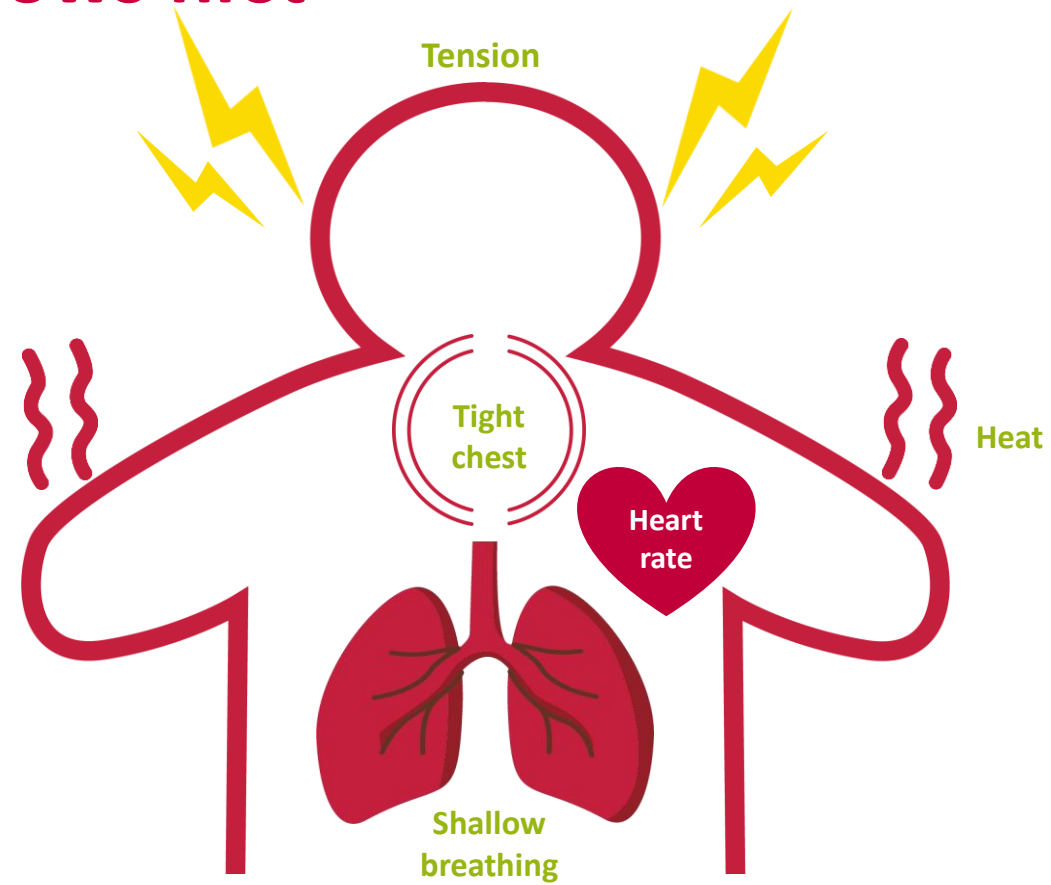


Shifting the dial

- **Tameside and Glossop Integrated Care NHS Foundation Trust:**
 - 99% felt the Civility Saves Lives programme was relevant to their roles
 - 97% felt the programme would help them in their roles
 - 98% were committed to driving civility within the Trust
- **over two years, their NHS staff survey figures for...**
 - colleagues experiencing harassment, bullying or abuse were down by 5%
 - colleagues recommending their organisation as a place to work were up by 7%



Your body often knows first



A tiny trigger...

- you let someone into the traffic
- no wave... no thank you
- hands up – who gets annoyed?



Analyse the story

- **judgement**
 - what story am I telling myself about them?
- **justification**
 - how am I explaining why my response is reasonable?
- we judge their behaviour and justify our own
- struggle doesn't always look like tears

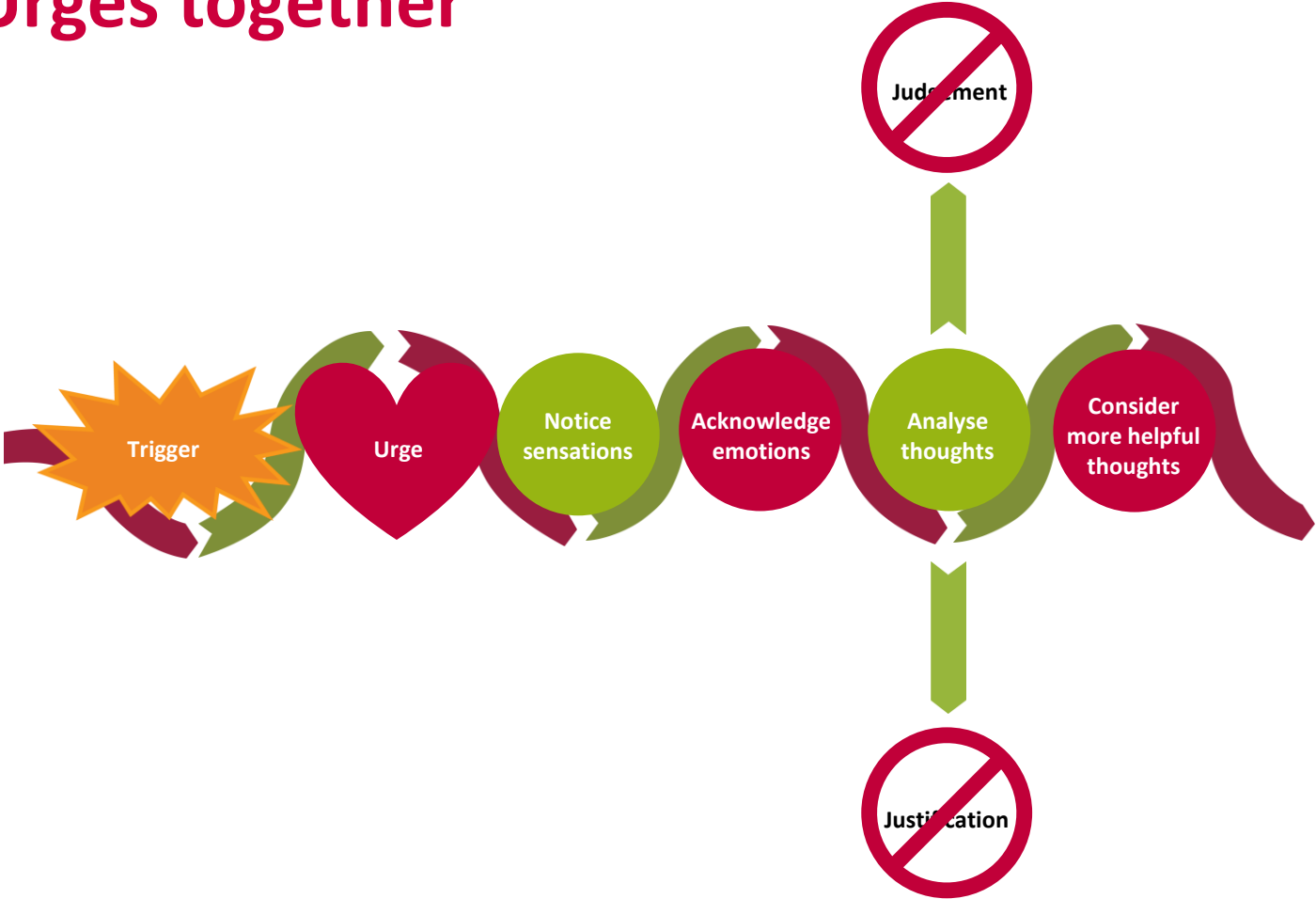


Surf the Urge

- when pressure starts in you: regulate before reacting
- when pressure lands on you: become curious before taking it personally
- power amplifies impact



Surfing the Urges together



What might change if we became curious before we became certain?

- curiosity doesn't excuse the behaviour
- it gives us more choice about our response
- continue the conversation at the Rambutan stand, collect your Surf the Urge Toolkit and/or come and have a chat about some of our results with the Trusts we have partnered with



Get in touch!

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Hannah: hannah@rambutan.biz

Lysa: lysa@rambutan.biz



For a **chat** call +44 (0)1858 461071

Read our blogs, top tips and
client stories on
rambutan.biz



Case Study



Case Study



Kirsty Edwards
Principal Solutions
Consultant
RLDatix



Would you choose the digital experience you give your workforce?

We've digitised work. But who have we designed the experience of it around?

