SUBJECT: Medical Staffing Update Report

1. PURPOSE

This paper is coming to the Board:

For approval ☐ | For endorsement ☐ | To note ☒

Background

Lanarkshire NHS Board receives either written or verbal monthly updates on medical staffing. Through this process the Board receives regular assurance on the management of risks associated with ensuring that rotas with the right combination of medical staff deliver safe and effective care 24/7.

Appendix 1 summarises funded establishment against actual in post WTE position by site and by specialty as at 28th February 2015, noting the numbers of both agency and payroll locum doctors being used to support clinical services and the outstanding gaps being filled by existing staff. This shows an adverse movement with a total of 111 WTE gaps in total of which 53 are filled by locum staff (14 Agency locums and 33 longer term payroll locums). 16 WTE gaps are due to maternity leaves.

These high level figures mask improvements in some key areas and continuing pressures in others. The following narrative provides context for the general medical staffing issues currently being addressed and provides more detail on particular areas of risk or 'hot spots.'

2. ROUTE TO THE BOARD

This paper:

Is a standing item ☒

Specifically prepared for the Board as a regular update.

3. SUMMARY OF KEY ISSUES

3.1 Recruitment and Retention

Recruitment and retention of substantive medical staff to posts in NHS Lanarkshire remains challenging in some specialties. Some specialties fall within nationally recognised shortage areas and this brings an added difficulty as NHS Lanarkshire find themselves competing with Boards that can offer larger teams with more opportunities for teaching and training, research and development and a better work-life balance.
3.1.1 Current position; Consultant, Associate Specialist and Specialty Doctors

Since the last Board Report in November 2014 NHS Lanarkshire has successfully recruited to Consultant posts within Emergency Medicine, Anaesthetics, ENT, Ophthalmology, Occupational Health, Care of the Elderly and Urology and has also successfully recruited to 4 of the 9 newly created General Medicine vacancies. Although these posts have been recruited to it should be noted that individuals have still to commence in post. There continues to be a mixed response to recruitment for Specialty Doctors with success in Emergency Medicine, Paediatrics and Orthopaedics however no appointments were made within General Adult Psychiatry, Addictions Psychiatry and Rheumatology.

It should be noted however that there have also been some resignations during this period that have reduced the benefits of recruitment, Orthopaedics being a particular hot spot.

Current information on vacancies within training and non-training grades is as follows:

<table>
<thead>
<tr>
<th>As at 1st March 2015</th>
<th>Consultant Establishment WTE</th>
<th>Specialty Doctors/Associate Specialists WTE</th>
<th>Trainees WTE</th>
<th>TOTALS WTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establishment</td>
<td>460.63</td>
<td>151.67</td>
<td>401.70</td>
<td>1017.2</td>
</tr>
<tr>
<td>New (and replacement) posts in early recruitment phase NB Includes 5 new Acute Medical posts approved by the Board.</td>
<td>18 (23)</td>
<td>3 (32)</td>
<td>0 (18)</td>
<td>21 (73)</td>
</tr>
<tr>
<td>Total vacancies (and maternity leaves)</td>
<td>50 (8)</td>
<td>35 (2)</td>
<td>26 (6)</td>
<td>111 (16)</td>
</tr>
<tr>
<td>Vacant posts (and maternity leaves) that are backfilled by locum cover through agency or employment contracts</td>
<td>20</td>
<td>20</td>
<td>13</td>
<td>53</td>
</tr>
</tbody>
</table>

In addition to the traditional recruitment routes which include advertising and sourcing Agencies, there have been further initiatives undertaken within the Board as follows:

3.1.2 International Medical Recruitment

In conjunction with Scottish Government Health Department (SGHD), the European Employment Service (EURES), attended a Medical Recruitment Fair within the Netherlands in early February 2015. From this, 28 individuals were identified as possibly wishing to work within NHS Scotland. Basic information from the individuals, who have expressed an interest, has been shared with the Boards who have intimated that they wished to participate in this initiative. NHS Lanarkshire has responded positively specifying that some of these individuals may be eligible for vacancies within Radiology, Psychiatry, Anaesthetics, Emergency Medicine and ENT. Person Specifications have now been provided through SGHD to those interested to allow them to assess
themselves against the full criteria before submitting an application. It should be noted however that all Boards will be competing for these applications and that the applications at this stage have not been assessed. EURES do plan, however, to attend further overseas fairs within Europe.

