Senior Service Manager Survey Analysis

Responsible person: Alexandra Lipton
Published: Wednesday, May 14, 2014

Summary

In October and November 2013, SCoR surveyed senior diagnostic and therapeutic service managers about their roles, responsibilities, priorities and development needs. A total of 313 respondents replied to the online questionnaire. The results and analysis are published in this document.

Executive summary

In October and November 2013, the Society and College of Radiographers (SCoR) surveyed senior diagnostic and therapeutic service managers about their roles, responsibilities, priorities and development needs. A total of 313 respondents replied to the online questionnaire although not all respondents answered every question as can be seen in the detailed analysis where the n values for each question are given. The following highlights the main findings of the analysis:

- The majority of respondents in their current role are the professional lead for that service. Over half have been in post for more than five years. One third manage more than 100 staff. Half manage a budget of greater than £2million. Over two thirds of respondents work between 37.5 and 48 hours per week; one quarter work more than 48 hours per week
- The majority of respondents hold a primary qualification in either diagnostic or therapeutic radiography. Just over one quarter do not hold any formal management qualifications, however 90% have attended in-house management training programme
- The top five areas where diagnostic managers would like further development are: transformational change, thinking strategically, workforce/succession planning, business development and managing conflict
- The top five areas where therapeutic managers would like further development are: business development, workforce and succession planning, thinking strategically, writing a business case and transformational change
- Just less than one half of respondents expect a change in their role over the next 2 years with a number expressing uncertainty about their future due to restructure
- The top three priorities and goals for the next two years are: financial (including cost improvement initiatives, keeping within budget and increasing income), change to service delivery hours (extended day, 7/7 and 24/7) and quality with many quoting increasing the resilience of the service as a priority
- When asked how SCoR could best support managers in achieving their priorities, the majority felt that the sharing of best practice would be most useful to them followed by useful resources and links on the SCoR website and facilitating networking opportunities
- The majority of respondents are currently members of SCoR and highly rate the following features of membership: indemnity scheme, industrial relations support and advice, professional and educational support and advice

- Just below 90% of respondents felt that the information on the SCoR website was useful, however the majority of respondents only visit the website on an ad hoc basis over the year
- Nearly half the respondents were involved with a regional or national manager network
- Over 70% would be interested in a manager network facilitated by the SCoR

1. Introduction

The analysis presented in this document is the outcome of an online survey of senior service managers from therapeutic and diagnostic disciplines conducted by the Society and College of Radiographers (SCoR) in October and November 2013. The purpose of the survey was to gather data on the roles, responsibilities, priorities and development needs of service managers in the current challenging and changing climate. The data will be used to assist the SCoR in ensuring that the support offered to managers is timely and relevant.

Individual managers were not targeted. However, the survey was widely publicised on the SCoR website and in its ezine publication *TopTalk*. The link to the survey was distributed via regional and national diagnostic and therapeutic manager networks. Three hundred and thirteen responses to the survey were received, although not all respondents answered every question as can be seen in the detailed analysis where the n values for each question are given.

1.1. Profile of Respondents

General profile of respondents according to job title:

- 70.3% manage a whole service or division (radiology, radiotherapy, therapies)
- 3.2% are deputy managers of a whole service or division (radiology, radiotherapy, therapies)
- 8.9% are heads or deputies of a single service site or region
- 8.3 % hold a modality lead or clinical lead role
- 5.1% manage systems and processes
- the remaining 4.2% includes roles either not stated or unclear , lecturers, a senior clinical officer for Public Health England (PHE) and a Radiology Department Assistant (RDA). ***Note almost all of this group answered no further questions in this survey***

Respondents originated from the four countries of the UK as follows:

- England 77.4%
- Scotland 10.4%
- Wales 8.6%
- Northern Ireland 3.6%

Relative to the SCoR’s English Regions, the percentage of respondents for each was:

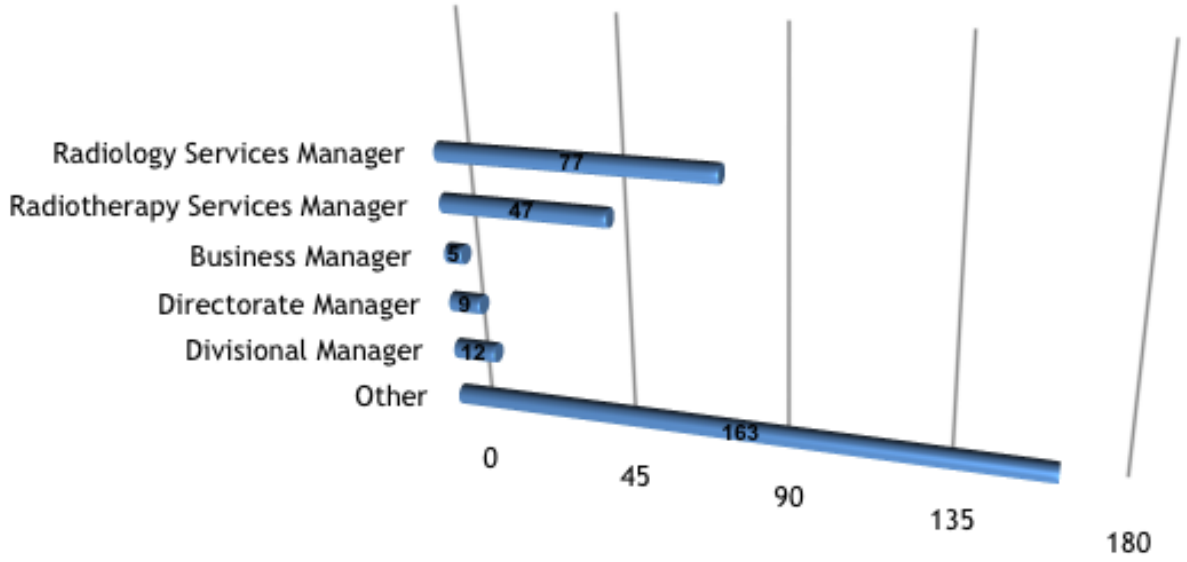
- London 12.2%
- Eastern 8.5%
- Midlands 10.8%
- North West 9.9%
- Northern 5.8%
- South East 13.5%
- South West 9.5%
- Yorkshire and North Trent 7.2%

2. Role and responsibilities (Q1-Q6)

Respondents were asked a series of questions about their job title , whether in their role they are also the professional lead for that service (section 2.1), and their lines of reporting, length of time in post, the number of staff they manage and budgetary responsibilities (section 2.2).

2.1 Job Title (Q1: n=313)

The responses regarding job title are depicted in the graph below:



The 163 respondents who selected ***other*** were asked to provide details of their job title. This resulted in a diverse range of responses which have been broadly grouped into categories and tabulated below.
Note: bold type indicates multiple responses

Table 1. Managers' job titles

Category	Job Titles	Number of Respondents
Senior service manager Diagnostic	*Acting service manager; Assistant director ; Associate radiology manager; Chief radiographer; Chief technologist; Clinical director; Clinical lead support services; Deputy director of operations; General manager; Head of department; Head of radiology;* ***Imaging (services)manager****; Imaging and service development manager; Imaging irmer and quality manager; Clinical service manager; Lead radiographer; Medical imaging manager;* ***Clinical (services) manager*** *; Consultant radiographer; Diagnostic imaging General manager; Diagnostic and therapies service manager;, Director; Divisional strategy and development*	51

