

A PICTURE OF HEALTH

WORKFORCE

INTRODUCTION

1. Workforce is a significant area to consider as one of the components in the decision making process over the Picture Of Health. The purpose of this paper is to examine the workforce considerations which the Board requires to take into account specifically in reaching a final decision on the Acute Reconfiguration Options.
2. Predicting workforce numbers accurately is dependent upon the final Clinical strategies and models which will be put in place and which will determine the shape of the workforce. Predicting future bed configuration, especially in the timescales envisaged in Picture of Health, is problematic and the final configuration will reflect efficiency improvements, redesign and cross boundary flow. A detailed Workforce Plan will take at least two years to develop following approval of the Board's strategy.
3. However, this paper assumes no change in the total number of beds, and on that basis we would not expect that workforce numbers will change overall. There will be a different configuration of the workforce in line with service changes because the two level 3 hospitals will have increased bed complements and the level 2 hospital bed complement will reduce. However some services will centralise on the level 2 site.
4. What we have considered in this paper is;
 - how the changes in bed numbers across the 3 sites will impact on staffing numbers
 - whether we can measure the effect on the workforce of the changed service models and activity
 - the relationship between staff postcodes and place of work
 - whether the increase/decrease of beds and subsequent staff changes will be impacted on by future recruitment difficulties
 - whether there are other HR indicators which would help the decision making process, such as sickness, Agency and Bank
 - the Property and Support Services staffing implications of the proposed changes
 - the HR challenge of developing and implementing the Workforce Plan and HR Implementation Plan

BED NUMBER ANALYSIS

5. Looking at workforce numbers against planned bed capacity can only be done at very high level at this stage when the final decisions on what activity takes place on which site have not yet been taken. With laboratories for example, it is difficult to predict what changes – if any – would result from the reconfiguration. In considering the number of beds, nurses are the professional group most affected because of the model of patient care in the wards. Almost half of our workforce consists of nurses and midwives and therefore looking at the impact of proposed changes on this group can give a feel for some of the implications for the workforce.
6. As a result of the detailed workforce planning undertaken within nursing and midwifery, it is possible to begin to roughly model the potential impact on the nursing workforce. The workforce numbers which follow are based on a very rough estimate that for an average 24 bed ward there are approximately 30 nursing staff (headcount). This will vary depending on the headcount/WTE ratio for each ward. Headcount is used in this section of the paper as this relates to the movement of people as opposed to whole time equivalent, which relates to service provision.
7. The overall staffing ratio on the general wards for occupied beds is approximately 0.85 – 0.9 WTE nurses per occupied bed, though this is higher in some areas. Other clinical areas are more problematic to map in this way. This model does not take into account the richer/higher staffing levels required in Intensive Care or Coronary Care, and aspects of these services are expected to move.

Option 1 - Wishaw & Monklands Emergency (level 3), Hairmyres Planned (level 2)

8. This option results in an increase of approximately 137 beds at Monklands and 50 beds at Wishaw with a reduction of 187 beds from Hairmyres. Using the nursing model described above this would mean approximately 234 nursing staff would be relocated from Hairmyres to one of the other acute sites.

	Current beds	Proposed beds	Difference	Staff (HC) movement	% Bed Difference
Hairmyres	492	305	-187	-234	-38.0%
Monklands	523	660	137	171	26.2%
Wishaw	610	660	50	63	8.2%
Total	1625	1625			

Option 2 - Wishaw & Hairmyres Emergency (level 3), Monklands Planned (level 2)

9. This option results in an increase of approximately 168 beds at Hairmyres, 50 beds at Wishaw and a reduction of 218 beds at Monklands. Translating this into workforce terms this would mean approximately 273 nursing staff would be relocated from Monklands to deliver the same services to one of the other acute hospital sites.

	Current beds	Proposed beds	Difference	Staff (HC) movement	% Bed Difference
Hairmyres	492	660	168	210	34.2%
Monklands	523	305	-218	-273	-41.7%
Wishaw	610	660	50	63	8.2%
Total	1625	1625			

10. These staff movements should be seen as “net” of inflows and outflows and only relate to Nursing staff. The figures will change when we are clear on the staffing models for Departments such as Laboratories.
11. This paper looks at the workforce considerations around Acute reconfiguration. However it should be noted that a considerable investment in Primary Care and, in particular, Community Nursing will impact on these numbers from a Board wide perspective.