PeopleFirst | 8 October 2026



**People feel valued by people.
Far fewer feel valued by the organisation.**

72.84%



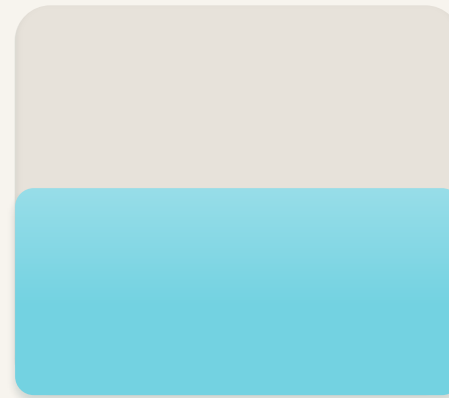
My immediate manager
values my work

67.34%



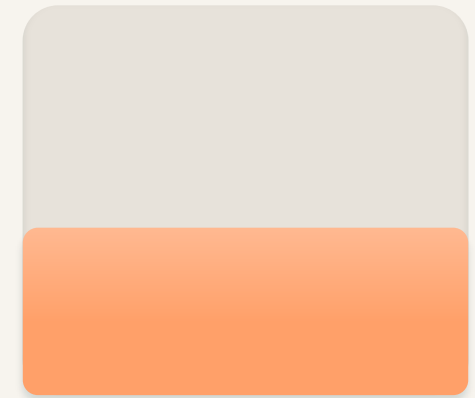
People I work with
show appreciation

53.10%



Satisfied with recognition
for good work

42.95%



Satisfied with how much my
organisation values my work

What happens between the person and the organisation?

Having a voice isn't the same as experiencing influence.

69.94%

I can make suggestions
to improve my team

54.16%

I can make
improvements happen

48.63%

I'm involved in decisions about
changes affecting my work

VOICE

69.94% can suggest

ACTION

- 15.8 pts

INFLUENCE

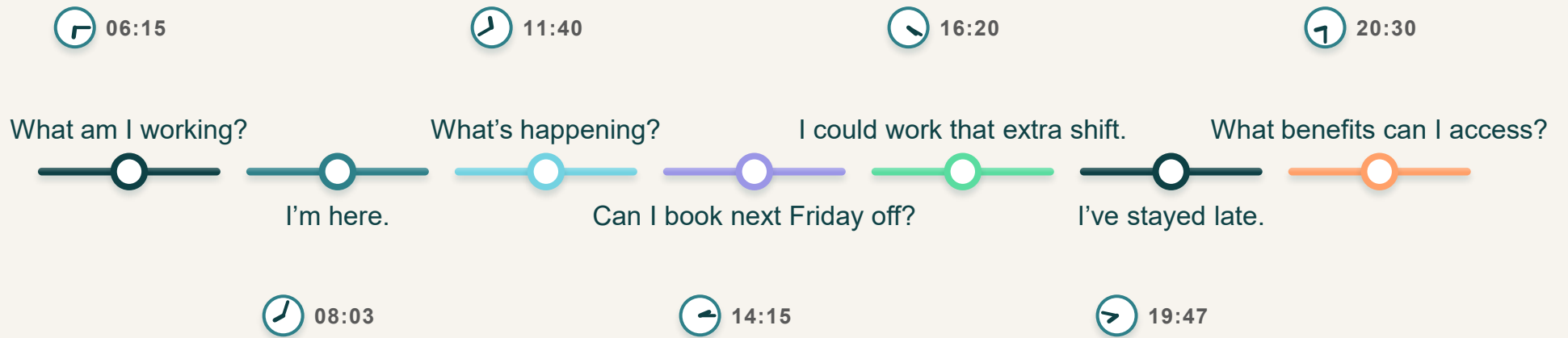
- 21.3 pts

Each moment feels small on its own. Together they are the employee experience.



MAYA

Registered nurse.
Colleague.
Person.

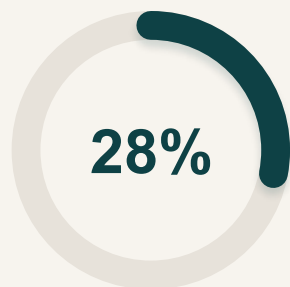


**Maya doesn't experience departments or systems.
She experiences one employer but across a whole day of separate touchpoints.**

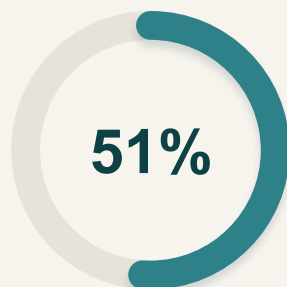
THE OPERATIONAL CASE

Experience isn't a soft measure. It shows up as capacity, cost and retention.

THE FRICTION



of NHS staff lose more than 10 hours a week to admin



say friction adds to their stress or burnout

THE CONSEQUENCE

10.1%

leave the NHS each year — the lowest rate in over a decade

THE REQUIREMENT

2%

annual productivity improvement required to 2030

11.8%

BUT IT CAN BE IMPROVED

Average cut in leaver rates from NHS England's People Promise retention programme — driven by improving experience in e-rostering, flexible working and local listening.

We designed systems around organisations. What happens when we design them around people?

ORGANISATION-CENTRED

HR → ESR/HR system

Workforce → eRoster

Bank → Bank system

Comms → Intranet

Benefits → Benefits portal

Engagement → Survey platform

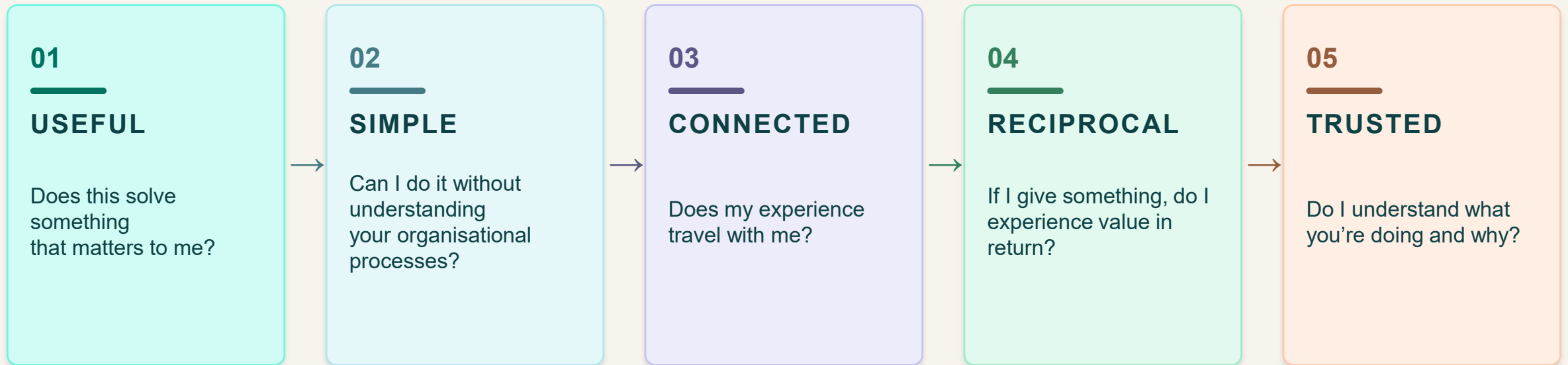
Which system do I need?

PERSON-CENTRED



What do I need to do?

Five questions for human-centred workforce technology



EMPLOYEE NEED

EMPLOYEE
EXPERIENCE

The more useful technology becomes, the more important trust becomes.



VALUE FOR THE
EMPLOYEE

DATA

VALUE FOR THE
ORGANISATION



PURPOSE

Why are we collecting it?

TRANSPARENCY

Does the person understand?

PROPORTIONALITY

Are we collecting what we
actually need?

RECIPROCITY

Who experiences the benefit?

60.29%

feel safe speaking up

47.59%

are confident their organisation would
act

The “Raising concerns” sub-score and all four
component measures are at five-year lows.

What if work felt more connected?

What began as putting the roster in someone's pocket had to become something far more person-centred.

