NHS Board Meeting 28 August 2019

Lanarkshire NHS Board Kirklands Fallside Road **Bothwell** G718BB



Telephone: 01698 855500 www.nhslanarkshire.scot.nhs.uk

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SUBJECT: URGENT CARE OUT OF HOURS WORKFORCE PLAN UPDATE
I. PURPOSE
The purpose of the paper is to bring an update to the NHS board on the progress of the Urgent Care Out-of-Hours workforce plan.
For approval
2. ROUTE TO THE BOARD
This update has been to SLHSCP Senior Management Team and NHS Lanarkshir Corporate Management Team and is also being presented at the South IJB and North IJB.
Prepared Reviewed Endorsed
By South Health and Social Care Partnership as the hosting body for Lanarkshire.
3. SUMMARY OF KEY ISSUES
Lanarkshire Urgent Care Out-of-Hours has experienced workforce sustainability challenges

over the last 2 years. This has resulted in the service reducing to one site on numerous occasions. The sustainability of workforce was mainly in relation to GP availability however recently a reduction in the number of nurse practitioners who work in the service has added to the pressure.

There is a workforce plan which aims to have a fully staffed two site Urgent Care Out-of-Hours model by December 2019. Should this not be achievable an alternative delivery model will have to be considered.

4. STRATEGIC CONTEXT

This paper links to the following:

Corporate objectives	AOP	Government policy	
Government directive	Statutory requirement	AHF/local policy	
Urgent operational issue	Other		

5. **CONTRIBUTION TO QUALITY**

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

Three	Oua.	litv.	Am	<i>bitions</i> :
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	Safe		Effective		Person Centred	
Six	Quality Outcomes:					
UIA.	Quanty Outcomes.					
	Everyone has the be	est start in	n life and is able	to live longer hea	lthier lives; (Effective)	
	People are able to liv	ve well at	home or in the	community; (Pers	son Centred)	
	Everyone has a posi	tive expe	rience of healtho	care; (Person Cen	tred)	
	Staff feel supported	and enga	ged; (Effective)			

6. MEASURES FOR IMPROVEMENT

Healthcare is safe for every person, every time; (Safe) Best use is made of available resources. (Effective)

The areas for improvement are:

- Delivery of a safe staffing complement across both Urgent Care Out-of-Hours sites by December 2019; and
- Meeting performance targets for 1, 2 and 4 hour dispositions.

7. FINANCIAL IMPLICATIONS

At the present time there are no financial implications as the workforce plan is within budget.

If the planned recruitment is unsuccessful and alternative models of delivery are proposed this would include the appropriate financial governance.

8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

The Urgent Care Out-of-Hours workforce plan has a risk register/action plan where all issues are logged and risks are monitored. This is in addition to the OOH service delivery noted as high risk on the NHS Corporate Risk Register.

There are risks currently in maintaining a two site model when there is insufficient staffing to maintain this safely. Over the months of June, July and August the Urgent Care Out-of-Hours service has been reduced to one site in 8 out of the preceding 12 weekends.

There is a risk that this has an impact on NHS Lanarkshire's Emergency Department performance.

9. FIT WITH BEST VALUE CRITERIA

This paper aligns to the following best value criteria:

Vision and leadership		Effective partnerships	Governance	and	
			accountability		
Use of resources		Performance	Equality		
		Management			
Sustainability	\square				

7. r			
V anagement			
Management			
0			

10. EQUALITY AND DIVERSITY IMPACT ASSESSMENT

Any change to service delivery would have to be underpinned by an equality and diversity impact assessment. This has not happened to date as the Out of Hours Service has not made a significant change.

11. CONSULTATION AND ENGAGEMENT

Any change to service delivery would also have to be underpinned by a consultation and engagement process.