3.1.3 International Medical Training Fellowships
The Scottish Government Health Department (SGHD) wrote to Boards in October 2015 seeking confirmation on whether Boards would wish to offer International Medical Training Fellowships. These Training Fellowships are aimed at providing training opportunities for ‘Senior Middle Grade’ staff in areas previously occupied by Trainees. This gives NHS Scotland the opportunity to offer fellowships that provide high quality training and clinical service experience. NHS Boards do however require to meet the salary component of these fellowships. Through the leadership of the Regional Medical Workforce Group, the West of Scotland Boards are taking a joint approach to this in collaboration with National Education Scotland (NES). A ‘risk share’ approach with the utilisation of salaries from regularly vacant locum training posts is being taken as these posts already have training recognition and NES have confirmed that they will provide coordinated approval for the proposed specialties via the Specialty Training Boards. The Specialty Training Boards confirmed that the fellowships would not have significant impact on existing trainees. NES has offered to sign-post the advert and Boards Medical Staffing Departments have offered to support a Regional Recruitment Process. That Regional process is still being developed for Acute Medicine which is the area that all Boards perceive as also having the greatest service need. An earlier national advert for other posts was placed on 5th March 2015 and NHS Lanarkshire has one post in Neonatology available.

3.1.4 Joint Academic and Service Consultant Posts
Further discussions regarding this joint venture with the College of Medical Veterinary and Life Sciences at Glasgow University have taken place. There have also been positive discussions with local departments with whom these joint posts may be placed. It is hoped that these posts will help attract new Consultants to NHS Lanarkshire who have a joint interest in academic and service delivery.

3.2 Doctors in training
Trainee doctor staffing continues to be under considerable strain due to vacancies and skill mix issues that affect junior and middle grade rotas across many specialties requiring less experienced doctors to ‘act up’ into middle grade roles. This along with intensity of workload undoubtedly impacts on feedback from junior doctors to the National Training Surveys.

Rotas for doctors in training are routinely monitored to ensure compliance against New Deal Regulations for which there is 100% compliance despite the continued problems with skill mix and vacancies.

In addition this monitoring is used to ensure that European Working Time Directive (EWTD) compliance is maintained. The on-line Doctors Rostering System (DRS) hours monitoring has been rolled out across the 3 hospital sites, and currently includes 36 of the 61 rotas with more rotas being included in a planned implementation.
There is poor participation of junior doctors in the monitoring process despite moving to online monitoring. Two rotas in the Acute Division and four in CHPs could not be assessed due to a less than 75% return rate in the initial wave and following second phase remonitoring, a total of twenty-nine rotas had to be assessed on best available evidence.

In June 2014 the Director General of Health & Social Care wrote to Health Boards to advise on the actions agreed by Scottish Government, members of MSG and BMA Scottish Junior Doctors Committee. Among the agreed actions were:

- End the practice of rostering junior doctors for seven full night shifts in a row by February 2015 – this is complete
- By February 2016 no junior doctor should work more than seven days in a row – this is reduced from thirty-five to twenty-five.

Changing the remaining twenty-five rotas that are currently working more than seven days in a row may have a significant impact on ‘front door services.’ Adjusting the rotas will require rest days that could result in insufficient doctors being available to cover wards and reduced continuity of care.

It may become necessary for doctors to work split weekends which increases the relative frequency of weekends worked and therefore increases banding of rotas with significant increases to salary costs. The change could therefore result in a loss of education for trainees and/or service loss and an additional financial burden for NHS Lanarkshire.

The affected rotas are being reviewed by the NHS Lanarkshire Junior Doctor Liaison Group.

### 3.3 Highlighted Specialties

Appendix 1 summarises funded establishment against actual in post WTE position by site and by specialty as at 28th February 2015, noting the numbers of both agency and payroll locum doctors being used to support clinical services. This shows an adverse movement with a total of 111 WTE gaps in total of which 53 are filled by locum staff (14 Agency locums and 33 longer term payroll locums). 16 WTE gaps are due to maternity leaves.

The vacancy position increases the pressures to specialties as does the reduction from expected levels of seniority. The high risk areas comprise:

#### 3.3.1 Emergency Medicine

There continues to be consultant and trainee doctor vacancies on all three hospital sites as well as maternity leaves. All three sites are sourcing short and long term locums through traditional recruitment routes and agencies for consultant, middle grade and trainee gaps. The existing consultant establishment are also undertaking a considerable number of additional hours with a high proportion of these being evenings, overnight or at weekends. The vacancies and gaps are as follows:

**Wishaw General Hospital;** There are five middle grade vacancies within the department of which three are filled but with a reduced skill mix. There have been two permanent appointments confirmed but these individuals are not expected to take up post till June 2015. There are two consultant vacancies and one maternity leave within the department with only one of these gaps being back-filled. There is therefore a current
shortfall of seven senior clinical decision makers. This is being supported by an increased number of junior doctors and expanded MINTS nurse staffing.