Category	*Job Titles*	*Number of Respondents*
	*manager;, **Professional head(of radiology)**; **Radiography (er)manager**; **Radiography services manager;** Radiology clinical business manager; Radiology professional manager; Regional operations manager; ,Service manager; **Superintendent radiographer**; Divisional manager (unemployed); Mobile imaging services manager; Run an x-ray dept and also run other areas; Lead radiographer.*	
Senior service manager radiotherapy	***Head of radiotherapy (services)**; Head of therapeutic radiography; Head of therapy radiography; Head of radiation services; Lead for radiotherapy; ,**Lead radiographer RT**; Lead radiotherapist; Lead therapy; Non- medical radiotherapy lead and assistant directorate manager; Radiotherapy service director and principal therapy radiographer; Senior manager radiation services; **Operational lead for radiotherapy**; Operations manager.*	18
Senior service manager Diagnostic and Radiotherapy	*Radiotherapy and imaging services manager*	1
Deputy service manager Diagnostic	*Assistant radiology services manager, Deputy imaging services lead, **Deputy radiology manager,** Deputy service manager, Deputy superintendent radiographer*	8
Deputy service manager Radiotherapy	***Deputy head of therapy radiography***	2
Senior manager single service, site or region Including breast services, ultrasound, site and regional managers, satellite radiotherapy, radiopharmacy and paediatric services etc and deputy level manager	*Head of programme (BTW); Breast imaging manager; Breast services manager; Programme manager breast imaging; Site superintendent and breast unit service manager; Superintendent radiographer breast unit; Lead radiographer breast screening unit.* *Head of ultrasound; **Ultrasound (services) manager**; Obstetric ultrasound manager; **Superintendent US**; **Regional lead sonographer; US lead;** Line manager US; Deputy US manager.* *Superintendent radiographer paediatric radiology; Site superintendent; Site lead.* *CT , angiography and neuroradiography manager.* *Sector superintendent.* *Radiopharmacy production manager; Satellite RT centre lead.*	28

Category	Job Titles	Number of Respondents
Managers/Specialists Systems and processes Including Quality, research, risk, equipment, RIS and PACs etc	*CPD manager; Clinical research facility manager; Education and training; Education manager; Equipment manager;* ***Quality (and safety) manager;*** *Service lead RIS; Research lead; Research risk and error radiographer; ,RIS and PACs manager; Workforce development specialist (scientific and diagnostics); Marketing manager. Independent consultant leadership and workforce planning.*	16
Modality /Clinical/Team lead	*CT superintendent; Fluoroscopy lead,; Lead for US in early pregnancy;* ***Superintendent radiographer****;* ***Team lead****,; Senior MRI; Advanced US practitioner; Brachytherapy lead; Clinical lead; , Imaging team lead for nuclear medicine; Lead sonographer; MRI modality lead;* ***MRI superintendent radiographer****; National clinical lead for MRI; Lead radiographer; Lead superintendent.*	26
Other Including not stated or unclear	*Diagnostic lecturer;* ***Radiographer****; RDA; Senior clinical officer PHE;* ***Senior lecturer****;* ***not stated.***	13

2.1.1 Professional leadership (Q2: n=313)

64.2% (201) responded that they are the professional lead for radiography or radiotherapy in their current role.

2.2 Responsibilities (n=various, see specific n values in subsections below)

Respondents were asked who they report to, the number of years they have been in their current post, the number of staff they manage and their budgetary responsibilities. The responses to these questions are detailed below.

2.2.1 Lines of reporting (Q3: n=295)

13.9% (41) of respondents report to a clinical director, 20% (59) report to a divisional director, 11.9% (35) report to an operations director.

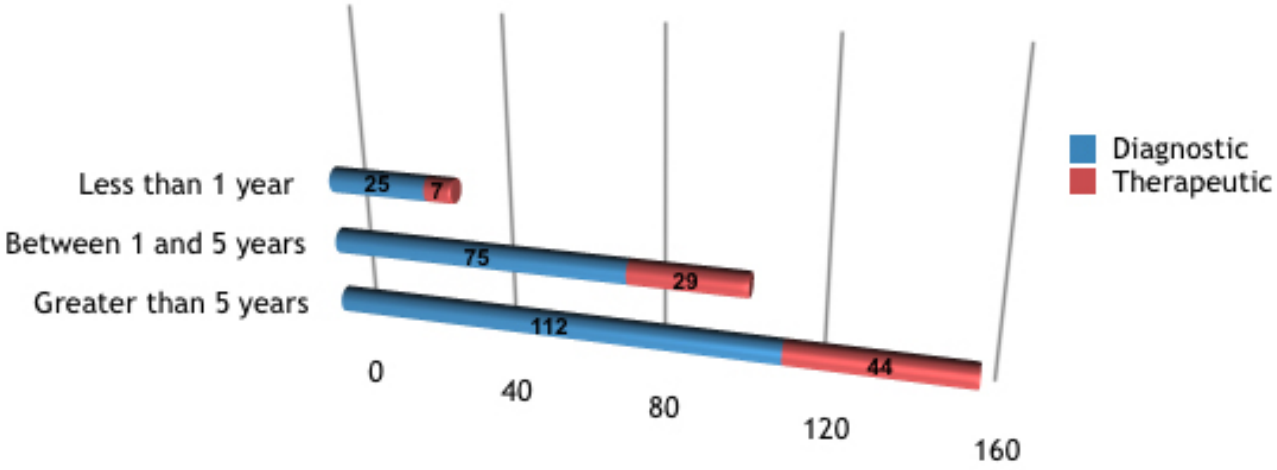
The remaining 54.2% (160) selected ***Other*** and were asked to provide details. This resulted in a diverse range of responses, as follows:

- 10 report to the ***Chief executive officer*** or the ***Chief operational officer***
- 18 report to a ***director*** including, medical, divisional, IT, business development, site and operational directors
- 24 report to a ***head of service, professional head or chief of staff***

- 86 report to a ***manager*** including, general, directorate, business, divisional, cancer services, operational, care group, unit, cluster, site, regional, clinical services, programme and site managers
- 11 report to a ***lead*** including, clinical, radiologist, clinician, group, nurse and operations leads
- The remaining 11 included: four respondents reporting to a superintendent or site superintendent, one reporting to head of school, one reporting to a dean of school, one reporting to clients, one reporting to 'no-one', with the remainder not stating to whom they reported.

2.2.2 Length of time in post (Q4: n=292)

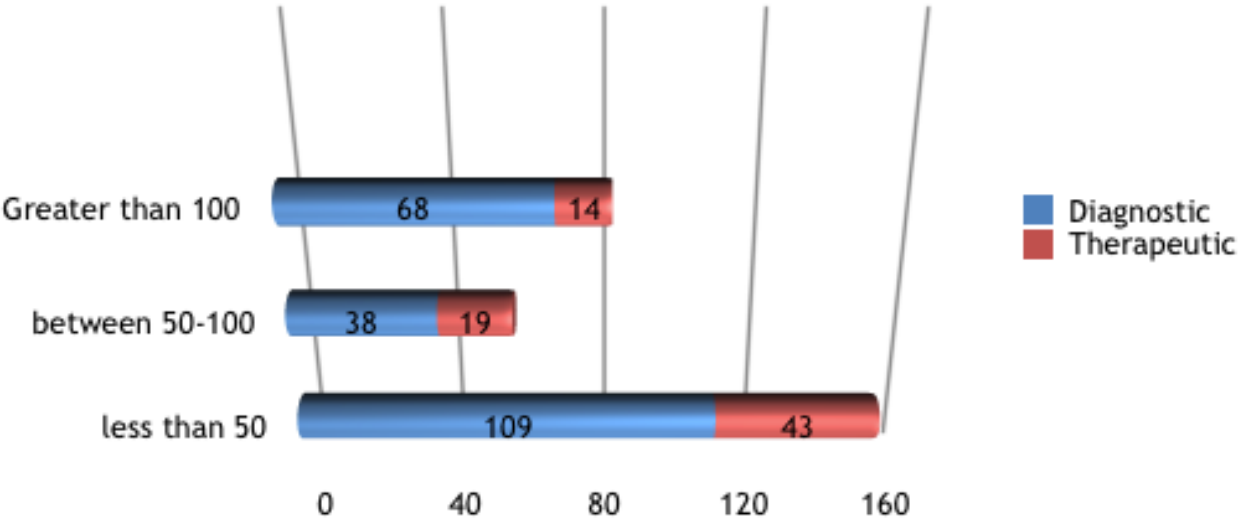
Respondents were asked how long they had been in their current post: 11% (32) have been in post for less than one year, 35.6% (104) have been in post between one and five years, and 53.4% (156) in post greater than five years.



