Medicine Centre: Non-Consultant Grade Medical Workforce Plan

version 2: 0-3 years implementation

Workforce Strategic Aims

- To be known as an excellent centre for learning and development.
- To have a substantive workforce of sufficient capacity to deliver improvements in length of stay, as well as to better manage variability, requires an effective workforce recruitment strategy, as well as an expanded workforce.
- To be more effective and systematic in our recruitment efforts. These need to occur far in advance of the notice the Deanery gives us of our fill rates. It needs also to coincide with Junior doctors timeline to decision making in their career choices. February/March each year are particularly important times to recruit to Trust Grade positions.
- To urgently address and mitigate our strategic vulnerability to any further deterioration in workforce variability.

Workforce Strategy including Recruitment Strategy

Why do we need to stabilise and increase non-consultant medical workforce to achieve our strategic aims?

1. Better manage demand
2. Reduce variability in staffing levels
3. Reduce dependency on agency
4. Reduce adverse impact on existing medical workforce

1) To better manage demand

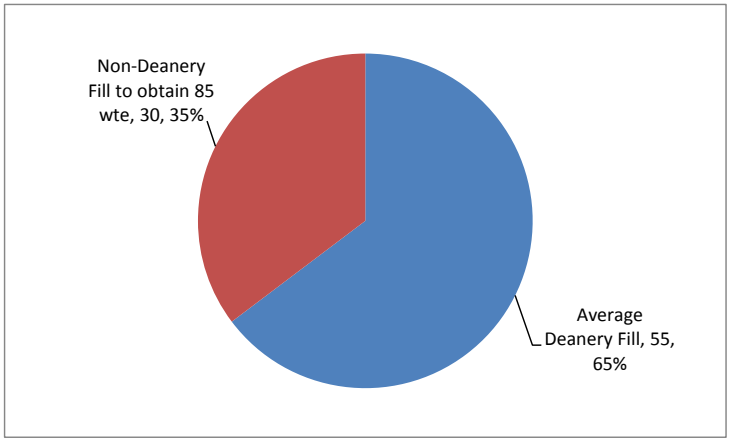
USC bed base requirement has been increasing year on year due to increased number of patients and acuity, but also reflecting a level of inefficiency due to insufficient medical cover for our patients.

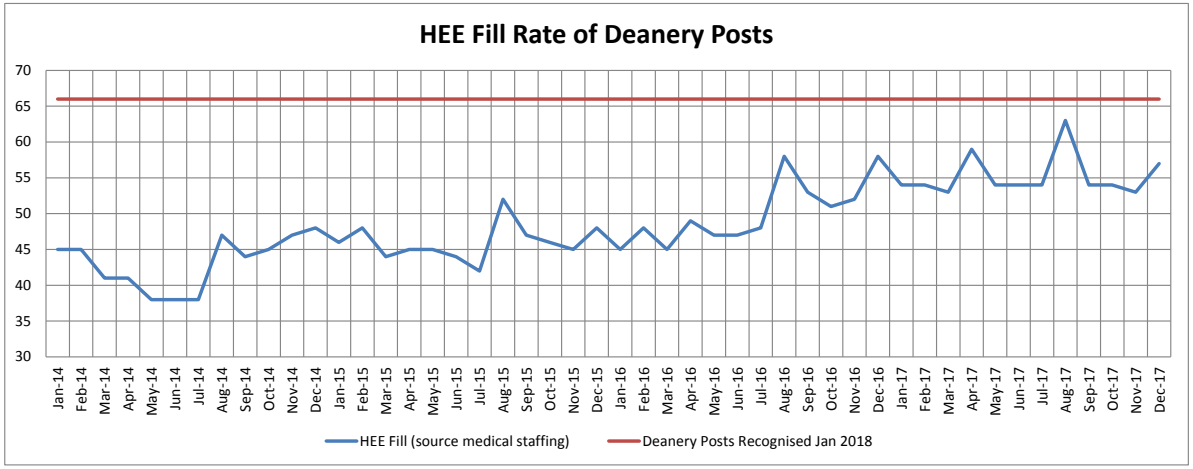
This demands increased efficiency to reduce patients' length of stay.

Red to Green & SAFER performance analyses have consistently highlighted that a significant reason for internal delays is lack of non consultant grade medical staff.