**Monklands Hospital;** There are two middle grade vacancies with no consistent backfill in place. There are two consultant vacancies and one maternity leave within the department with only one of these posts being backfilled. The department has been successful in recruiting to a permanent consultant vacancy however the commencement date has still to be confirmed. There is therefore a current shortfall of five senior clinical decision makers.

**Hairmyres Hospital;** There are two middle grade vacancies with only one backfilled using an Agency Locum who is only able to work at junior level. There is one consultant vacancy and one maternity leave. The maternity leave is currently backfilled however the individual is due to return to work at the end of March 2015 when the locum will move over to cover the permanent vacancy. There is therefore a current shortfall of three senior clinical decision makers but the department has the smallest cohort of junior doctors making adequate departmental cover extremely challenging.

These factors undoubtedly have an impact on the Board's performance against the four hour emergency care standard.

**3.3.2 General Medicine/Medicine for the Elderly**

Both General Medicine and Care of the Elderly have similar pressures which are increasing. There are vacancies at trainee and consultant level on all 3 sites as follows:

**Wishaw General Hospital;** There are eight vacancies and two maternity leaves between General Medicine and Care of the Elderly with all bar one of the vacancies sitting with General Medicine. Only five of the posts have locum cover in place on a regular basis.

**Monklands Hospital;** General Medicine and Care of the Elderly have seventeen vacancies/maternity leaves between them. There are two vacancies in **Care of the Elderly** at specialty doctor level and one at Consultant level as well as a Consultant maternity leave. The specialty is also suffering from long term sickness. Two of these five gaps have locums in place.

**General Medicine** has seen some positive developments despite five trainee vacancies and nine consultant vacancies (this includes the three new posts to which there have been successful recruitment). All five trainee posts have locums in place although there are skill-mix issues. Of the nine consultant vacancies there are four locums currently in place with the three recently recruited posts due to be filled in the next two months.

**Hairmyres Hospital;** There are six vacancies and one maternity leave between General Medicine and Care of the Elderly. One vacancy and one maternity leave both at trainee level are in **Care of the Elderly** with no backfill in place. **General Medicine** has three consultant vacancies (three new posts). One of these posts was recently appointed to on a permanent basis. There are two trainee vacancies only one of which has locum cover.

In addition to the above, none of the additional posts put in place for winter beds are filled. The specialties therefore continue to source Agency Locums with staff covering additional shifts.
3.2.3 Trauma and Orthopaedic
This specialty remains under considerable pressure to maintain Waiting Time guarantees while managing an increasing trauma workload.

Wishaw General Hospital has one long term specialty doctor vacancy and one consultant vacancy however plans are in place to re-advertise both imminently. Monklands Hospital continues to suffer from long term sick leave at trainee level where there is no consistent backfill in place. Hairmyres Hospital has not yet recruited to the Physician’s Assistant posts adding an increasing burden to the remaining medical staff. There has been a recent resignation from a specialty doctor further compounding this position.

All three departments have had concerns raised about the quality of training posts and the service is working with the Director of Medical Education to deliver the agreed improvements but this is challenging with these workforce pressures.

3.2.4 Anaesthetics/Critical Care; Wishaw General Hospital
This position has improved from the last Board report. The department has successfully recruited to two Consultant posts although one vacancy remains. Agency Locums are in place pending the commencement of the two new Consultants with a third Agency Locum covering the remaining vacancy. The Consultant staffing has been compounded as the trainee rota has had to cope with skill-mix issues especially with doctors who commenced in August 2014 requiring intensive training before they are able to assist in the elective and emergency services.

3.2.5 Mental Health Specialties
Vacancies at senior trainee level continue to be a national issue although the impact of these vacancies on the services delivered locally within NHS Lanarkshire is relatively low. There are ongoing difficulties meeting the requirement to retain junior medical cover over three sites and also meet the training requirements that are laid down by the Deanery. The interim plan for locums and consultants to provide cover on one site i.e. Monklands remains in place.