2.2.3 Number of staff managed (Q5: 291)

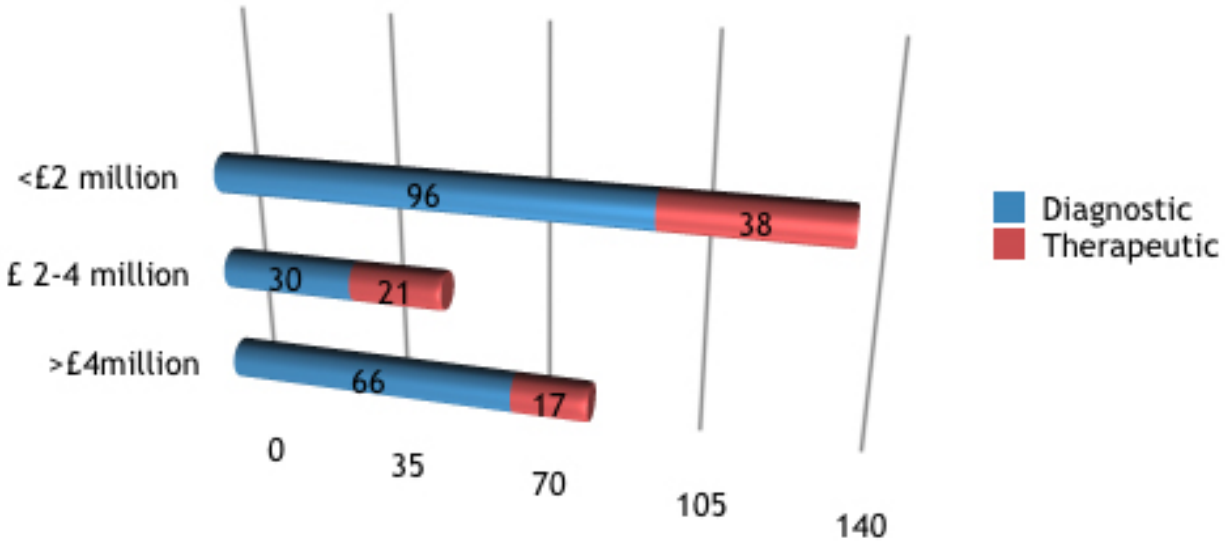
Respondents were asked to state the number of staff they managed by head count. 52.2% (152) managed less than 50, 19.6% (57) managed between 50 and 100 staff with 28.2% (82) managing more than 100 staff.

The graph below provides a further breakdown between the diagnostic and radiotherapy managers.



2.2.4 Budget responsibility (Q6: n=268)

50% (134) of respondents are responsible for a budget of less than £2 million. 19% (51) have responsibility for a budget between £2 and 4 million and 31 % (83) have responsibility for a budget greater than £4 million.



3. Qualifications and training undertaken (Q7 – Q10)

In Q7-10, respondents were asked questions about their professional qualifications, management qualifications and any management and leadership training they had undertaken.

3.1 Professional qualifications (Q7: n= 267)

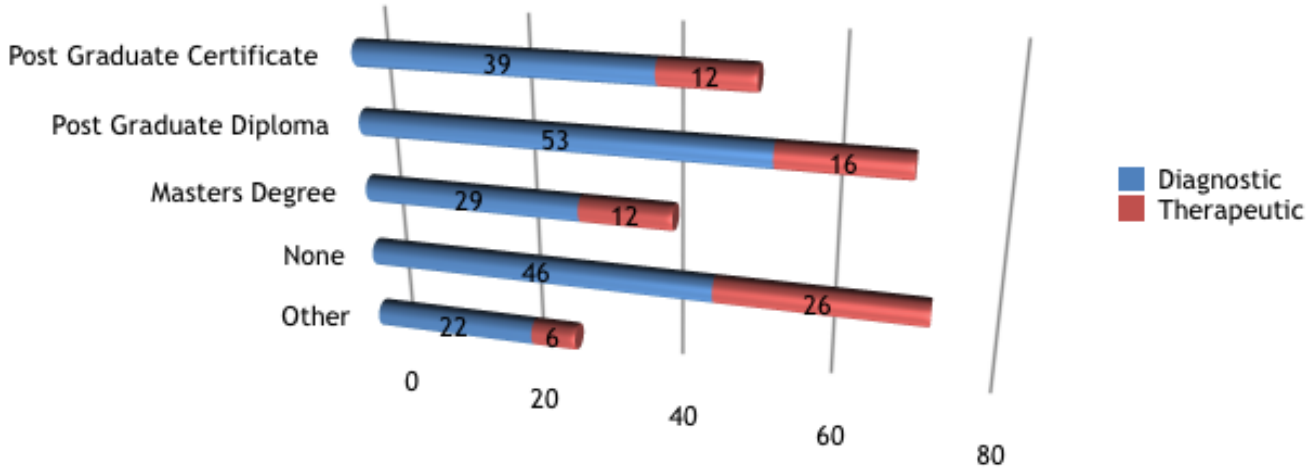
70.8% (189) respondents held a diagnostic radiography qualification, 27.7% (74) held a therapeutic radiography qualification. The remaining 1.5% (4) indicated their professional qualifications as: RGN, DMU, MRCR FIOD FInst SMM, Dual Qualification in Radiotherapy and Diagnostic radiography.

3.2 Management Qualifications (Q8: n=261)

Respondents were asked to indicate any management qualifications they hold.

27.6% held no specific management qualifications
26.4% held post graduate diploma management qualifications
19.5% held post graduate certificate management qualifications
15.7% had gained masters degree level management qualifications
10.8% held a variety of ***other*** management qualifications. These included mainly NVQ levels 4 and 5, Institute of Leadership and Management programmes and some post graduate level management modules.

The graph below provides a further breakdown between diagnostic and radiotherapy managers.



3.3 Management and Leadership Training (n= various, see specific n values in subsections below)

3.3.1 Management Training (Q9: n=261)

Respondents were asked about other management related training that they had undertaken. 5 respondents (1.9%) had received no management related training at all, with the remainder having had training of various sorts. Some of this training had been in the form of formal qualifications as set out in section 3.2, with other management training being in-house training programmes, short courses, e-learning modules and one military management programme.