WORKFORCE NUMBERS & SERVICE ACTIVITY

12. Looking at the overall picture, a significant range of patient services such as outpatients, diagnostic and day case services will continue to be delivered on all three sites and therefore, for example, a reduction in bed size of 30% on a site would not result in a reduction of staff requirement of staff of the same percentage.
13. These services, which continue on each site along with the elective inpatient services, will all require access to diagnostic services such as radiology and laboratory services and whilst the change in configuration of the level 2 site will change the shape of demand on these types of service it is difficult to quantify the impact of this in workforce terms at this stage. Initial impressions are that there is unlikely to be any significant alteration in these areas.
14. The table below shows the headcount figure by Job Family for each of the acute hospitals. These figures do not include bank staff or GP staff processed on NHSL payroll. Support Services Staff (ancillary, works and trades) are reflected within the Corporate Functions and are similarly not included in these figures. Nursing & Midwifery staff includes information on the Primary Care Division wards based within the three acute hospital sites.

AfC Job Families Headcount 03/06	Hairmyres Hospital	Monklands Hospital	Wishaw General Hospital	Acute Division Totals
Administrative Services	237	267	264	768
Allied Health Professionals	114	119	141	374
Health Science Services	85	149	115	349
Nursing and Midwifery	850	942	1,287	3,079
Managers	7	6	7	20
Senior Doctors	97	121	119	337
Junior Doctors	91	99	120	310
Grand Total Headcount	1,481	1,703	2,053	5,237

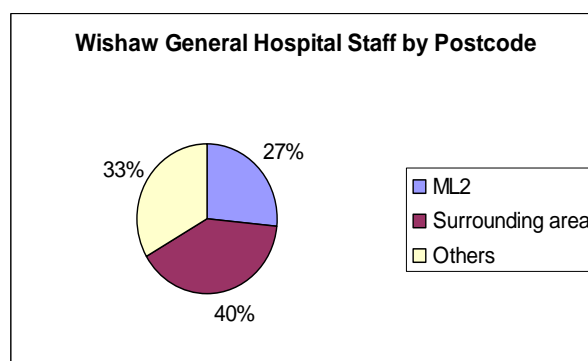
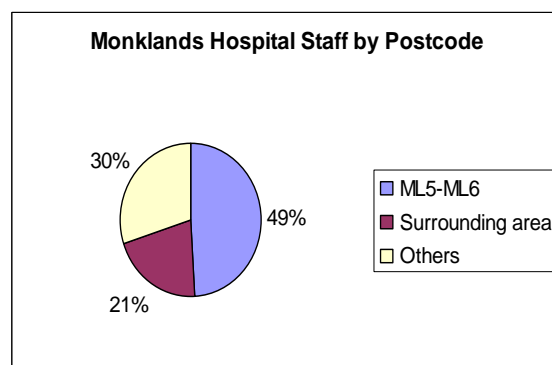
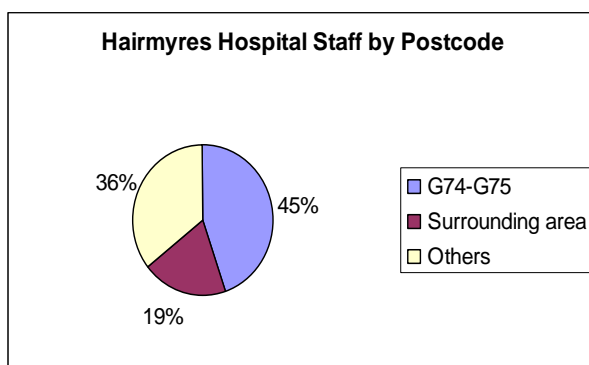
15. Clearly the reconfiguration will impact on the other job families but the % change in bed numbers will not reflect the % of staff who will be required. Movement of some services, for example critical care services will require significant staff movement if all staff are to follow the service to one of the alternative sites. In real terms, it is difficult to quantify this as it is not yet clear which services are to be placed on which site. As there will be specialist services moving into the site which becomes level 2 as well as the level 3 sites, this will impact on the requirement for relocation. There is no data available on which to base this at present but this will be need to be explored in more detail later.
16. Some professional groups such as the Allied Health Professionals see the reconfiguration as a positive opportunity to develop a specialised rehabilitation service on the level 2 site with potential for rotation across the different sites to maintain breadth of skills. What will

change is the number of beds on each site, with those staff delivering services to patients in wards being most affected by the changes proposed under a Picture of Health.