3.2.6 Neonatology
The current cohort of staffing within the Neonatology Department is in a more stable position with the exception of one trainee vacancy that has no backfill in place. It is expected that the rota will suffer from a further maternity leave in the spring. A business case has been compiled which addresses the future sustainability of the Neonatology Service.

3.2.7 Medical Paediatrics
The department successfully appointed to three (previously hard to fill) additional consultant posts on 11th March 2015. All three excellent candidates had worked as doctors in training within the department and pointed out that their positive experiences as trainees had convinced them to look at Lanarkshire as their preferred destination for employment. There is at least one further retirement planned in Community Paediatrics and the management team are exploring options for the post to ensure optimal chance of successful recruitment again.

Recruitment from the existing trainee pool has resulted in some challenges for the trainee rotas but this will be temporary.
3.2.8 GP Out of Hours Services
NHS Lanarkshire is currently out to Public Consultation on the future shape of the Primary Care Out of Hours Service. In the interim full cover is difficult to achieve.

4. STRATEGIC CONTEXT

This paper links to the following:

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<thead>
<tr>
<th>Corporate objectives</th>
<th>LDP</th>
<th>Government policy</th>
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<tbody>
<tr>
<td>Government directive</td>
<td>Statutory requirement</td>
<td>AHF/local policy</td>
</tr>
<tr>
<td>Urgent operational issue</td>
<td>Other</td>
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This proposal links with a number of corporate objectives. There are significant links to:
• Quality and Safety culture
• Care governance
• Workforce planning
• Ensuring effective and efficient use of resources

5. CONTRIBUTION TO QUALITY

This paper aligns to the following elements of safety and quality improvement:

*Three Quality Ambitions*:

| Safe | Effective | Person Centred |

Correct levels for medical staffing firmly support the quality ambitions to provide safe, effective and person centred medical care.

*Six Quality Outcomes*:

| Everyone has the best start in life and is able to live longer healthier lives; (Effective) |
| People are able to live well at home or in the community; (Person Centred) |
| Everyone has a positive experience of healthcare; (Person Centred) |
| Staff feel supported and engaged; (Effective) |
| Healthcare is safe for every person, every time; (Safe) |
| Best use is made of available resources. (Effective) |

6. MEASURES FOR IMPROVEMENT

Improvements in medical staffing can be measured by reductions in vacant posts and the utilisation of locum posts in particular from agencies.

7. FINANCIAL IMPLICATIONS

The employment of Agency locum medical staff represents a significant financial burden. Management teams have been reminded to use Agency staff as a last resort only as there are often other governance issues associated with this practice that must be minimised.
8. **RISK ASSESSMENT/MANAGEMENT IMPLICATIONS**
There is a risk that recruitment to vacant posts may not be wholly successful and models of care will require further review.

9. **FIT WITH BEST VALUE CRITERIA**
This paper aligns to the following best value criteria:

<table>
<thead>
<tr>
<th>Vision and leadership</th>
<th>Effective partnerships</th>
<th>Governance and accountability</th>
<th>Use of resources</th>
<th>Performance management</th>
<th>Equality</th>
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10. **EQUALITY AND DIVERSITY IMPACT ASSESSMENT**
An E&D Impact Assessment has not been completed. Equality and Diversity is taken fully into account in the implementation of the relevant Human Resources recruitment policy, which reflects NHS Lanarkshire’s position as an equal opportunities employer.

No ☑

11. **CONSULTATION AND ENGAGEMENT**
There has been wide consultation with senior medical staff and respective management teams on developing the medical workforce to match the needs of patients in Lanarkshire.

12. **ACTIONS FOR THE BOARD**
The Board are asked to:

<table>
<thead>
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<th>Approval</th>
<th>☑</th>
<th>Endorsement</th>
<th>☑</th>
<th>Identify further actions</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Note</td>
<td>☑</td>
<td>Accept the risk identified</td>
<td>☑</td>
<td>Ask for a further report</td>
<td>☑</td>
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</tbody>
</table>

- Note the current pressures areas in medical staffing
- Note the continuing fragility of the senior decision maker cover for the Emergency Departments
- Note the improved position in some areas and the continuing efforts of the clinical and managerial teams to develop alternative solutions to a sustainable workforce providing seven day emergency care that will in turn further improve the recruitment and retention of medical staff within NHS Lanarkshire.

13. **FURTHER INFORMATION**
For further information about any aspect of this paper, please contact Dr Jane Burns, Divisional Medical Director (Acute) Telephone: 01698 858344