12. ACTIONS FOR THE BOARD

The Board is asked to note:

Approve	Endorse	Identify further actions	
Note	Accept the risk identified	Ask for a further report	

- 1. Progress to date from the Urgent Care OOH workforce planning group;
- 2. The timescale for recruitment to a fully staffed two site model is proposed as 1 December 2019; and
- 3. The current sustainability issue which are due to challenges in recruitment of GPs and Nurse Practitioners. Should these challenges continue between now and December 2019, an alternative service delivery model will have to be explored and considered.

13. FURTHER INFORMATION

For further information about any aspect of this paper, please contact:

Marianne Hayward Head of Health and Social Care Telephone: 01698 453704

19th August 2019



Report to: NHS Lanarkshire Board

Date of Meeting: 28 August, 2019

Report by: Director of Health and Social Care

Subject: Out of Hours Workforce Update

1.0 Purpose of the report is to:

Provide an update on the Urgent Care Out-of Hours (OOH) workforce plan.

2.0 Recommendations(s)

Lanarkshire Health Board are asked to note the following recommendation(s):-

- That they note the progress to date from the Urgent Care OOH workforce planning group.
- That they note the timescale for recruitment to a fully staffed two site model is proposed as 1/12/19.
- That they note the current sustainability issue are due to challenges in recruitment of GPs and Nurse Practitioners. Should these challenges continue between now and December 2019, an alternative service delivery model will have to be explored and considered.

3.0 Background

The Urgent Care OOH workforce planning group has been leading on a plan to achieve a fully staffed two centre OOH delivery model for Lanarkshire. The main hub for OOH is in Hamilton and a satellite centre is in Airdrie.

Over the last 2 months there has been insufficient staffing to support a two site model at weekends and as a result Airdrie has had to close or to reduce to one site on 8 occasions out of 15. This has been due to insufficient numbers of GPs and Nurse Practitioners. GP sustainability challenges are currently being experienced across Lanarkshire and are in keeping with the picture nationally. Nursing sustainability has been a more recent development.

In addition to GP and nursing challenges the service also experienced turnover in keys posts including the service coordinator and Clinical Director who both moved to new roles over the last 2 months.

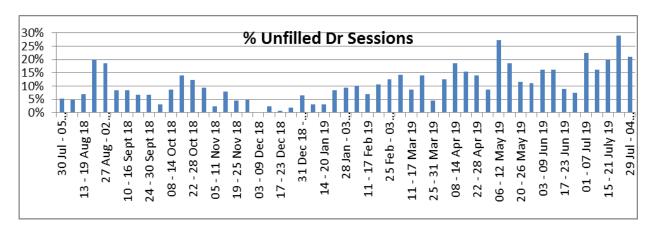
4.0 Workforce Challenges

4.1 **GPs**

Within the OOH Service there are 3 salaried GPs and circa 120 GPs who work on a sessional basis directly or through an agency of their choice. This balance gives the little opportunity to fill the "hard to fill" shifts.

Currently unfilled shifts are averaging 20%.

Graph 1.



4.2 Nursing

It had been hoped that recruitment and training would have enabled the nursing workforce numbers to grow significantly within OOH service in order to provide an alternative workforce to GPs. Unfortunately to date this has proved to be more challenging than expected to attract and retain suitable candidates.

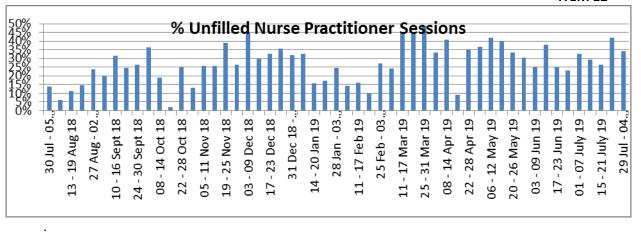
4.3 Advanced Nurse Practitioners

The ambition of the OOH workforce plan was to have 20% of the GP rota covered by ANPs by July 2019. This was not achieved and is currently at 6-8% due to the current recruitment and retention issues for ANPs.