17. As services will be redesigned and relocated across the whole of Lanarkshire it will not be clear until further down the line whether staff on other sites than the acute hospitals will be affected by the reconfiguration taking into account the new management arrangements for care of older people. This will also come out in a more comprehensive analysis as service configuration is mapped along with workforce structure.

POSTCODE ANALYSIS

18. The Workforce Plan shows that 88% of the workforce delivering our health services in Lanarkshire also live in Lanarkshire. We have carried out an analysis of the postcodes of staff working in our acute hospitals. To ensure a legitimate comparison we have excluded corporate services where they are based on acute sites. We have charted the breakdown of staff into 3 different groups – those living in the immediate postal code area, those living in surrounding postcode areas and “other” postcodes. This gives a rough indication of where people live and potentially the prospective impact on staff, in terms of travelling to alternative hospital sites. This staff movement will drive the additional costs associated with excess travel.
19. This information shows that 45% of Hairmyres staff live in the immediate East Kilbride vicinity (postcodes G74/75) and 49% of Monklands staff live in Airdrie/Coatbridge (ML5/6). Moving that a stage further, 64% Hairmyres staff live within the immediate area or surrounding postcode areas compared with 70% of Monklands staff. This would indicate that, potentially, more staff at Monklands would be inconvenienced with increased travel, should they relocate, than those working at Hairmyres at present but it is not a huge gap.
20. Figures for Wishaw are also included showing 27% live in the immediate area and 67% in the immediate or surrounding area. The smaller percentage of staff living in the immediate Wishaw vicinity probably reflects the relocation from Law where 18% still reside.



21. The predicted staff movements have been indicated as “net” of inflows and outflows. What this means is that the actual movement of staff will be potentially much higher when inflows and outflows are taken into account. However, on the basis of the postcode analysis and experience with previous organisational change the likelihood is that in fact, at the time of implementing change, the number of staff actually wishing to move will in fact be much lower. Whether individual staff wish to move or wish to remain at their current base hospital cannot be predicted.

RECRUITMENT – CONSULTANT MEDICAL STAFF

22. Recruitment to Consultant vacancies is seen to be problematic within NHS Lanarkshire which has a Consultant vacancy rate of 16% against a Scottish average of 8%. There are a number of factors that affect the recruitment to Consultant medical and dental posts within NHS Lanarkshire which include - competing with the two larger teaching Boards Edinburgh and Glasgow; SpR’s being drawn to Specialist units where resources are concentrated; the existence of shortage specialty areas that are recognised throughout Scotland e.g. Histopathology.
23. The following table summarises the vacancy position (headcount) for Consultant staff within NHS Lanarkshire over the last two financial years.

	No of Leavers	No of Posts filled	No of Vacancies at year end
April 04 – March 05	16	16	54
April 05 – March 06	19	36	43

The number of vacancies at the year end includes new posts created during 2005/2006.

24. Consultant recruitment is an extremely complex business and NHS Lanarkshire must abide by strict rules set down within the Statutory Instrument. Posts must be advertised in at least 2 national journals and more often we have to use our own networks to determine when candidates are available. A considerable amount of effort is put into filling Senior Medical Staff vacancies on all three hospital sites and several initiatives have been tested over the last few years. These are specifically recruitment drives underway via world wide journals; a Medical Workforce group established to concentrate on Consultant Psychiatry recruitment; a web-site specifically designed to target Histopathology Consultants; recruitment via Bluecare Medical Agency that targeted Eastern European countries. As a result, and because of turnover, Consultant vacancies within NHS Lanarkshire have decreased slightly between the 2 financial years. Although NHS Lanarkshire has recruited to 52 posts over the 2 years, the turnover of medical staff (35 leavers) has minimally reduced the overall number of vacancies at the year end. The turnover has been a mixture of retireals and individuals taking up appointments within other Boards. There have also been new Consultant posts added to the establishment through the Consultant Expansion Programme that Lanarkshire has not been able to recruit to.
25. The following tables highlight the movement of Consultant staff at Monklands and Hairmyres Hospitals over the last two financial years.