1.8M

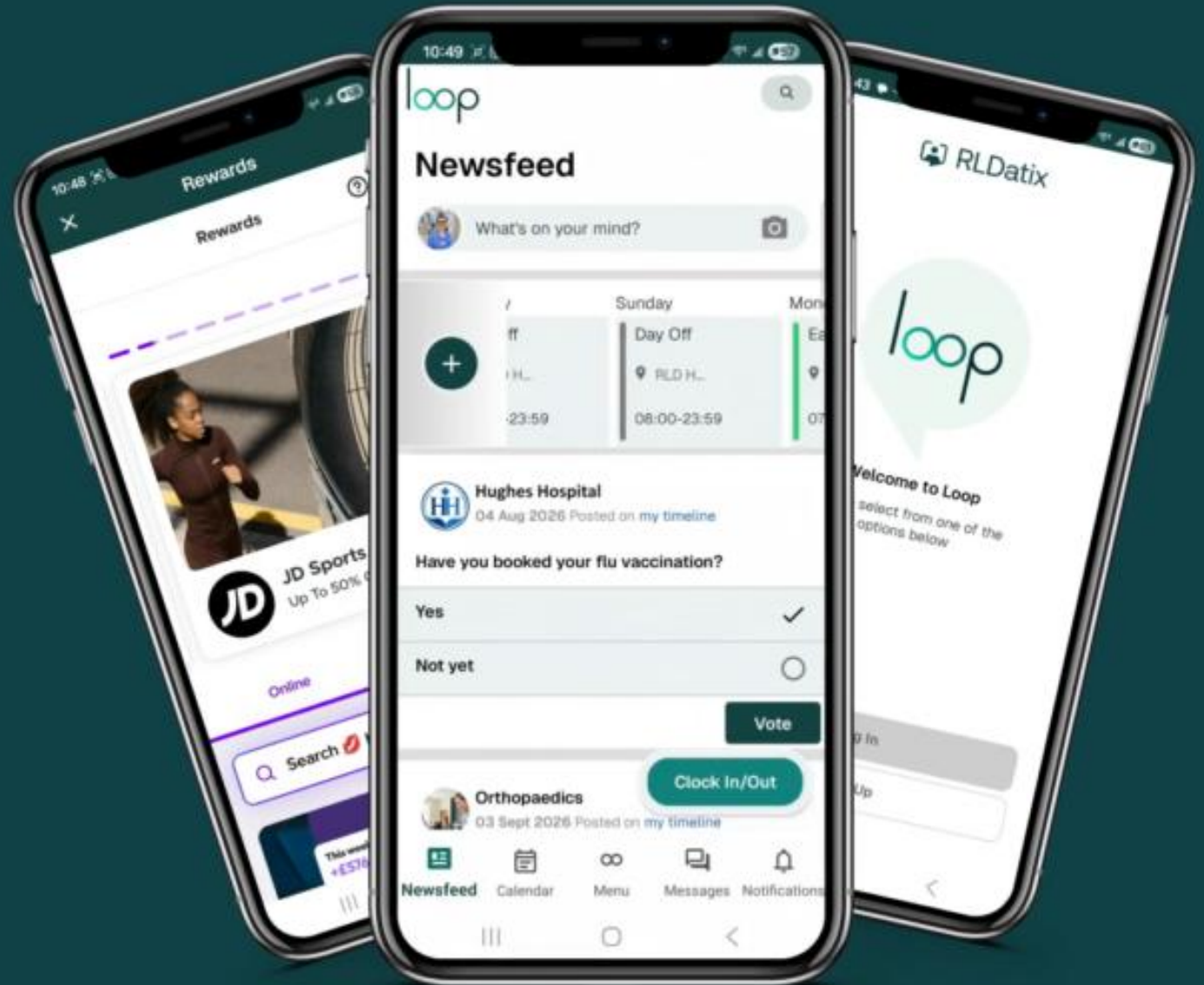
users

200+

organisations



Introducing



THIS ISN'T REALLY ABOUT AN APP.

It's about the relationship between a person and their working life.

THE 5-QUESTION EXPERIENCE TEST

- 1 Pick one person.
- 2 Pick one ordinary working day.
- 3 Map every digital interaction they have with your organisation.



Your organisation has a Maya.

Useful?

Simple?

Connected?

Reciprocal?

Trusted?

Would you choose their experience?

Leadership Interview



Richard Brownhill
Head of Improvement
GIRFT UEC Head of Improvement





Using human factors to support workforce, safety and productivity

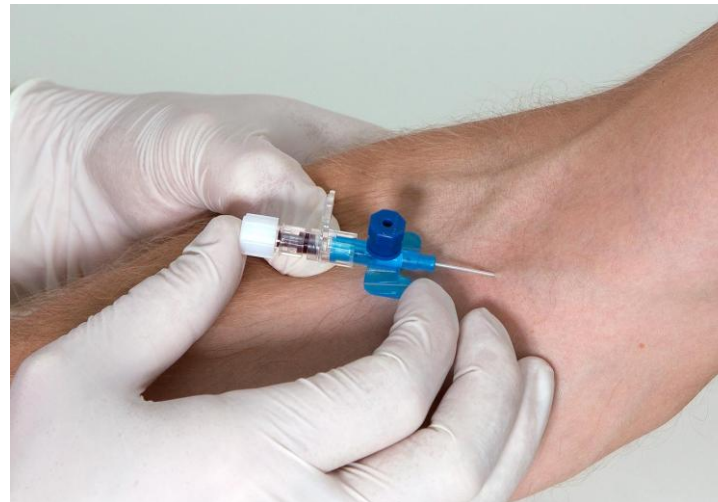
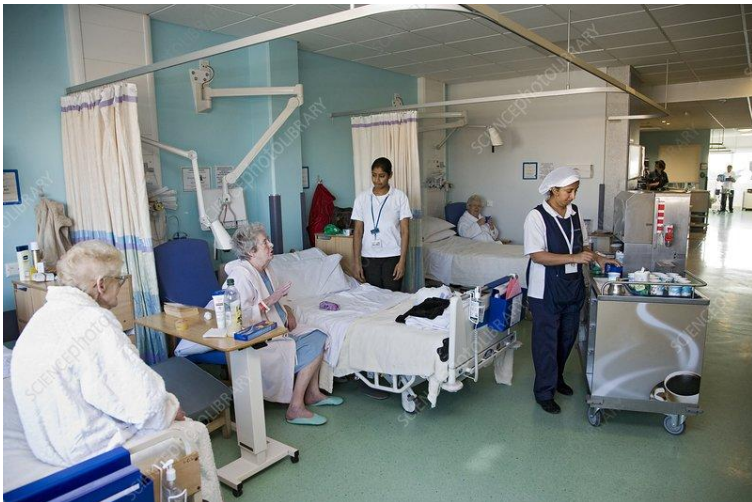
Richard Brownhill MSc (HF), RN

Ambassador - Clinical Human Factors Group

chfg

“Human factors/ergonomics is the scientific discipline concerned with the understanding of interactions among humans and other elements of a system, and the profession that applies theory, principles, data, and methods to design in order to optimise human well-being and overall system performance.”