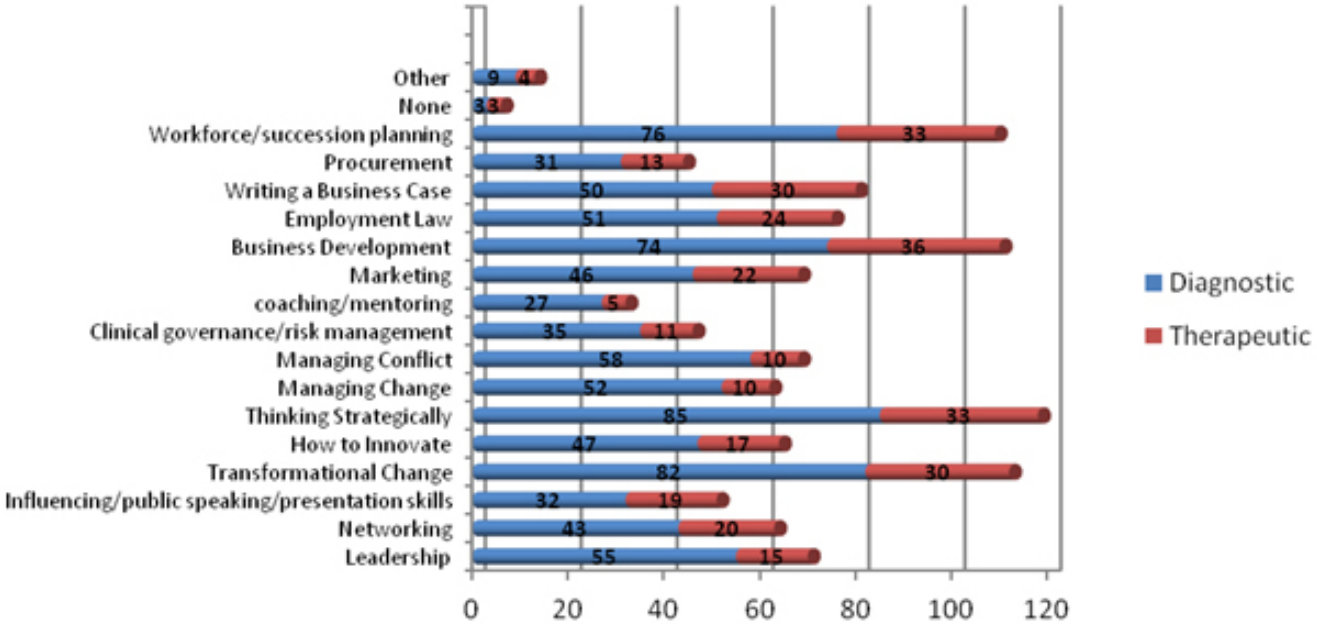
3.3.2 Leadership Training (Q10: n=260)

Respondents were asked if they had undertaken any leadership training within the last two years. 58.5% (152) of those who answered this question reported receiving such training within the last 2 years.

4. Training Needs (Q12: n=245)

Respondents were asked to identify other areas in which they felt further training would benefit them. Respondents could select multiple options. The top 3 areas indicated by managers overall were: Thinking strategically – 118 (48.2%) respondents; Transformational change - 112 (45.7%) respondents, and Business development - 110 (44.9%) respondents.

The graph below provides a further breakdown between the diagnostic and radiotherapy managers.



The top five areas identified by diagnostic managers were:

Thinking strategically, transformational change, workforce and succession planning, business development and managing conflict.

The top five areas identified by therapeutic managers were:

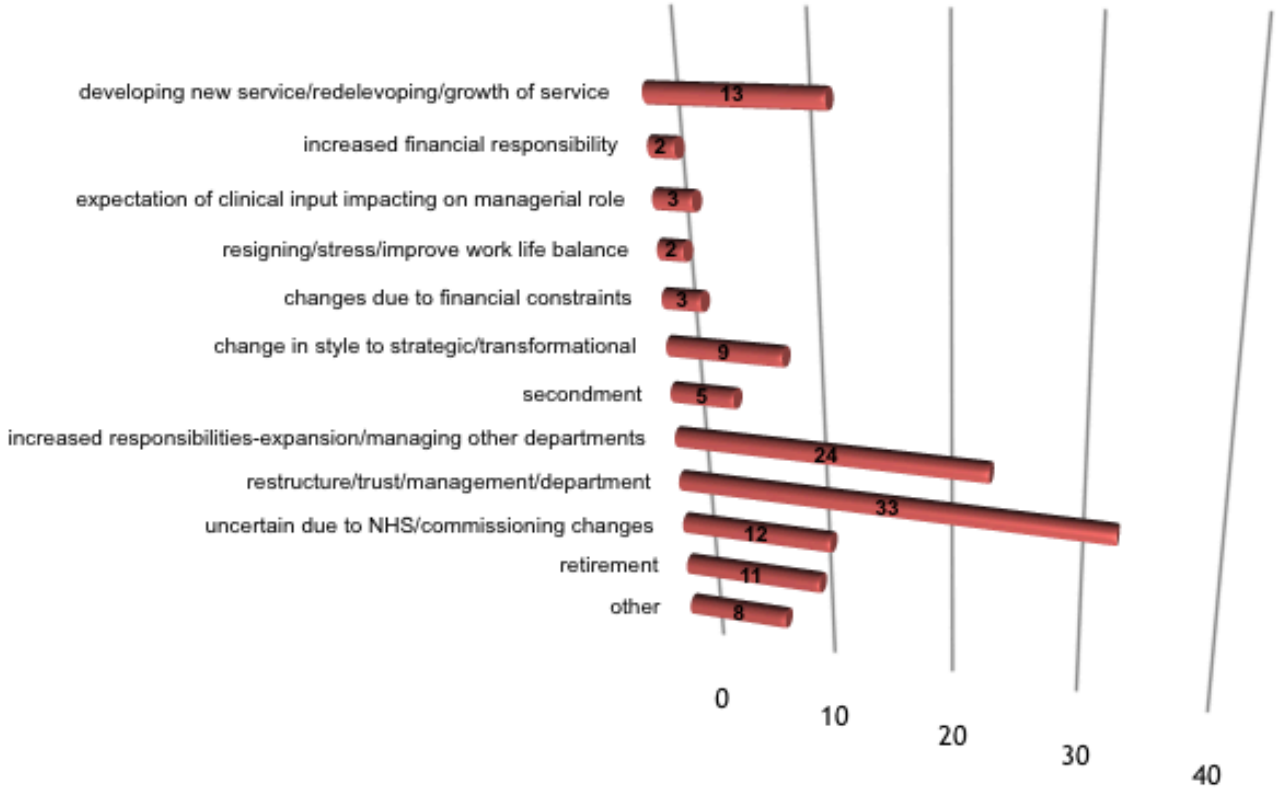
Business development, workforce and succession planning, thinking strategically, writing a business case and transformational change.

Six respondents felt that they had no need for any further training and thirteen listed other areas including using IT as a tool for business planning, new structure of NHS and its commissioning and finance arrangements, time management/work-life balance, clinical coding and teaching skills.

5. Changes to, and support in, role: (Q11-Q14)

5.1 Changes to Role (Q11: n=256)

Respondents were asked if they anticipated any significant changes to their role over the next two years. 51.2% (131) anticipated no significant changes, while 48.8% (125) did anticipate significant changes. The respondents expecting significant changes were asked to provide further details. 33 anticipated change due to restructure with 21 indicating that they were unsure if their current role would exist in the future due to restructure. 24 anticipated increased responsibilities due to expansion of services, incorporating other departments and meeting targets. These and further responses are detailed in the graph below:



5.2 Appraisal and performance reviews (Q13: n=247)

Respondents were asked if they received a regular appraisal or performance review: 86.6% (214) respondents do receive a regular appraisal or performance review. 13.4% (33) respondents do not receive a regular appraisal or performance review.

5.3 Support within role (Q14: n=247)

Respondents were asked whether they felt they received enough support within their role: 111 (44.9%) felt that they did receive enough support, 100(40.5%) felt that they sometimes received enough support and 36 (14.6%) felt they didn’t receive enough support in their role.

6. Hours worked (Q15: n=247)

Respondents were asked to indicate hours worked in an average week. 64.8% (160) report an average working week of between 37.5 and 48 hours, 23.1% (57) work between 48 and 60 hours, 10.1% (25) worked less than 37.5 hours with 2% (5) working above 60 hours each week.

7. Managers and the Society and College of Radiographers (Q16-Q19)

Respondents were asked questions on their membership status and the usefulness of the website. They were also asked to rate various aspects of membership of the Society and College of Radiographers (SCoR).