2) To reduce variability in staffing levels

Currently, two thirds of the current 85 medical staffing total requirement comes from Deanery (55), leaving 30 medical posts to be sourced by the Care Group





The Deanery currently support 66 posts within the Care Group (56 of which are Deanery funded), but as the chart shows fill rate is consistently both variable and falls below the 66 expected

3) To reduce our dependence on agency medical staff

Agency medical staff are associated with multiple problems and concerns over quality, safety, performance and value for money.

Their use to fill gaps in rotas adds to the variability in workforce quality and efficiency which can compound, not resolve difficulties.

Variability in fill rate, in year and between years, demands a substantive workforce with sufficient capacity to be able to flex to these variability and so reduce or prevent the use of agency medical staff.

4) The demands on the Medical workforce 'acting down' or filling gaps in on call rota

Variability in fill of the on call rota leads to ward doctors filling gaps. This compromises the ward cover, not just for the day in question but for each day either side which in turn affects continuity of care for the whole week.

Variability at Registrar level leads to consultants acting down which in turn adversely affects their service continuity, energy and motivation. It is also financially punitive.

Modelling Assumptions & Methodology

Workforce Planning Assumptions in Non-Consultant Medical Workforce

- Growing dependence on Non-Deanery appointed medical positions
- Deanery supported posts won't change
- Strong links & reputation of being a training and supportive organisation with overseas organisations is vitally important
- Non Deanery appointed Doctors will have their own ceiling of career progression, dependent on multiple factors, but are more likely to want to stay in the Trust if supported
- HCAs, nurse practitioners, PAs and ACPs will clearly see career progression opportunities from the start
- A proportion of doctors will be able to progress to Consultant positions via CESR
- A proportion of the ACPs will progress to ACP Consultants
- Agency use reduces year on year

Modelling Planning Assumptions

- Encompasses the whole of USC medical and associate staff, excluding both ED's
- Delivers the required workforce within a 3 year time span
- Modelling based upon delivery of the current 5 day service
- Does not include the requirements associated with winter pressures/ ward realignment for Wards 8 and 21
- The level of unavailability built into the plan at 30% is sufficient to cover annual leave, all training requirements, sickness etc
- The role of ACP's as outlined within the plan will be consistent with the Trust's ACP strategy (when finalised)
- ACP's and PA's working patterns are consistent with Agenda for Change requirements – 37.5hour working week as opposed to 48 hours for medical staff
- Deanery income at c£900k in relation to medical posts remains constant
- The Deanery fill rate for the above posts allocated to USC will improve year on year and agency reduces as a consequence
- Consistent delivery of current support services

Methodology

- The methodology has set a number of medical staff by grade per number of inpatients. This has meant that it can be applied to a total bed base needing to be resourced. This ratio was agreed after wide consultation
- It incorporated other non-bed related services e.g. outpatients and procedures
- Medical Staffing rotas were created to test the methodology
- This created the projected need for the equivalent of 113 wte medical staff on the rota