The International Ergonomics Association



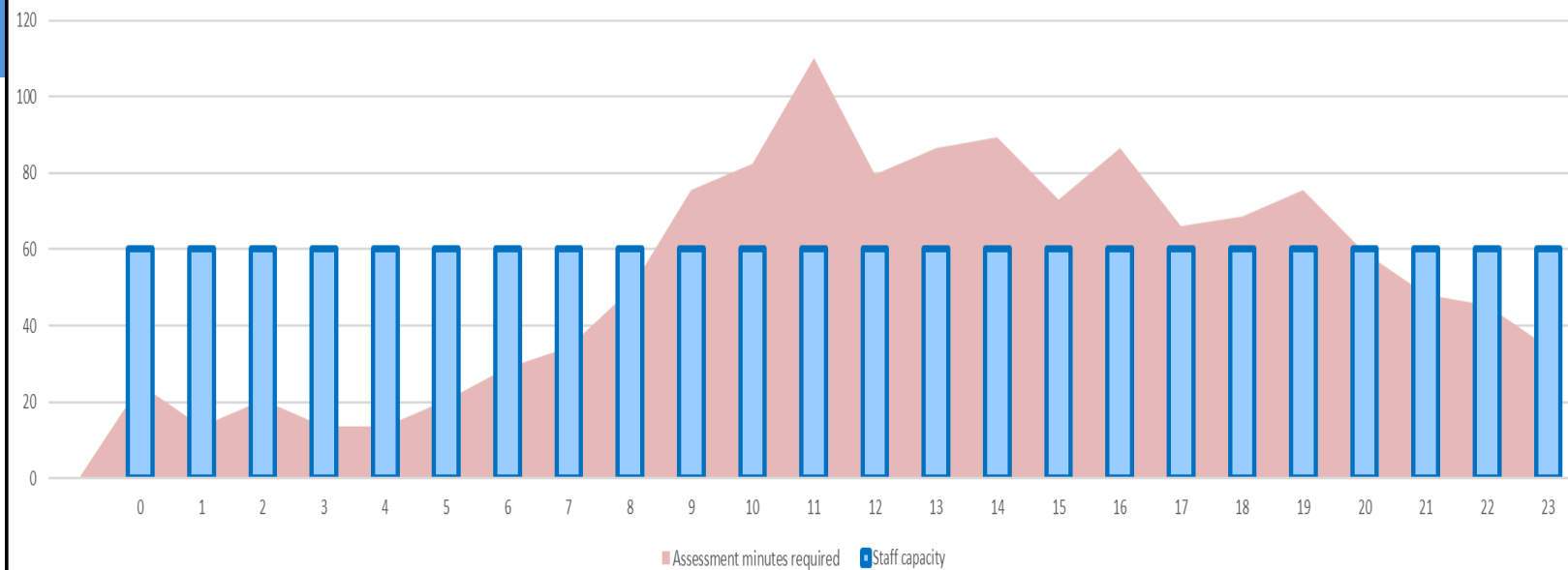
Data

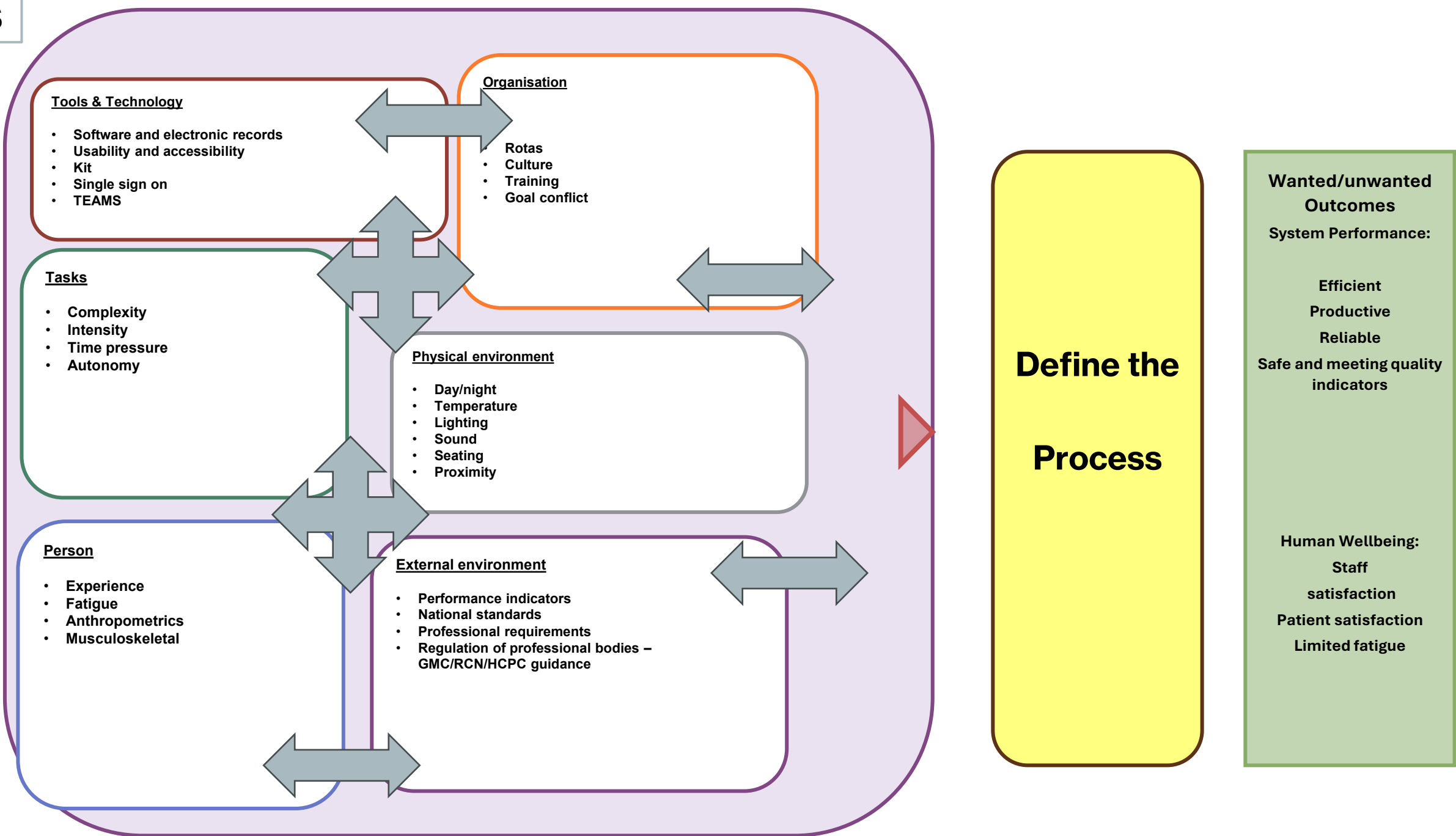
Co-
design

Culture
and
bias



Assessment activity and capacity





NHS Deep Dive



Lisa Golding

Lead Consultant – Learning and Development
Transformation Partners in Health and Care





Rethinking performance management:

Feedback as a daily leadership
habit that drives culture and
performance

Welcome to the session



Lisa Golding
Lead Consultant - Learning &
Development

Rethinking Performance Management

What comes to mind
when you hear...



**Performance
Management**

How did we get here?



The data tells us something important



The process exists. The impact is missing.

Performance management as everyday leadership



Effective
Performance

**Performance isn't
built annually.**

It's built daily.

Why leaders avoid feedback

We worry about:

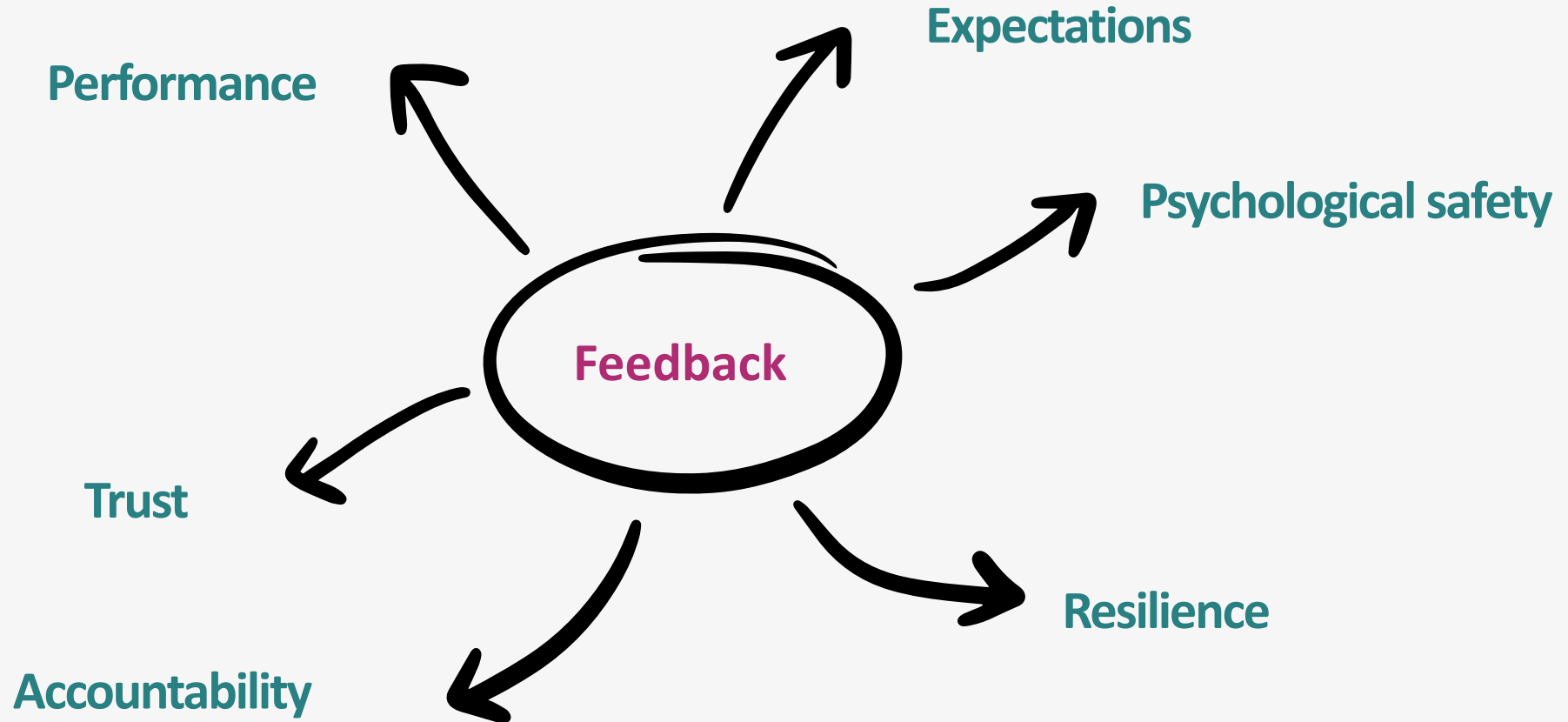
- Conflict
- Upsetting people
- Damaging relationships
- Getting it wrong

The evidence shows:

- Higher trust
- Higher engagement
- Greater resilience
- Better performance

Avoidance feels safe. Clarity builds trust.