7.1 Membership of SCoR (Q16: n=247)

237 (96%) of respondents are currently members of the SCoR. The reasons given for non-membership by the remaining 10 (4%) included:

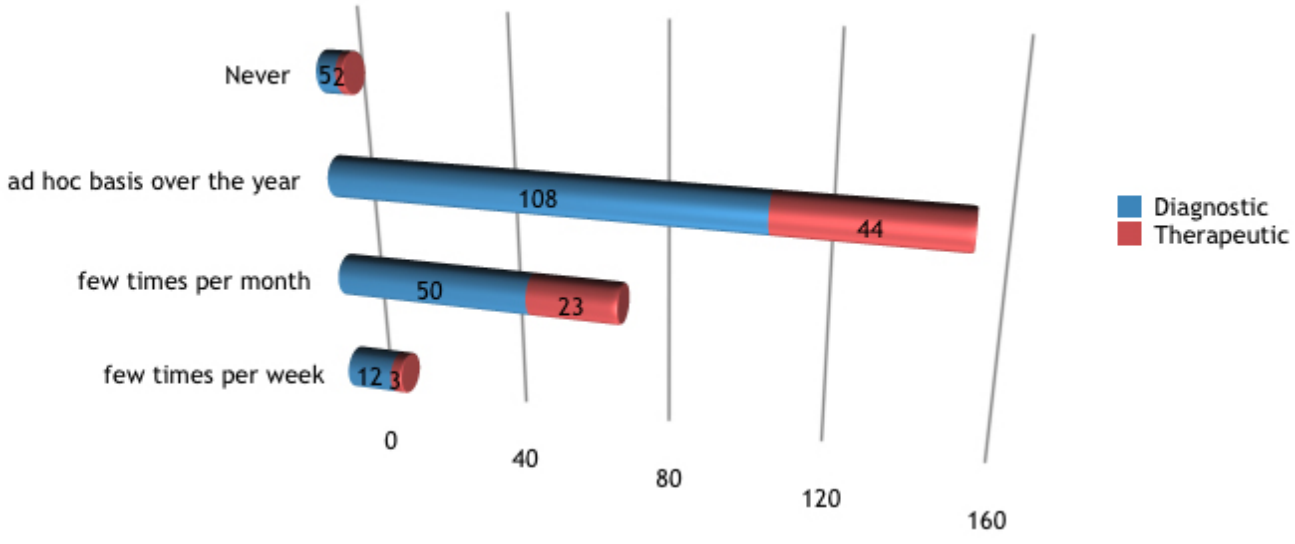
"Too expensive - poor value for money", "personal reasons ", "Was very unhappy with how the SOR rep handled recent negotiations on out of hours working. She caused confusion and conflict and didn't achieve anything through it.", "Have been previously; support the college side, feel the union side drives too much and doesn't listen", "As a manager, an alternative union is better placed to represent me", "Too expensive", "No longer undertake radiology clinical duties. Post is a general management position".

7.2 SCoR Website

Respondents were asked how frequently they visited the website and if the website had the information they needed.

7.2.1 Frequency of visits (Q17: n=247)

The majority of respondents, 152 (61.5%), visit the website on an ad-hoc basis over the year. A further 73(29.6%) visit a few times per month, with 15 (6.1%) visiting a few times per week and 7 (2.8%) never visiting the site. All responses are depicted in the following graph:



7.2.2 Usefulness of website (Q18: n= 247)

Respondents were asked if the website had the information that they needed; 221 (89.5%) responded ***Yes***. Those who responded ***No*** were asked to comment on what they would like included on the website. Comments given also showed some frustrations with the site and the question.

Comments on what managers would like to be included on the site:

- *Notice page on what solutions have been used elsewhere for particular problems.*

- *More news about service development - what's happening around the country, links to useful information eg NHS Employers.*
- *Sample business cases, change management project case studies .*
- *I needed to access the full time rep regarding my employment status during the reconfiguration as it would have been inappropriate to involve a local rep due to confidentiality issues. The full time rep email (addresses) are not on the website.*
- *Research information, links to relevant DH documents, case studies.*
- *Networking, leadership and innovation.*

Other comments indicating frustration included:

- *It can be difficult to find some of the guidance that has been released over the year, sometimes it is taken off the website as far as I can tell as stuff I have accessed previously is not there now no matter what search parameters I use.*
- *Availability of time is the main issue.*
- *Not very relevant at times.*
- *As I am not a member I cannot access all the information but as a manager I think I should have access.*
- *Takes time to find relevant info and is sometimes out of date plus it focuses on the English NHS.*
- *Living in N.I [Northern Ireland]- very little support here.*
- *Very frustrating. I may be a manager but I pay my 'dues' and it is disappointing not to be able to access the support when needed.*
- *Not always informative.*
- *The search facility could present results better.*
- *Poor layout and search facilities.*
- *Not easy to navigate, Aimed at clinical radiographers, I'd like to answer [the question] - I don't know.*
- *As a treatment radiographer, I very rarely visited SCoR website but as a manager I understand there are many resources, and I am trying to have identified time in my week to use the site.*
- *Not very management focussed - too politically correct and distant from operational challenges.*

7.2.3 Usefulness of SCoR Membership Features (Q19: n= variable 241-247)

Respondents were then asked to rate membership features. The rating categories were: Essential, Important, Not Important.

The top 3 features rated as essential were the indemnity scheme - 76.7% (188), industrial relations support and advice - 67.2% (166), and professional and educational support and advice - 67.1% (163). 16.0% (39) felt that regional networks were not important. All responses are tabulated below.

Table 2: Ratings of elements of SCoR membership

	Essential	Important	Not Important	Ratin
Industrial Relations support and advice	67.2% (166)	29.6% (73)	3.2% (8)	247
Professional and educational support and advice	67.1% (163)	32.1% (78)	0.8% (2)	243
Regional Networks	20.5% (50)	63.5% (155)	16.0% (39)	244
Conference and Events	25.6% (62)	67.0 % (162)	7.4% (18)	242
Publications	43.2% (105)	54.3% (132)	2.5% (6)	243
Website	44.4% (107)	52.7% (127)	2.9% (7)	241
Indemnity Scheme	76.7% (188)	20.9% (51)	2.4% (6)	245

8. Managers' priorities (Q20-Q27)

Respondents were asked a range of questions about their priorities over the next two years, categorised as financial, quality, service delivery, equipment and IT, staffing, and workforce /succession planning.
They were then asked to state their Top 3 priorities from the categories and also asked how best SCoR could support them in achieving these priorities.

8.1 Financial priorities (Q20: n=232)

78.4% (182) responded that cost improvement/cost reduction initiatives were their top priority, followed by keeping within budget - 56.9% (132). 46.1% (107) listed increasing income as a top priority. For 1.7% (4) financial issues were not a priority. 2.6% (6) respondents listed other priorities, including: *being able to influence how radiotherapy income is spent within the organisation to ensure adequate staffing and equipment in place to meet increasing technological demands of the service; managing a satellite unit with reduced cost of staff travel; delivering on budget but with excellent people planning and delivering against increasing expectations in terms of technology without appropriate resources.*

8.2 Quality Priorities (Q21: n=232)

78.9% (183) responded that quality improvement initiatives were the top quality priority. 19.0% (44) of respondents would like to gain ISAS accreditation, with 9.1% (21) of respondents focusing on maintaining ISAS accreditation. Meeting quality dashboards was a priority for 41.8 % (97).

For 2.6% (6), quality issues were not one of their priorities over the next 2 years.