April 2004 – March 05

Hospital	No of Leavers	No of Posts filled	No of Vacancies at year end
Hairmyres	5	7	14
Monklands	4	4	11

April 2005 – March 2006

Hospital	No of Leavers	No of Posts filled	No of Vacancies at year end
Hairmyres	4	10	6
Monklands	8	9	17

26. Concentrating on the activity of both Hairmyres and Monklands Hospitals. Monklands Hospital has a larger Consultant establishment than Hairmyres Hospital and this is perhaps demonstrated in the number of vacancies at the year end. Throughout both financial years Hairmyres have lost 9 Consultants but recruited 17. Monklands on the other hand lost 12 Consultants but recruited to 13. The main difference is that Hairmyres were able to recruit to 2 Radiology and 1 Obstetric and Gynaecology post during 2004/05. Monklands Hospital did not have any Obstetric and Gynaecology vacancies during 2004/05. They did however have 2 Consultant Radiology vacancies but had the South African contract in place to combat this. Radiology is also seen as a national shortage area.
27. During 2005/06 Hairmyres recruited to a range of specialties which included Radiology, Vascular Surgery (which is an area post), Orthopaedics, Anaesthetics and General Medicine. Monklands recruited to very similar specialties e.g. Radiology, Surgery, General Medicine, Haematology and Dermatology (which is a centralized Unit). The number of applicants that applied for the same specialties at each hospital was similar with an average of 2 candidates applying for each post, this compared with the number of shortlisted candidates which was also similar, would lead you to believe that both hospitals can equally attract similar candidates to similar vacancies.
28. Concentration of services has, however, successfully assisted NHS Lanarkshire attract Consultants to specialties that have proved difficult to recruit to as demonstrated below.
- the appointment of 2 Consultant Urologists to long term vacancies. Their appointments were made on the basis that the in-patient service would be concentrated onto a single site which turned out to be Monklands Hospital.
 - the appointment of 4 Consultants to the Children and Young People's Services. Their appointment was confirmed after there was agreement to centralise in-patients in 2002. The specialty also experienced difficulty in recruiting to Staff Grade and junior medical vacancies. Post centralisation 3 Staff Grades were also appointed and there is no longer any shortage of applications for their junior medical posts. This in turn has led to an expansion of the medical establishment with 6 new Consultant posts being created within the specialty since its services were concentrated, 4 of which have been filled.

- with the agreement that Haematology will centralise in-patient facilities on a single site, two Consultant Haematologists have successfully been recruited. Both posts are at Monklands Hospital.

There is no doubt, therefore that recruitment opportunities are enhanced with the commitment to concentrate services but there is no evidence to indicate that centralisation on either site would affect recruitment.

29. When looking at where Consultant Medical Staff reside, approximately 68% of the Consultant workforce live outwith Lanarkshire. Residency in either the Monklands or Hairmyres localities is not a significant feature in relation to the recruitment of Consultants.

RECRUITMENT – NON MEDICAL STAFF

30. There has been a general perception that recruitment is more difficult at Hairmyres than Monklands. We have compared recruitment activity for nursing staff for both Monklands Hospital and Hairmyres Hospital for the years 2004/05 and 2005/06. Medical staffing specific issues are considered elsewhere. This section reflects the position in whole time equivalents.

31. During 2004/5 the recruitment activity for Nursing staff was:

	Registered Nurses	CSW	Total
Hairmyres	205.58	76.38	281.96
Monklands	161.53	39.11	200.64

32. During 2005/6 the recruitment activity for Nursing staff was:

	Registered Nurses	CSW	Total
Hairmyres	144.77	73.97	218.74
Monklands	195.23	40.64	235.87

33. We are constantly dealing with recruitment difficulties in different parts of the organisation and develop initiatives to deal with them. For example, each year we host a recruitment event for Semester 6 Bell College Students to cover posts across the three Acute sites. This year:

- Hairmyres recruited 18 people - this was 5 vacancies plus 13 additional posts to reduce BankAide costs.
- Monklands recruited 22 people – this was 14 vacancies and 8 additional posts to reduce BankAide.

34. Unfortunately there were not enough students graduating from Bell College to fill all the posts for the three Acute sites. The students did not have any particular preference which site they were allocated to. Monklands Hospital had a higher number of vacancies at the outset and quickly absorbed their additional allocation of students. Students allocated to other sites transferred to Monklands to help accommodate the shortages.