Feedback is a cultural signal



Every conversation teaches culture.

The two types of feedback every leader needs

Reinforcement

"Keep doing this"

Builds:

✓ Confidence

✓ Consistency

✓ Culture

Developmental

"Let's make this even better"

Builds:

✓ Learning

✓ Capability

✓ Growth

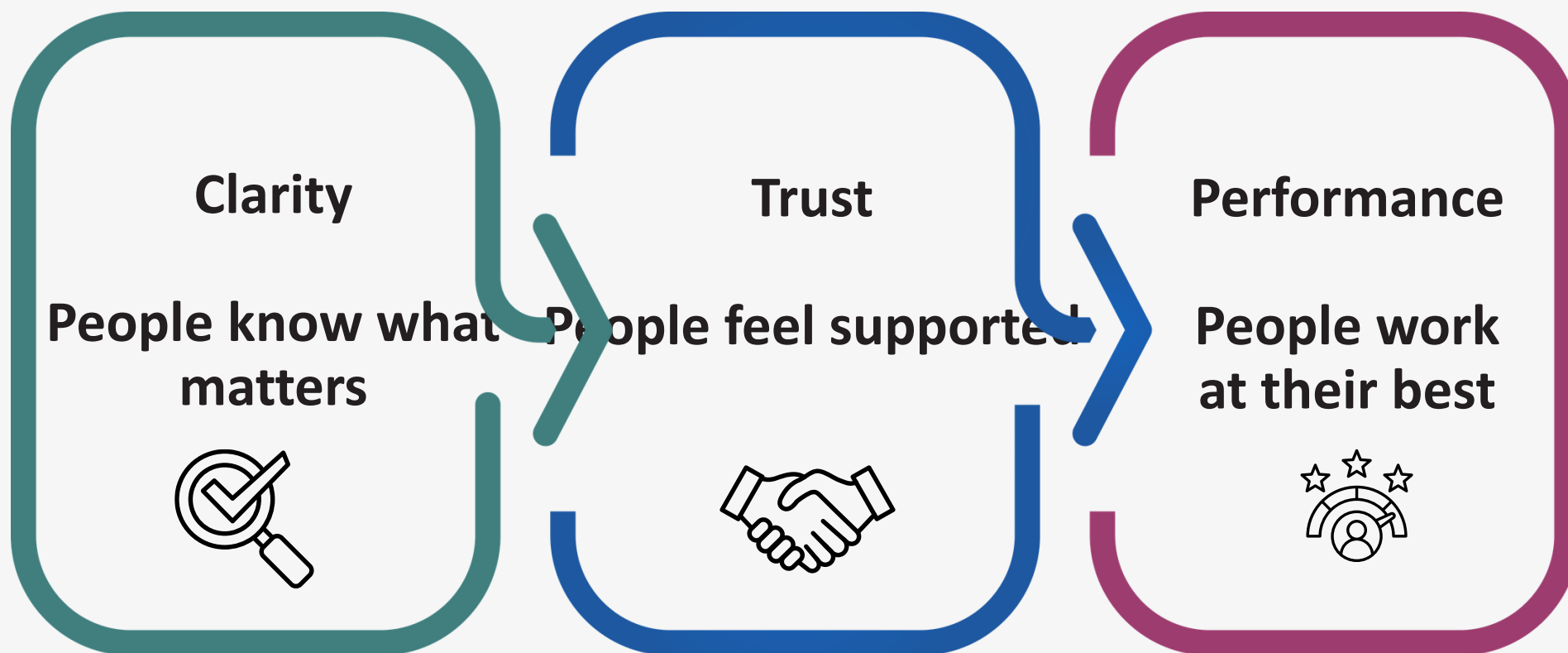
Great leaders provide *both!*

The leadership feedback loop



**Not a script.
A leadership habit.**

What this enables



Better conversations. Better culture. Better performance.

Final leadership challenge

Performance management
is not an 'event'

It's a **leadership habit**



Contact us for more information

Email	rf-tr.tphclearninganddevelopment@nhs.net
Social Media	https://www.linkedin.com/company/tp-hc
Website	www.transformationpartners.nhs.uk

“

People buy into the **leader** before they buy
into the **vision**.

John C. Maxwell

”

Lunch & Networking



Chair Afternoon Address



Chris Sleight MSc BSc FIBMS

Chief Executive Officer of Sleight Insights

Formerly Chief Officer of the Greater Manchester Diagnostic
Networks



Keynote Presentation



Dr Nigel Scawn
Executive Medical Director
The Countess of Chester Hospital





**Countess of
Chester Hospital**
NHS Foundation Trust

USING WORKFORCE PLANNING TO DRIVE PRODUCTIVITY, RESILIENCE AND SUSTAINABLE CARE

Dr Nigel Scawn
Executive Medical Director



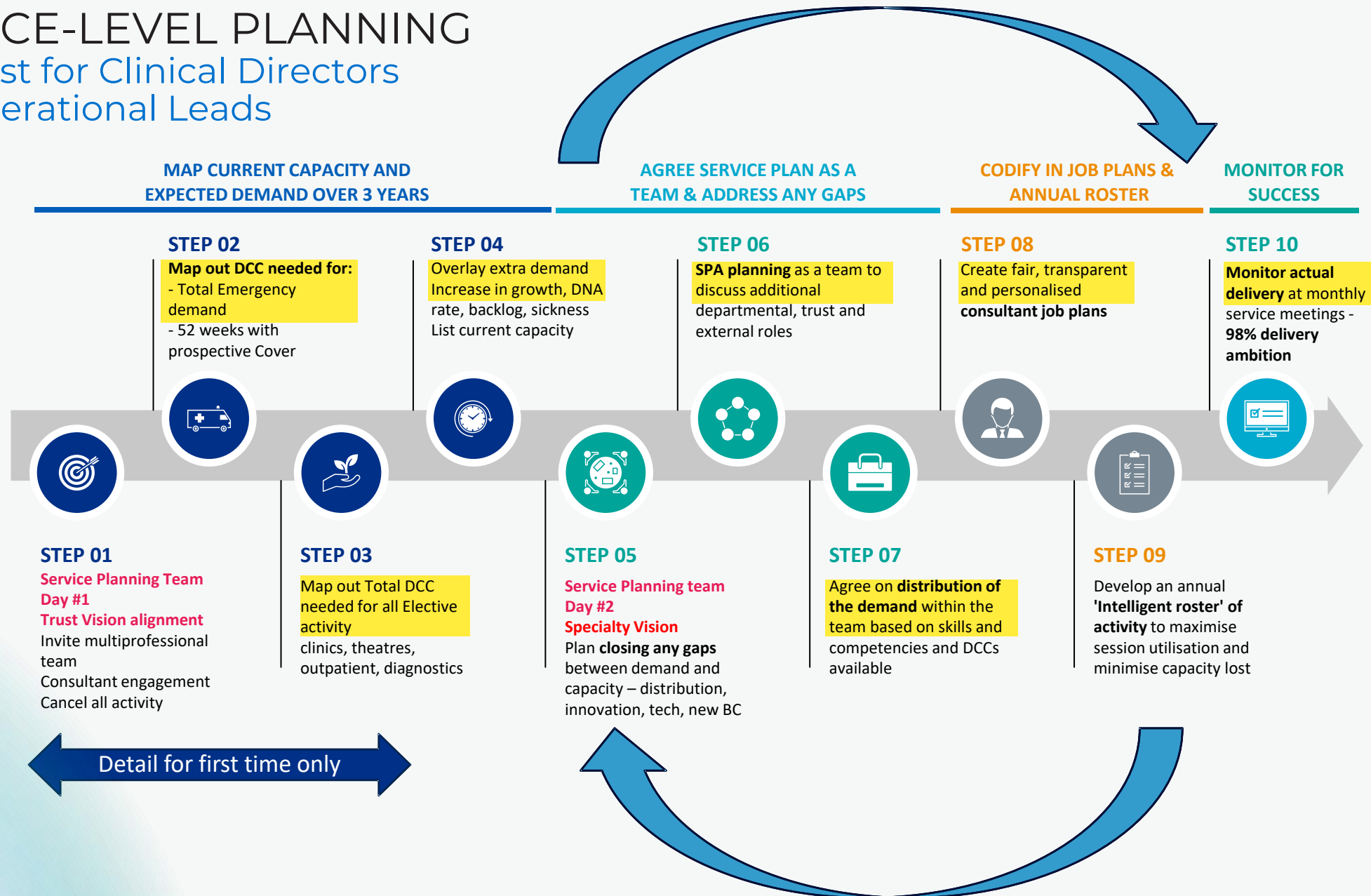
NHS ENGLAND MEDIUM TERM PLANNING FRAMEWORK