5.6% (13) listed other quality priorities, these included: *increasing research portfolio within the facilities; improved patient satisfaction; waiting times, IMRT levels; maintaining MHRA "Specials" Medicines licence; developing an appropriately trained workforce; process improvement; innovation of techniques; achieving IMRT target; gaining CHKS accreditation with new standards in 2014; RT outcomes; deliver new service for SRS patients; improved structure to clinical governance system; education and development of staff in department.*

8.3 Service Delivery Priorities (Q22: n= 232)

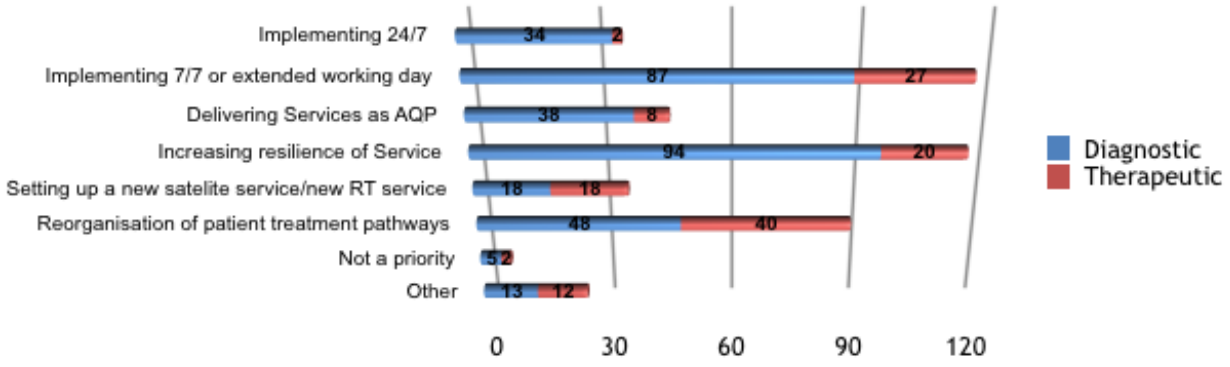
Respondents were asked to select their service delivery priorities from a range of options. 49.1% (114) selected implementing a 7/7 or extended working day service, 49.1% (114) selected increasing resilience of services as a priority.

For 3.0% (7) this area was not a priority for them over the next two years.

10.8% (25) listed other service delivery priorities which included: *providing service to meet client need; feasibility study for potential redesign of department; extending and updating current services; meeting waiting time targets; increasing use of IMRT/IGRT; not really sure!!; hand washing infection control; moving to Sat/Sun full on call with pre-treatment involved; development of*

radiographer reporting service; embedding new strategy/values; developing new business; cutting numbers of staff; maintaining market position; trying to maintain service with reduced staffing levels; introducing new techniques; understanding local demand and matching capacity with that demand; technique optimisation; equipment replacement; agreeing the appropriate service delivery model with colleagues; working with London cancer to review RT service in the sector".

Service delivery priorities as selected from the range of options are shown in the graph below:

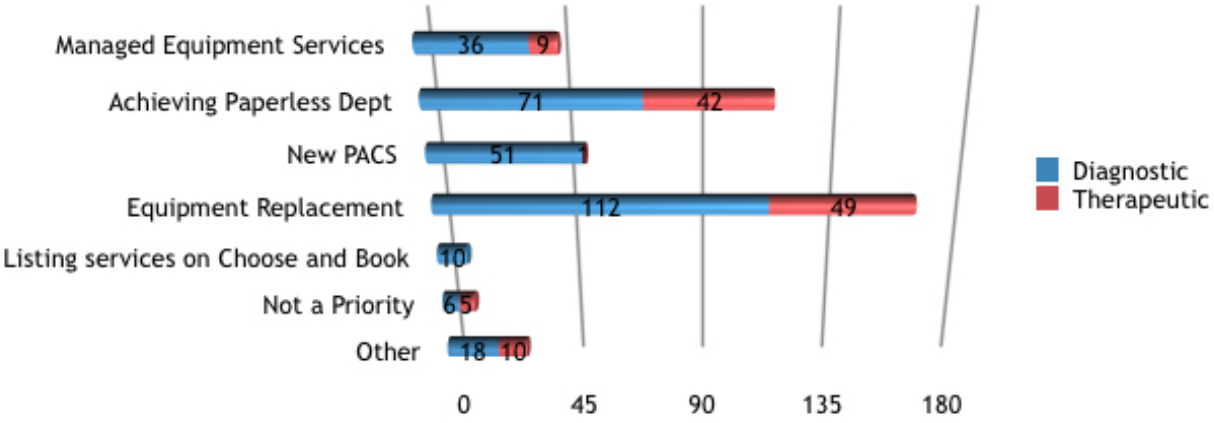


8.4 Equipment and IT Priorities (Q23: n=232)

Respondents were asked to select their equipment and IT priorities over the next two years from a range of categories. ***Note: bold type indicates multiple response***

69.4% (161) selected equipment replacement; 48.0% (113) would like to achieve a paperless department. 4.7% (11) responded as not a priority and 12.1% (28) listed other IT and equipment priorities including ***electronic requesting***; submitting data to NATCANSAT; move towards paper light; optimise use of equipment; electronic referrals and Ordercomms; maintaining service without equipment replacement; trust wide systems being installed; new systems RIS; ***implementing a voice recognition system***; new intranet for department; innovative use of existing equipment; procurement of new equipment.

The graph below shows the equipment and IT priorities selected by respondents:

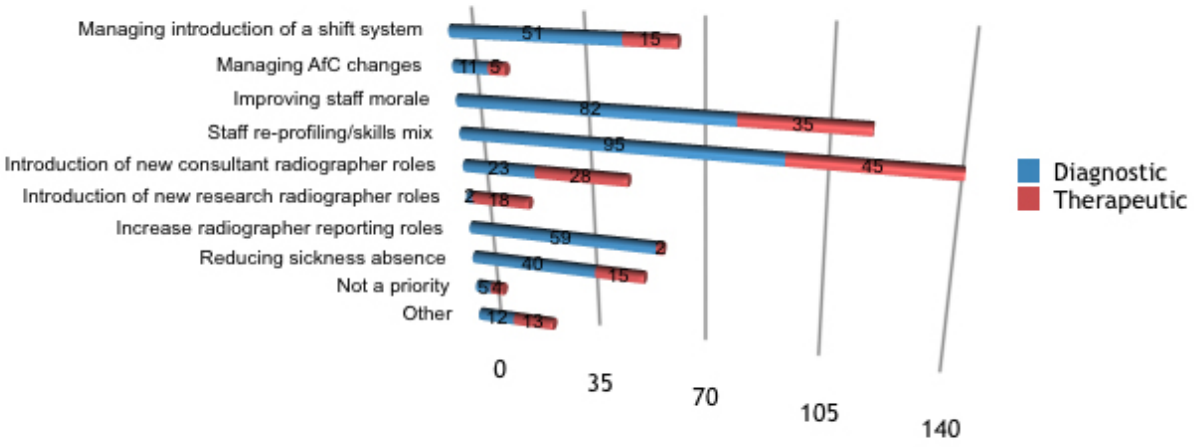


8.5 Staffing priorities (Q 24: n=232)

Respondents were asked to select their top staffing priorities over the next two years from a range of categories offered. ***Note: bold type indicates multiple responses***

60.3% (140) selected staff re-profiling, skills mix as a top priority. 50.4% (117) listed improving staff morale as a top priority. 3.9% (9) felt staffing wasn't a priority over the next two years and 10.8% (35) listed other staffing priorities including: ***Recruiting*** *- have major issues due to location/bad publicity of Trust; more specialist radiographers;* ***retaining workforce*** *when new departments open in the region; radiographer outlining;* ***no funding available*** *for the above; increasing sonographer training; challenging radiologists to support team work approach; continuing to keep an enthusiastic and motivated workforce; restructuring of department; consistent approach to banding across numerous sites. Further extension of roles (CT Virtual Colonoscopy, reporting etc.); education; competing with IS [independent sector] organisations for ultrasonographer recruitment; upgrading the ultrasonographers to Band 8a; maintaining and increasing staff levels to reduce overtime; reducing head count;* ***radiographer led services****; increase staffing establishment to bring in line with national levels; increase* ***advanced radiographer posts****; recruiting staff for expansion; extension of assistant practitioner programme; meet peer review and SoR guidelines where possible; further developing competencies in image review; most of the above achieved but may be new staff models with changes in service through London cancer.*

Staffing priority options selected by respondents are shown in the graph below:



8.6 Workforce and succession planning (Q25: n= 232)

Respondents were asked to comment on their workforce and succession planning priorities over the next two years. 18.9% (44) responded they had none. Frequent responses included planning for retirement either of their own role or of numerous staff in senior roles. One manager mentioned the difficulty now in retirement planning due to changes in retirement age.