35. There are currently 16 D Grade vacancies at Monklands Hospital which includes posts that were unfilled following the above recruitment event. 6 of these posts are for the Renal Unit. There is a high turnover in this area partly due to the high standard of training that benefits staff when applying for promoted posts. The track record is that the majority of staff from the Renal Unit transfer to promoted posts within Monklands.
36. We have looked at specific difficulties in recruiting nurses at Monklands and Hairmyres Hospitals and a summary of these is as follows:

Monklands Hospital

- During 2005/6, Theatres at Monklands Hospital experienced difficulties (7 vacancies coupled with long term sickness and maternity leave). This was staged over a few months, however, all vacancies were filled despite being a national hotspot. This was a staffing issue not a recruitment difficulty as we managed to fill all posts after being advertised externally on one occasion.
- Due to the speciality as opposed to the location, there can be difficulties recruiting to Clinical Support Worker vacancies within E.R.U.
- There were only 2 nursing posts that required to be advertised more than once externally. This was for Clinical Night Manager (G Grade) and an Ultra Sonographer (H Grade). There has been no interest for both posts although plans are in place to try to recruit again to the G Grade.
- All other nursing recruitment has been filled from either redeployment, internal or first external advert.

Hairmyres Hospital

- During 2004/5, there were problems experienced in recruiting Clinical Support Workers. In order to address this it was agreed with the Divisional Nurse Directors that Clinical Support Worker vacancies would be recruited via BankAide. This has been in place, across NHS Lanarkshire since January 2006 and recruitment on a monthly basis has, to date, been successful.
- Prior to appointment, three Registered Nursing posts and various Clinical Support Worker posts required to be advertised twice externally. (This was prior to the new CSW recruitment arrangements, introduced from January 2006, as detailed above).

Non Nursing Recruitment (includes AHPs, A&C, Labs, Pharmacy, Ancillary, etc)

37. During the period October 2005 until March 2006, the recruitment activity for Non-Nursing staff was:

Hairmyres	58.00 WTE
Monklands	42.93 WTE

There have been no particular problems, to note, in recruiting to these vacancies other than:

Hairmyres

- Medical Secretary posts - this was due to a lack of response from candidates with medical terminology. Following further recruitment, targeted at Health Centres, we have now successfully recruited to these posts.
- Admin and Clerical – 2 secretarial posts required to be advertised externally, on two occasions, prior to being filled.

Monklands Hospital

- Admin and Clerical – 3 administrative posts. One was advertised twice internally and then filled via the job centre. The other two posts were advertised internally, candidates then withdrew prior to interview. 2 posts remain unfilled.
- An Optometrist post was advertised externally in the Herald with no interest. The manager has now put this post on hold. It is a hotspot area for recruitment

RECRUITMENT SUMMARY

38. During 2004/5, Hairmyres Hospital had a greater number of nursing vacancies to fill than Monklands Hospital, whereas, during 2005/6, the reverse was the situation. Although we had a substantial number of vacancies to fill we have, with a few exceptions, been successful in filling our vacancies on both Monklands and Hairmyres sites. This is partly due to our proactive work in:

- Promoting NHS Lanarkshire in Bell College P.R. events;
- Undertaking substantial recruitment from Bell College
- Implementing the recruitment of Clinical Support Workers via BankAide
- Reporting recruitment trends on a monthly basis to the Acute Nursing & Midwifery Forum Meeting and highlight hotspot areas
- Redeploying displaced staff to Acute Hospital sites

39. Depending on the grade of post, we either have a good response or sufficient candidates of the appropriate calibre in order to make a successful appointment. There are a few exceptions where we have had to re-advertise due to the particular speciality or the fact that the post is a national hotspot area.

SICKNESS RATES

40. There are no material differences in sickness levels overall between Monklands and Hairmyres.

AGENCY STAFFING – MEDICAL

41. Contacting agencies to recruit to Consultant vacancies is used as a means to fill vacancies on a short-term basis. The undernoted table highlights the number of requests to agencies over the last two financial years to employ Consultant medical staff at Hairmyres and Monklands Hospitals. The figures demonstrate that there are only two requests that have not been filled within the 2004/05 financial year. These requests however were for
- a Consultant in Histopathology which is recognised nationally as a shortage area;
 - a Consultant General Physician to cover medical on-call. An appointment was made via the agency, however, the individual failed to turn up for duty and arrangements had to be made locally to cover the period in question.