Providers must:

- for each year, ensure that **95% of medical job plans are signed-off** in line with the business cycle, underpinned by service level demand and capacity planning
- by the end of **2026/27**, ensure a **system for monitoring and assurance** is in place for tracking **job planned activity**
- by the end of **2027/28**, achieve **tracking of job planned activity for the full year**
- by the end of **2028/29**, ensure multiprofessional **service level activity and job planning** are in place

10 STEPS TOWARDS GOOD SERVICE-LEVEL PLANNING

Checklist for Clinical Directors and Operational Leads



WHERE WE STARTED

EARLY 2024

- e-Job Planning (Allocate) for 10 years.
- Poor compliance – only 20% of doctors had an in-year signed job plan.
- 10% had no plan.
- Annual review not happening.
- Many plans were poorly designed and used generic language to describe the broad range of activities delivered.
- We were at Level 0 (NHSE Advanced levels of Attainment) on a scale of 0 to 4.



ESTABLISHING A JOB PLANNING COMMITTEE

- Embedded into Trust Job Planning Policy
- Job Planning Diagnostic Toolkit used to produce panel papers
- Panel has representation from:
 - Executive Medical Directors office
 - Associate Medical Directors (Divisional)
 - Chief Operating Officer
 - People Directorate
 - LNC representatives
- Assess consistency within each clinical team, pan-division, Trust wide
- Each clinical team presents the data and answers questions
- Determine teams where plans need to be amended to improve consistency/ equity.
- Identify non-clinical PAs and those that are business critical



OUR JOURNEY

2024

- Procured a new job planning system
- Ran diagnostics of old job plans.
- **ENGAGEMENT** - Not a cost cutting exercise.
- Agreed a new job planning policy.
- Delivered specialty specific training to our clinicians and supported the drafting phase.
- Job plan templates developed for each specialty to cover on-call, acute models of care, ward-based models, to ensure consistency.
- New language set to describe activities delivered by each specialty.



OUR JOURNEY: 2025

- Consistency panels for each team.
- Supported by HR, LNC Representation, Senior Clinical Team, Ops.
- Capacity v Demand assessment for each of those teams to identify gaps in capacity and surplus capacity.
- Feasibility analysis – are job plans achievable in working week (multitasking Cannot be paid more than once for same working hour)
- A number of teams needed more resource vs some teams had surplus capacity.
- Not a cost saving exercise (**overall cost pressure**).
- Once plans are formally agreed, we will be at Level 2/3 NHS Advanced levels of Attainment.



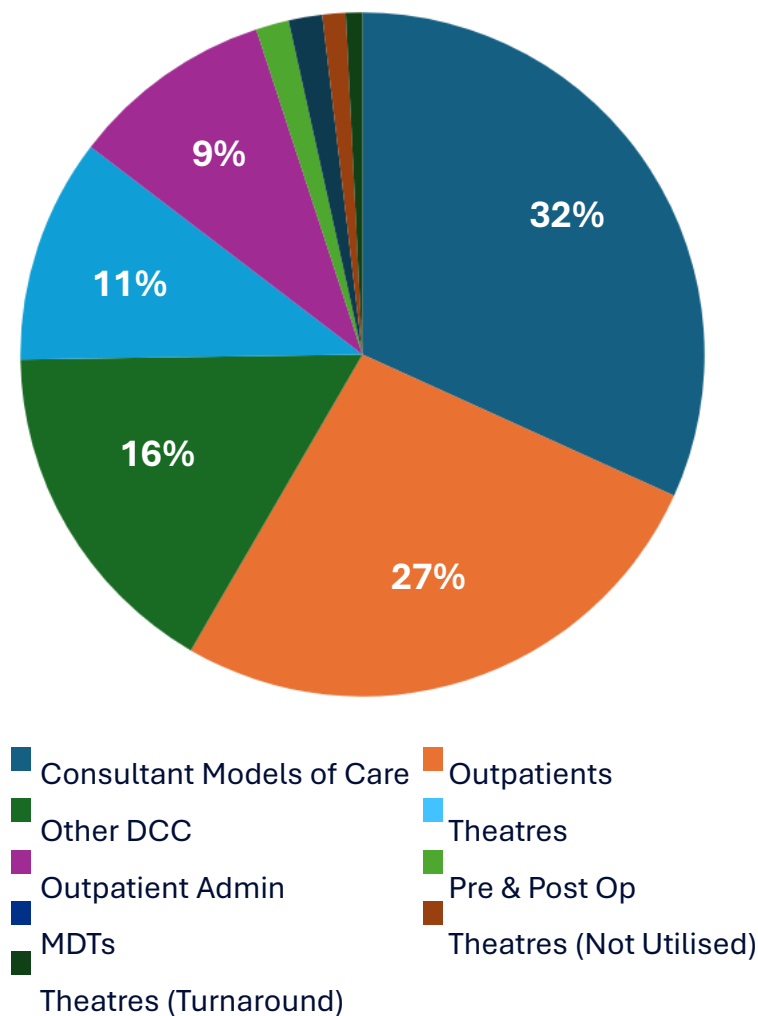
Understood capacity – now needed to understand demand:

- Analysed data from BI (could do in-house if capacity).
- Referrals, theatre usage, diagnostic delivery, outpatient delivery.
- Patients waiting on admitted and non-admitted PTL.
- Demand for MDT activities and clinical administration.
- **Advice and Guidance Time.**
- **Developed demand models for each speciality.**
- Converted patient numbers, types of clinical intervention and the time taken to deliver each patient facing clinical activity into a PA based demand model
- Baseline included understanding acute and ward-based models of care, as well as demand for non-clinical PAs (SPA, Additional NHS Responsibilities, External activities and the provision of Undergraduate Medical Education)



EXAMPLE DEMAND MODEL – ORTHOPAEDICS

PAS



Consultant Models of Care (Primarily trauma)	31.2%	32.61 PAs per week
Outpatient Demand, Patient Facing	27.3%	28.49 PAs per week
Other DCC	16.1%	16.83 PAs per week
Elective Theatre Demand	10.9%	11.39 PAs per week
Outpatient Demand, Subsequent Admin	6.5%	6.76 PAs per week
Outpatient Demand, Admin within Clinic	3.0%	3.09 PAs per week
Theatre Demand, Pre and Post Op	1.6%	1.66 PAs per week
MDTs	1.6%	1.63 PAs per week
Theatre Demand, Time Not Utilised	1.1%	1.13 PAs per week
Theatre Demand, Turnaround Time	0.8%	0.83 PAs per week
Total		104.41 PAs per week

EXAMPLE DEMAND MODEL – ORTHOPAEDICS

Category	Activity	PAs per week
SPA	Core SPA - Consultants	18.0
SPA	Core SPA - SAS Doctors	1.5
SPA	Appraisers	0.762
SPA	Audit Plan Activities (not included in Core SPA)	0.25
SPA	Educational Supervision	3.583
SPA	Research	0.0
SPA Subtotal		24.095
AR	Lead Role - Clinical Lead (Dept)	1.0
AR	Lead Role - Lead Clinician - Rota Mangmt	0.75
AR	Lead Role - Trust Speciality Training Lead (College Tutor)	1.5
AR	Lead Role - Service Lead - Workforce	0.25
AR	Lead Role - Service Lead - Neck of Femur	1.0
AR	Lead Role - Service Lead - Guidelines	0.05
AR	Lead Role LNC Chair	0.75
AR	Lead Role - Clinical Audit Lead (Dept)	0.25
AR Subtotal		5.55
ED	External Duties	0
ED Subtotal		0
MS	Medical School	1.505
MS Subtotal		1.505