Recruitment and training of sonographers was another top priority with comments also on the difficulty in recruiting sonographers because of competition from the independent sector.

General recruitment and retention, achieving and maintaining staffing levels and staff development within budget were also frequently mentioned. Responses are depicted in the word cloud below:

The word cloud gives a graphical display of the most frequently used words in the responses.

Word cloud credit: Wordle.net

8.7 Top three priorities (Q26: n=232)

Respondents were then asked to state their top three priorities from all the categories above (8.1-8.6)

Financial priorities were one of the top three for 33.6% (78) respondents, with the majority listing cost improvement initiatives, followed by keeping within budget and increasing income. Maintaining financial stability was also frequently mentioned.

Service delivery priorities were included in the top three by 24.13% (56) of respondents who reported that introducing **extended days** (7/7) working or managing the introduction of a **shift system** (24/7) was a priority for them within the next 2 years.

Quality is a top three priority for 16.2% (38) respondents. 9.9% (23) respondents list increasing resilience of services as one of their top priorities. Gaining or maintaining **ISAS accreditation** was also in the top 3 for 4.74% (12).

Equipment Replacement is a top three priority for 13.79% (32). Introducing new PACS and working towards a paperless department was also mentioned in this category.

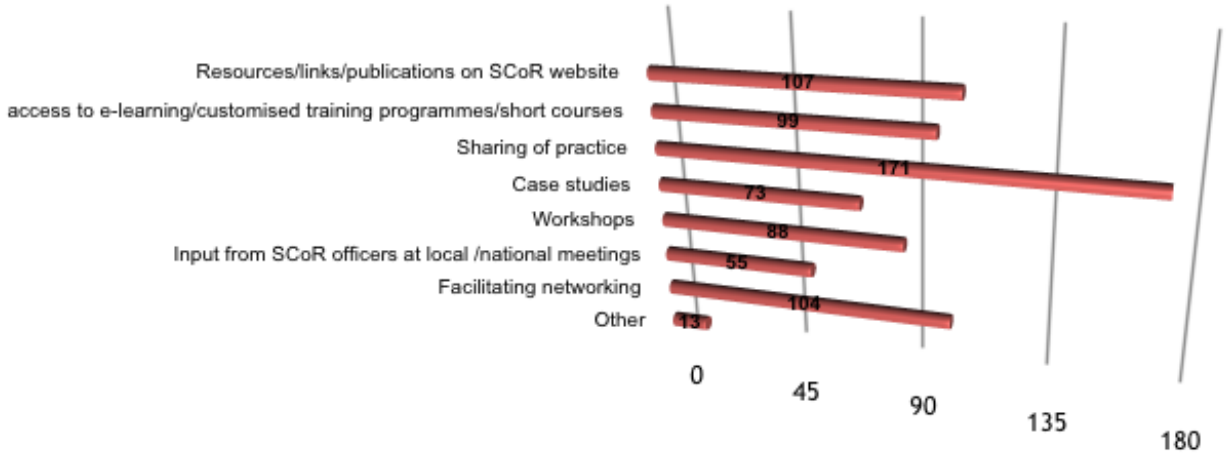
Staff Morale was reported as a top three priority for 12.9% (30) respondents. Other staffing priorities mentioned included: training development and education of staff, increasing radiographer reporting roles and staff re-profiling and skill mix review. Responses are depicted in the following word cloud.

Service Managers' Top Three Priorities

Word cloud credit: Wordle.net

8.8: SCoR Support (Q27: n=232)

Managers were asked to select from a list of options, the ways in which they felt that SCoR could best support them in achieving their priorities (more than one choice was permitted). Overwhelmingly, 73.7% (171) felt that sharing of practice would best support them. Additionally, access to resources, links and useful publications on the SCoR website was cited by 46.1% (107) and facilitating networking opportunities for managers cited by 44.8% (104). The graph below shows the options offered and the numbers selecting each option.



5.6% of respondents, (13), felt that there were other ways in which the SCoR could provide support, with additional comments as follows: *Industrial relations input into restructuring plans; Management courses are usually delivered in London. SCoR needs to make some effort towards the other regions especially as Trusts simply will not support applications for training that they would argue can be delivered locally or within the Trust; Facilitate benchmarking data re staffing numbers, seniority and staff/equip ratios; Local or online training, not London centric; Workshops and resources that are more tailored to supporting managers in their roles; Pulling the UK radiotherapy threads all together, focus on radiotherapy not countries - capturing the themed process taken by Tim Cooper driving the UK radiotherapy community to challenge themselves to do better on key issues, not just NHS England issues; Don't get into bed with .... (named independent sector provider); Generic banding for sonographers which might help with the shortage of sonographers nationally; Review skill mix creation/four tier, promoting and supporting accreditation; IR support from regional officers when negotiating changes with staff; SoR involvement with external bodies to influence policy and strategy and then feedback, DH, NHSE, HEE, CRG, RT Development Board; Not always [be more] relevant to private clinics.*

9. Networks (Q29-Q32)

The next series of questions asked managers about any involvement they had with regional managers' networks, how often these networks met and if SCoR officers were invited to such networks. Respondents were then asked if they would be interested in a network facilitated by SCoR.

9.1 Involvement in a network (Q28: n=231)

49.8% (115) responded that they are involved in such a network. These respondents were then asked to answer two further questions regarding the network with which they are involved; frequency of meetings and SCoR officer attendance at meetings.

9.1.2 Frequency of network meetings (Q29: n=120)

64.2% (77) respondents are involved in networks which meet more than twice a year; 26.7% (32) meet 1-2 times per year and the remaining 9.2% (11) reported that their network rarely met.

9.1.3 SCoR officer's attendance at network meetings (Q30: n=125)

Respondents were asked if they invited SCoR officers to attend meetings of their own networks. 32.0% (40) responded **'yes'** they did invite SCoR officers, 28.0% (36) didn't know if SCoR officers were invited and 39.2% (49) responded **'no'**. ***Note: bold type indicates multiple responses***

Respondents were asked to comment on the reasons for not inviting SCoR officers. These included: ***Historical. Not considered it.*** *Not recently but in the past - have not really felt officers are pro supporting managers. There is potential conflict between the union role of the SCoR and management challenges which we need to be able to discuss freely in a safe peer group. No reason. Invited if appropriate. Very operation/support based meetings. Never seemed appropriate.* ***Not sure how we would benefit.*** *We haven't thought it necessary but are not against it.* ***Not relevant or required.*** *This meeting requires peer support and at times the issues we face mean we have to take and implement a different strategy from that which the Society would support. So we can talk about you lot! RO [regional officer] too busy.*

9.2 Network facilitated by SCoR (Q31: n=231)

Respondents were asked if they would be interested in a managers' network facilitated by SCoR. 72.3% (167) would be interested in such a network.

9.3 Region (Q32: n= 222)

Respondents were asked to select their region from a list of options based on the SCoR regional and national structure. The results have been reported in section 1.1 of this document; *Profile of Respondents*

10. Further comments (Q33: n=43)

Respondents were invited to make any additional further comments. Forty three managers took the opportunity offered by question 33 to provide additional, free response comments. These are reported here in full where the topics raised had not previously been identified during the analysis of the questionnaire as a whole.