These findings lead you to believe that there is no difficulty in recruiting agency staff to either Monklands or Hairmyres Hospitals.

SITE	2004/2005		2005/2006	
	Agency Requests	Agency Filled	Agency Requests	Agency Filled
Hairmyres	12	10	4	4
Monklands	14	14	8	8

AGENCY AND BANK STAFFING – NON MEDICAL

42. Another workforce issue which may be of relevance is the use of Agency and Bank staffing. The development of the NHS Lanarkshire Nursing and Midwifery Bank has been a huge success and has reduced reliance on Agency to an absolute minimum. Agencies are only used in two sets of circumstances. One – where a post requires to be filled and there are no individuals on the Bank with the necessary skill set and two – where the Bank simply cannot cover the shifts. Details of Agency use on the Hairmyres and Monklands sites are set out below.

Agency Use – Costs

Site	2004/5	2005-6	Variance
Hairmyres (HM)	£202,494	£185,149	-£17,345
Monklands (MK)	£10,297	£9,721	-£576

Agency costs for 05-06 include an added 12% for NI contributions that is not added by some of the agencies.

Agency Use – Shifts

Site	2004/5	2005/6	Variance
Hairmyres	1538	1168	-370
Monklands	58	33	-25

Nursing and Midwifery Bank Requests

43. When the Bank was set up there were initially estimated to reach 1500 shifts per week. In Feb 2006 requests peaked at 2104 per week, an increase of 40%. The following table shows the requests and fill rates for Hairmyres and Monklands Hospitals

Site	Requests	Filled	Percentage
Hairmyres	21,968	18,314	81%
Monklands	16,369	14,722	89%

44. Hairmyres has a smaller number of beds but requests for shifts to be covered, on a short term basis, are higher than at Monklands – as shown above. A lower percentage of requests are met at Hairmyres (although this is a lower percentage of a higher figure) and this would appear to be because fewer of the staff at Hairmyres wish to join the Bank and staff on the Bank from other areas of Lanarkshire are sometimes reluctant to travel to Hairmyres.

PROPERTY AND SUPPORT SERVICES STAFF

45. In the PFI hospitals, Hairmyres and Wishaw Hospitals, these services are provided through contractual arrangements, whereas at Monklands these are provided by NHS staff. Should Monklands be chosen as the elective site, a percentage of staff would need to relocate elsewhere. A high percentage of ancillary staff work part time hours in order to meet the needs of the service and this could be disadvantageous for them in future. However, there are a range of estates changes ongoing and planned at present across Lanarkshire and until the situation is clearer it is not possible to give definitive information on the possible affects on this section of the workforce.
46. Depending on the option recommended by the Board, there is a potential for staff transfer to service providers. If this proves to be the case there is a national agreed protocol which will be followed.

IMPLEMENTATION

47. The workforce challenge behind Picture of Health is clearly to develop the Workforce Plan and the HR Implementation Plan.
48. As was indicated within the Workforce Plan presented to the Board in April 2006, the structure and processes around the implementation of Picture of Health will define the Clinical Strategy which will determine the workforce configuration.
49. The HR Implementation Plan will be designed in partnership with Staff Side Representatives and will include an absolute commitment to the application of the Board's Organisational Change Policy which has already been agreed in partnership and which sets out the arrangements for dealing with staffing changes on a partnership basis.
50. The Plan will also operate in conjunction with the No Detriment Policy which ensures that staff do not suffer any diminution in pay and conditions following organisational change.
51. We have enormous experience in dealing with organisational change in the past such as the move to the two new hospitals; implementation of Maternity Strategy; implementation of the Learning Disability Strategy and we will follow the strategy which was tested in managing previous organisational change.

52. There will be a detailed Organisation Development and Learning Plan which will sit beside the HR Plan.
53. Appropriate support mechanisms will be put in place for staff who redeploy.
54. We will have a considerable lead time for implementing the new arrangements which will ensure that the effect on staff is minimised.
55. In summary, we will develop in partnership with staff side colleagues a Workforce Plan which will identify the future staffing configuration and a Human Resources Implementation Plan which will set out how we will deliver against the Workforce Plan.

CONCLUSION

56. Having examined a number of workforce considerations, it is clear that there are no compelling advantages or disadvantages from a Human Resources perspective in determining one option over the other.

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