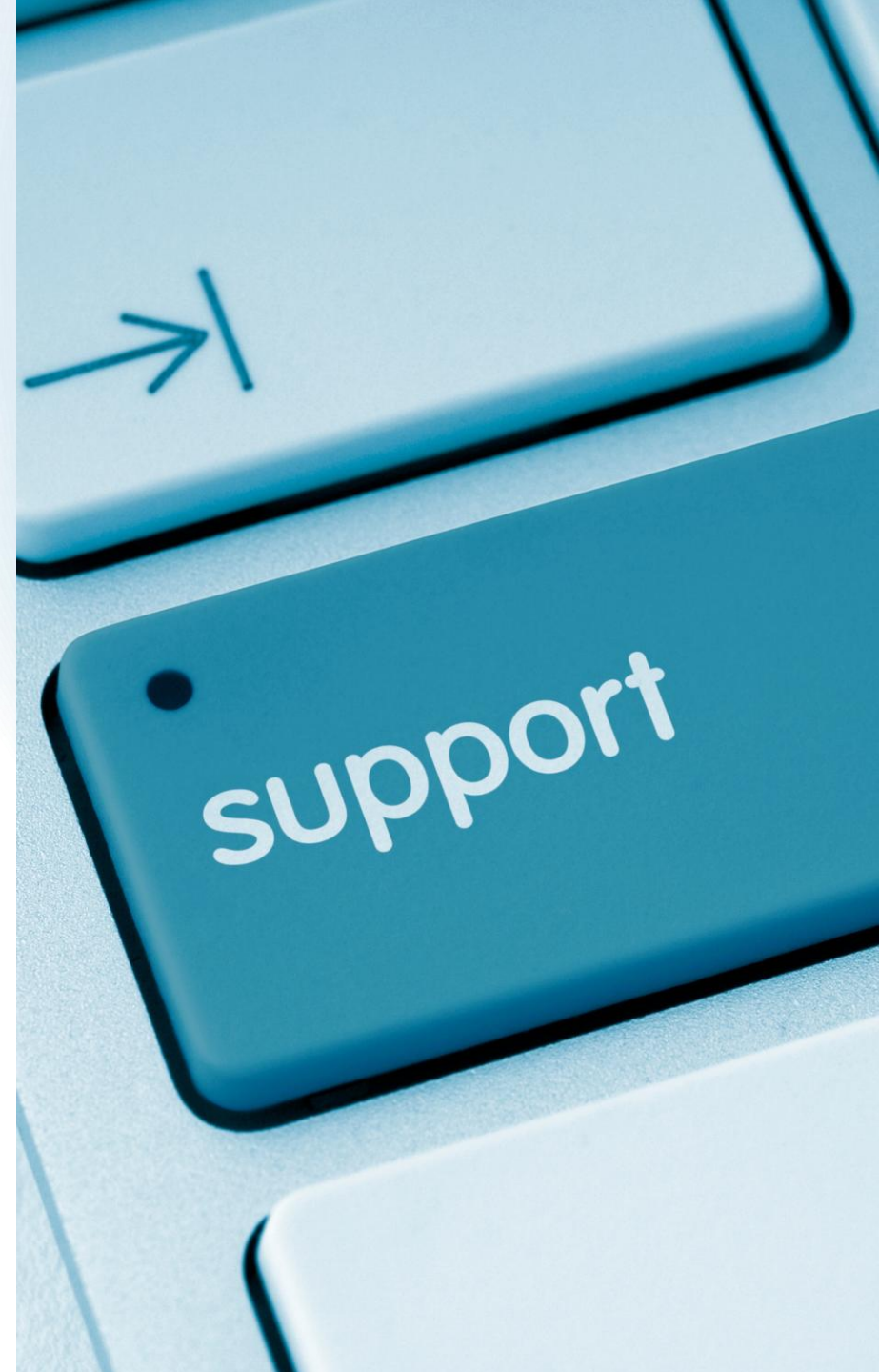
Total demand in Orthopaedics:

Total orthopaedic DCC:	104.41
Total Non DCC:	31.15
Overall Total:	135.56
No: Consultants:	12
Theoretical PA/Consultant	11.3
(versus appoint another 1.5 WTE consultants = 10PA)	



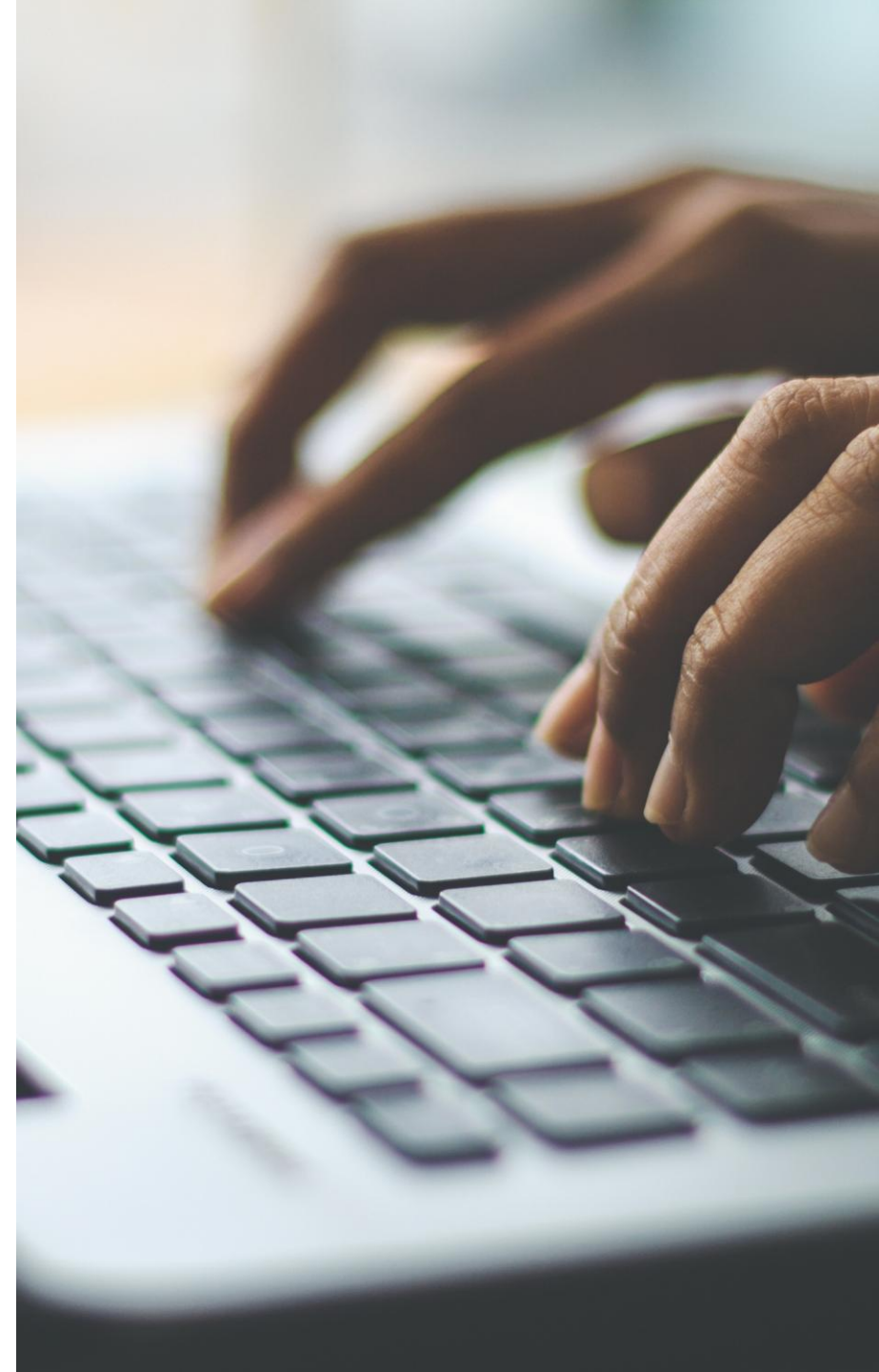
IDENTIFYING THE SUPPORT REQUIRED TO DELIVER JOB PLANS RECURRENTLY:

- Non-negotiables – PA value/tariffs.
- Train Clinical Leads and Service Managers.
- Ensure all Consultants know how to use the e-Job Plan system.
- Ensure all clinicians understand why we are doing this – how does it link to workforce planning, safe sustainable services and good patient outcomes. Not cost cutting.
- Provide ongoing support to the workforce.
- Program manage each job planning round – identify a HR lead to do this.
- Report regularly to the senior clinical team, who can chase those who have not delivered a plan.
- Post draft diagnostics to inform reviewers – identify anomalies and inconsistencies within teams.