Medical Workforce Opportunities by Grade

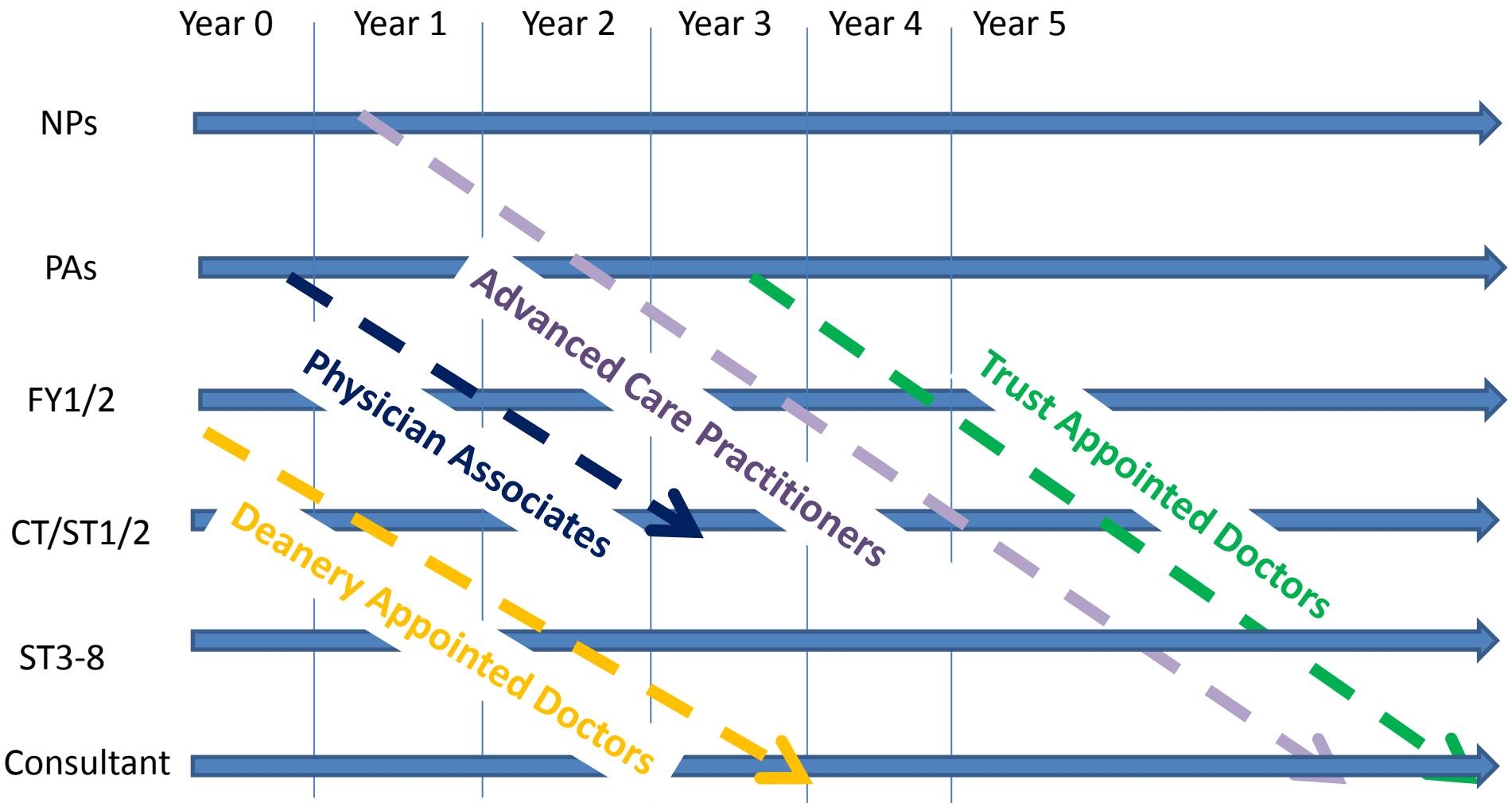
Summary Current Budget & Proposed WTE Workforce

Traditional Workforce Model Numbers	Month 8 2017/18
Current Budget WTE	91
Actual WTE *	97
Proposed WTE **	113

* This figure total WTE and **includes** ACPs in training but **excludes** escalation

** This figure also **excludes** escalation, Associate Specialists, Clinical Assistants and the impact of an alternative workforce model which may impact upon the final wte required

Delivering a More Sustainable Medically Led Workforce



Workforce Projections

Staff Group	Planning Assumption
ACP	• Increase by various means to a workforce of sixteen by year 5 • Year 1 & two expansion requires Cohort 1 & 2 successfully completing training, and also requires recruitment externally for qualified ACPs • In house training could be a source of a proportion of further ACPs expansion , but capacity to train Cohorts 3 & 4 will need to be in place to start Year 1 • After 2 years as a qualified ACP, it is anticipated that a proportion will be competent to act at ST3-8 level (Pay-scale Band 8c,d) • By year 5 we anticipate reaching steady state of 16 ACPs
Physician Associates	• Recruitment of PAs is required in each year to year four, with an ongoing plan to sustain the workforce of 13 PAs • After two years it is anticipated that two PAs will be able to work at CT/ST 1-2 level
Trust Grade & Deanery Fill Doctors	• Recruitment drive to positions with clear opportunity for them to progress from CT/ST1/2 to ST3-8 positions, and also through CESR to consultant positions • Recruitment through the Medical Training Initiative • VMI Fellows • Teaching Fellows • Chief Registrar RCP Programme • HEEWM support to address disproportionate low allocation of doctors and fill rates to SaTH
Impact of changing workforce mix	• Closing the gap between A4C contracted hours and medical contract • 7 wte across multiple medical grades required
Agency	• Reliance on agency doctors is expected to reduce • Use of agency to fill above current establishment will be prohibited. As we recruit substantive staff, these will in the first instance to remove agency staff, prior to expanding workforce