English NHS / the NHS:

- *With recent introduction of CCGs [clinical commissioning groups in England] and the confusion, politicking and ignorance concerning all matters radiology that appears to exist in these organisations, would be helpful for the SCoR to provide some support for managers on how to educate members of the CCGs appropriately. Has the SCoR been involved in discussions with the DoH on how NHS Radiology Managers should handle the threat of local private providers of imaging? Is it right that private providers are being encouraged to take the easy well paid work, leaving the complex, costly sick to the NHS secondary care organisations?*
- *It is very difficult for everyone in the NHS at the moment. Front line staff feeling unsupported. This is one of the most important areas that should be focused on.*

Career progression:

- *My experience of going from a Reporting sonographer to Service manager, with little or no management training, has been difficult. I would have benefited greatly from a support network and access to on-line or short training courses.*

Thanks:

- *Thank you for all the articles and case study publications, very helpful in both learning and keeping updated with the current developments in radiography.*

Independent sector:

- *As someone who has recently moved into the private sector I am somewhat surprised at the level of antipathy shown to the Society by other managers of private radiology departments. I am unsighted on why, apart from a few comments about Society negativity towards those in the private sector, but I feel that the Society could do more to improve this relationship.*
- *Not all members are NHS based; please remember this.*
- *I think that over the next few years private providers will become more common in radiotherapy.*
- *Breast screening is an attractive service to sell off and it's important that managers are given support by the SCoR to deal with these situations.*

Networks:

- *Superintendent's network meetings facilitated by SCoR would be very useful. Suggest this be organised by specialty e.g. mammography, CT, MRI, A&E etc.*
- *I am currently the only [radiotherapy] manager in this region (soon to change when new department opens). I don't generally attend the national manager's meetings (I have in the past but understandably their focus is very much on developments and pressures in England). I do find groups such as RAG [radiotherapy advisory group] very useful and having direct contact with SoR officers. It would be useful to establish a local network group when my colleague takes up post. I will happily take that forward with my local SoR officer who I know will be very supportive.*
- *A Managers forum is a good idea particularly if it deals with topics discussed in the Managers yearly conferences which have been a huge success. However previous attempts over the years have not worked as there is such a disparity of services, level of responsibility etc that they have failed because they were not inspiring, topics many of us have done and dealt with were still high on the agenda. My time is very precious as my job is full on so I can only attend meetings that will be of benefit to my role and sadly that has not been the case. If meetings could be as good and inspiring as the managers conferences have been then I would be very happy to attend and support them.*
- *National radiotherapy managers meeting is an excellent forum.*
- *It would be useful to have a network of newly appointed managers who can then bounce ideas/problems off each other without looking as though we are unsure.*
- *Not everything managers discuss is relevant to the SCoR (indeed we may wish to talk about SCoR) and national and regional managers have good communication. Don't think any additional facilitation is required but thanks for the offer.*
- *SCoR very useful to ring for advice. Good to know that there is a facility there although I would not want them represented at the regional meetings as they are places to share information confidentially.*
- *I value the links from the SCoR to the national RT managers/professional heads of RT group. It would be useful if the SCoR guided requests for managers' input through that group as some of the more experienced/older managers seem to get asked to sit on multiple national committees.*
- *I manage a breast screening service which sits in a breast care unit. This is separated from the main radiology department and lies within a separate division, I believe this is increasingly common and it can be difficult to find a peer support network within the trust in this position.*

Northern Ireland:

- *Traditionally radiology service managers in N. Ireland held monthly meetings under the auspices of SoR. The meetings continued after the five new Trusts were formed but the five imaging service managers, all radiographers, also met separately. However they found the double meetings too demanding of their time and stopped attending the SoR meetings. The SoR group has lost its influence with the Dept of Health etc as they prefer to deal with the senior management group.*

Pressure :

- *What has not come out in the survey is the impact on organisational change that many of us are experiencing. I have endured significant change regionally and locally which continues to evolve with development of new structures, new Trust policies++, IT systems (HR, finance) etc. The demands of these on top of keeping ahead of clinical and professional developments, managing HR issues etc are immense!!!*
- *Management roles are very heavily geared to finance and I find forever being given unrealistic timeframes. Managers do not appear to appreciate that the role is also professional and this often gets left behind due to other pressures. I feel that new managers may find it useful if we set up mentoring for them and a buddy system.*
- *I have chosen to move down a grade as my work-life balance was suffering. The increased pressure and extended hours resulted in my having ten weeks off work suffering from anxiety and depression.*
- *I and a colleague each manage two major hospital sites. We are the only band 8 managers (at band 8a) and therefore all e-procurements, and HR and payroll submissions have to be routed through us for authorisation. In terms of staff pay claims, neither I nor my colleague can take leave around salaries and wages shutdown. The Trust's emergency services and unscheduled care are largely managed through one of my sites and this requires numerous management interventions to expedite referrals and facilitate early treatment or discharge. I am now required to work an out of hours rota including weekends and have also been called in at weekends to create additional capacity in MRI,CT and Ultrasound. As a result of pressures on my time, my response time on MHRA safety notices and responses has been affected and similar pressure is mounting in other areas. Neither manager has a deputy or secretary. I manage 120+ radiographers, 30 Helpers/Support staff, and 30 A&C staff including Central Appointments for the Trust imaging services.*

Concerns about Role:

- *Concern that non-radiographic operational managers will be brought in as a cheaper less parochially based replacement - 8a operational graduate manager rather than post grad radiography based managers at 8b/c*
- *There have been changes to the Trust management structure continually over the last few years I cannot predict if this will continue and how that might affect my role. There is also a project to investigate the feasibility of managing 4/5 Radiotherapy centres in London Cancer as a single entity, I have no clear idea of my Trust managements commitment to this and how it might affect my role. Much of this is defined by financial concerns in the trust.*
- *I am concerned that diagnostic radiographers do not get the professional respect they deserve in this organisation*
- *Psychological wellbeing of service managers needs to be promoted.*

Training and development:

- *Need more supported management training for management roles from the college.*
- *I think the majority of help managers need is at peer level to deal with operational challenges. For those who are new in post then I think some business/contracting/ how the NHS works as e-learning would be useful.*
- *Ensure that all staff work to a high standard and looking to improve all the time. Many feel that the employer is always responsible for this and fail to fulfil their own role fully. Many are*

more interested in the financial benefits of the job more than what they should be giving in return. Self development needs to be encouraged.

- *Leadership in radiographic services is critically important in delivering a professional profile for radiographers in the future. We need to identify and develop those radiographers for whom this is the correct pathway.*
- *It is crucial that we further develop radiology management as a viable career pathway and opportunity. Radiographers are best placed to be developed into senior managers as they have the insight to the service as a whole and frontline experience that non-radiographer managers simply don't have.*

SoR issues:

- *Sometimes feels like the SoR reps forget that they should be working with me as a manager to improve things for patients, not finding issues and then not supporting me with solutions.*
- *The SCoR is often out of touch with the business focus of trusts.*
- *The SCoR must still represent members who work privately as well as in the NHS.*
- *I believe the SCoR has always tried to support its general membership but it has not supported managers or even thought of the stress that SoR union actions can cause. I would like to see a separation of the union and educational side so that radiographers have the opportunity to use one without having to support the other.*
- *I find colleagues to be more supportive and a better resource than SoR- whenever I have approached society for advice I have been disappointed. On a practical level the information has been vague and unspecific which also applies to all publications.*

11. Personal Details (Q34: n=58)

Respondents were thanked for completing the survey and given the opportunity to leave their name and membership number. 58 respondents chose to leave such detail.