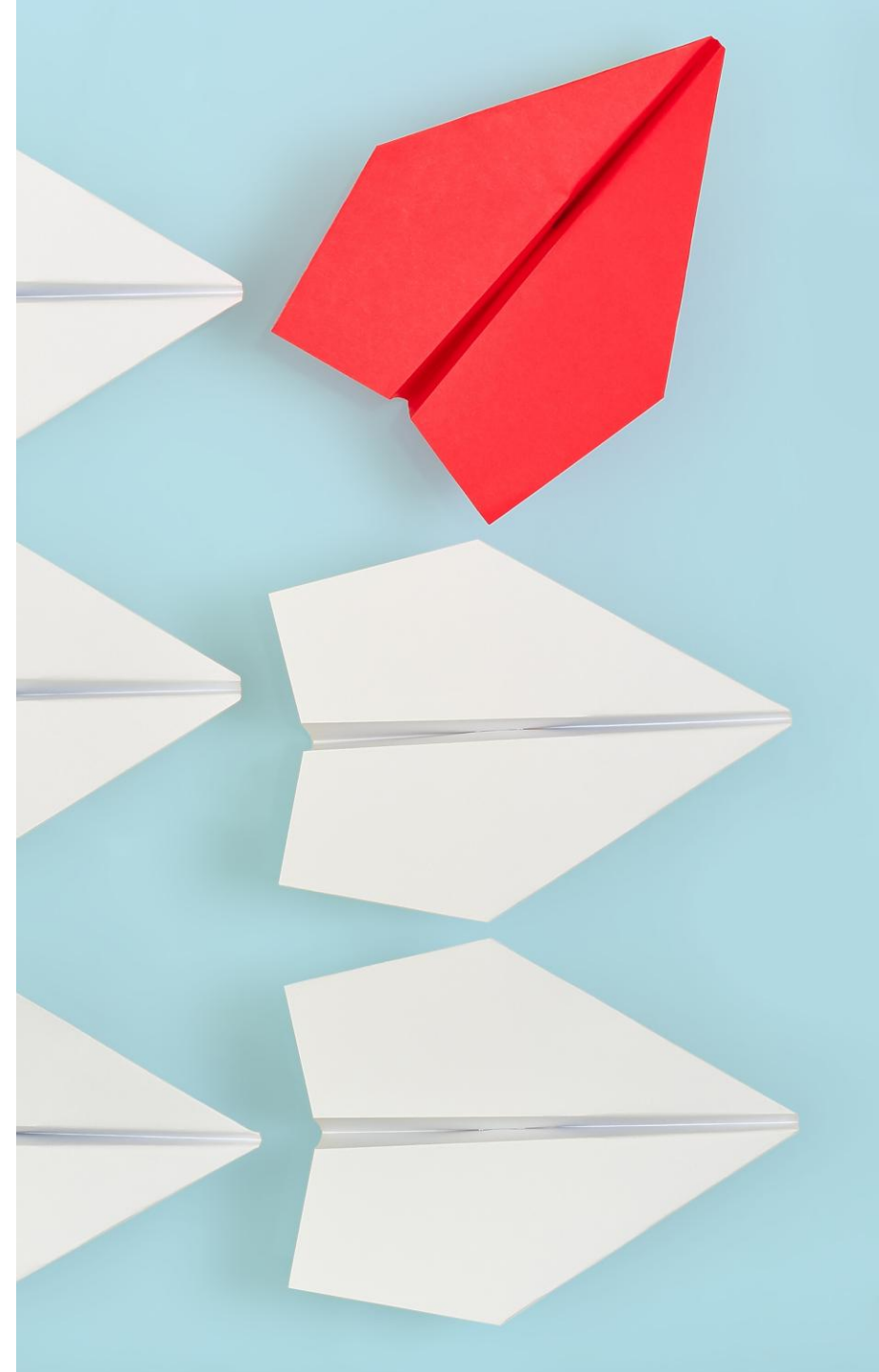
HOW ELECTRONIC SYSTEMS CAN HELP:

- All plans exist in one portal.
- Ability to analyse data and ensure consistency.
- Dependant on having a core set of clinical and non-clinical language – more specific, less generic.
- Streamlines the sign off process and provides an audit trail.
- However, system in of itself is not a golden bullet.
- Delivery dependant on high levels of engagement and robust program management.
- We had other systems provided by our provider to enable us to run job plan diagnostics and develop demand models/ service plans.



SMALL CHANGES TO PRACTICE CAN MAKE SIGNIFICANT GAINS IN CLINICAL CAPACITY

- Job planning can identify and address inefficiencies in a clinician's workload - e.g. Anaesthetic versus surgical pre-op time
- It will allow for better alignment of capacity with demand by:
 - optimising schedules,
 - redistributing tasks to appropriate professionals,
 - allocating dedicated time for administrative or support activities.
- Will lead to a more effective use of the workforce.
- Over time, this small change, when applied across multiple clinicians, can lead to a significant increase in the total number of patients seen by the service.





**Countess of
Chester Hospital**
NHS Foundation Trust

QUESTIONS?

Please get in touch:

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Dr Nigel Scawn
Executive Medical Director

Workshop



Dave Algeo
Resilience/Wellbeing Speaker



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Who Here Has...?



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Cabbage or Sprout?



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Self- cabotage



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If it's on
Your mind
It has your
mind



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Survey the cabbage patch



Stewing Or Sweating?



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If in doubt
Go
Sprout



davealgeo.com/sprout



Am I
sweating
the right
sprouts?



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Grab your Daily Sprout



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Skills Clinic



Jane Johnston
Co-CEO
AphA



Corielyn Bromley
Executive Director of Continued
Professional Development
AphA



Emma Wright
Co-CEO
AphA



Louise Taylor
Business Intelligence Partner
NHS Dorset ICB



Professionalisation in Health Informatics and Analytics

Jane Johnston Co-CEO

Emma Wright Co-CEO

Corielyn Bromley Director of CPD

Louise Taylor – South Deputy Branch Lead

AphA Purpose

Our purpose is to raise the profile of and represent the voice of health and care data and analytics professionals as a recognised and respected industry expert, by providing a professional framework and an established support network.

We will help our members to drive up the quality and application of data and analytics to improve experience in a fast paced and dynamic health and care system.





Benefits

- National & Regional Branches
- Specialist Networks (CDAON, PHM, WIHD, RLN, CCLN, HEN)
- Mentorship programme
- Peer support across organisations
- Professional Identity through professional registration
- Supporting career progression and professional development
- Access to newsletters, policy updates and a monthly magazine dedicated to data & analytics professionals
- Exclusive content and training
- Networking & events

Solve problems together, not alone

The Changing NHS Landscape

- Increasing demand across all services
- Shift toward prevention and community care
- Achieving value based healthcare
- Strategic commissioning
- Integrated Care Systems (ICSs)
- Growing importance of data in decision-making

Data and Analytics is at the centre of this transformation

Why Data & Analytics Matter More Than Ever

- Informing clinical decisions
- Managing population health
- Reducing inequalities
- Supporting service redesign

Data is no longer back-office — it's frontline

Where AphA Fits

- Professional body for health and care data & analytics professionals
- Supporting individuals, teams, and organisations
- Aligning with NHS national direction

Helping analysts deliver impact, not just reports

Aligning with NHS Direction

Band	Expectation	Timeline
8d+ and senior DDaT leaders in NHS organisations	Member and registered	By March 2027
8b-8c	Member and registered	By March 2028
8a	Member and registered	By March 2029
6-7	Member and registered	By March 2030
5	Member and registered	By March 2031

Future-proof your role and organisation

Why Become Registered?

- Demonstrate your skills, competencies and commitment at any stage of your career
- Validation of your knowledge, skills and abilities regardless of academic history
- An independent indication of competency and credibility
- It's your career and development
- Soon to become a requirement

Build personal credibility and organisational confidence





PeopleFirst

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workpro
Intuitive Case
Management

NHS

Workforce Alliance



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