FY1/2 & Equivalent
Workforce Projections

Proposed Workforce Plan (Scenario 1)						
	Deanery	Trust	Agency	PA	QACP	TOTAL
YEAR 0	21	6	1	3	1	32
YEAR 1	23	2	2	7	0	34
YEAR 2	25	1	1	7	0	34
YEAR 3	26	1	0	7	0	34

Year 0 is based on November 2017
Year 1 is year commencing April 2018

Scenario 2 – potential agency risk	
YEAR 0	
YEAR 1	*0*
YEAR 2	*3*
YEAR 3	*3*

Indicative potential level of agency instead of substantive fill

CT/ST1/2 & Equivalent Workforce Projections

Proposed Workforce Plan (Scenario 1)						
	Deanery	Trust	Agency	PA	QACP	TOTAL
YEAR 0	21	6	5	0	3	35
YEAR 1	22	10	4	4	10	50
YEAR 2	24	10	2	6	15	57
YEAR 3	26	8	0	6	14	54

Year 0 is based on November 2017
Year 1 is year commencing April 2018

Scenario 2 – potential agency risk	
YEAR 0	
YEAR 1	*2*
YEAR 2	*4*
YEAR 3	*5*

Indicative potential level of agency instead of substantive fill

ST3-8 & Equivalent
Workforce Projections

Proposed Workforce Plan (Scenario 1)					
	Deanery	Trust	Agency	QACP	TOTAL
YEAR 0	14	7	2	0	23
YEAR 1	15	11	2	0	28
YEAR 2	16	12	0	1	29
YEAR 3	16	14	0	2	32

Year 0 is based on November 2017
Year 1 is year commencing April 2018

Scenario 2 – potential agency risk	
YEAR 0	
YEAR 1	*2*
YEAR 2	*3*
YEAR 3	*5*

Indicative potential level of agency instead of substantive fill

Other Grades
Workforce Projections

	Assoc. Spec.	Clinical Asst	TOTAL
YEAR 0	0.85	0.27	1.12
YEAR 1	0.85	0.27	1.12
YEAR 2	0.85	0.27	1.12
YEAR 3	0.85	0.27	1.12

	Trainee ACP
YEAR 0	9
YEAR 1	4
YEAR 2	6
YEAR 3	6

Year 0 is based on November 2017
Year 1 is year commencing April 2018

Total Medical
Workforce Projections

	FY1/2 & Equivalent	CT/ ST1-2 & Equivalent	ST3-8 & Equivalent	Assoc. Spec. & Clin. Asst.	Total Qualified	Trainee ACP	Total All Staff
YEAR 0	32	35	23	1.1	91.1	5	96.1
YEAR 1	34	50	28	1.1	113.1	4	117.1
YEAR 2	34	57	29	1.1	121.1	6	127.1
YEAR 3	34	54	32	1.1	121.1	6	127.1

Year 0 is based on November 2017
Year 1 is year commencing April 2018

Financial Implications

	Recurrent Budget		Month 8 Run Rate (excl. Winter)		Year 1 (FYE)		Year 2 (FYE)		Year 3 (FYE)	
	WTE	£,000 PA	WTE	£,000 PA	WTE	£,000 PA	WTE	£,000 PA	WTE	£,000 PA
Scenario 1: Per proposed workforce plan	90.73	(5,404)	96.78	(6,329)	117.12	(7,223)	127.12	(7,398)	127.12	(7,269)
Increase in budget					*26.39*	*(1,819)*	*36.39*	*(1,994)*	*36.39*	*(1,865)*
Scenario 2: Per proposed workforce plan + up to 10% of proposed workforce through agency	90.73	(5,404)	96.78	(6,329)	117.12	(7,488)	127.12	(8,092)	127.12	(8,178)
Increase in budget					*26.39*	*(2,085)*	*36.39*	*(2,689)*	*36.39*	*(2,775)*

Under the first scenario, should the workforce be in place per the plan from April 2018, it would require an investment of £0.9m above the 2017/18 run rate. It would represent an increase of £1.8m in recurrent budgetary terms at substantive level.

Escalation

- Workforce requirements associated with management of winter/ escalation not included in current plan
- Further work required to determine strategy that moves away from short term agency reliance over and above the resilient workforce outlined within the plan
- To be considered alongside operational plan requirements

Next Steps

Further to approval to proceed:

- Implement year 1 of the plan
- Recruitment strategy developed and implemented by the end of February 2018
- Review and amend medical staffing rota's to reflect changing workforce
- Complete the planning for escalation, linking to operational plan objectives
- Process of annual review for workforce plan instigated

Any Questions?