4.4 Nurse Practitioners

The recruitment and retention of the Nurse Practitioners within OOH has been very challenging due to attrition to other posts and challenges in relation to recruitment. Graph 2 below shows the percentage of unfilled Nurse Practitioner Sessions over recent months

ITEM 12



5.0 Progress to date and leads

5.1 Overall Action Plan/ Risk Register - Lead Marianne Hayward

There is currently a weekly meeting in relation to the OOH workforce which is captured in an action plan and risk register.

5.2 OOH Service Manager – Lead Tom Bryce/ Marianne Hayward

The OOH Service Manager (Pamela Buddy) has been recruited to and commenced 29/7/19.

5.3 Clinical Director Post – Lead Linda Findlay

After consideration an interim clinical leadership structure has been implemented. One of our Current Primary Care Clinical Directors has agreed to increase his portfolio (and sessional commitment) to include OOH, he will be supported by a Clinical Lead, who is one of the GPs currently working within the service. This arrangement has been agreed for 6 months in the first instance to provide consistent clinical leadership within the service and will be reviewed thereafter.

5.4 Full Staffing for Two Sites

This table provides a summary of what full staffing should be across the 2 sites.

Table 1 - Full staffing verses example of current staffing

Staff Group	Full Staffing (hrs)		Actual Staffi	ng Hrs (wc
			29/7/19) 2 sites o	
			week / I site	weekend
	Week	Weekend	Week	Weekend
GPs	325	398	246	308
ANPs	60	64	42	54
NPs (Prescribers / None	90/90	128/128	33/20	39/26
Prescribers)				
Drivers	252	208	168	208.5

GP recruitment – Lead Linda Findlay / Sharon Russell

Currently unfilled GP session rates are at 20%.

There are a number of different areas of work underway to improve medical staffing and develop a sustainable model. These are divided into national initiatives and local initiatives.

Local Initiatives

- recruitment to 10 salaried GP Posts (Advert out week commencing 5th August)
- Recruitment of our current trainees who have gained their CCT in General practice. There are currently interviews being established for week commencing 5/8/19.
- Continuing to source and engage with GP colleagues in terms of sessional work.

National Initiatives

- GP Fellow recruited to 1 post. This post is part of a national initiative which sees a
 GP fellow work in OOH, in in-hours practice in Lanarkshire, and be supported to
 undertake QI work.
- 3 of our current training practices have signed up to a scheme which will see trainers undertaking some shifts with their GP trainees, the details of this are being worked through nationally.

ANP Recruitment - Lead Lynsey Sutherland / Joanne Jenkins (Associate Nurse Directors)

There are a number work steams on going to progress recruitment and retention of ANP posts. Currently ANPs are covering 6-8% of GP shifts. It is anticipated that this could be 20%. This work include:

- Utilising any prescribing and training ANPs within the rota where there are gaps of identified need.
- Recruiting to 3 ANPs specific to OOH (Interviews will be held w/c 5/8/19)
- There are currently 2 ANPs in training who work within OOH (non-prescribers)
- Recruitment to 2 interim Advanced ANPs (3 months) who will provide clinical and professional leadership, support and development to NPs and ANPs.

Nurse Practitioner Recruitment – Lead Jenny Butchart (Senior Nurse) and Pamela Buddy (OOH service Manager)

Nurse practitioners recruitment is now on-going every 6 weeks. A full recruitment to all vacant posts will take up to 5 months. These posts will require training and development, particularly in relation to prescribing.

Senior Charge Nurses

There was previously 1wte Band 7 Senior Charge Nurse within the service. This has been increased to 2 wte. in order to provide more robust clinical leadership across the service.

Table 2 Nursing New Structure

Current Workf	orce	Proposed Workforce
Band 7 SCN	1.00	Band 7 SCN (agreed) 2.00
		Band 7 ANP 3.00
Band 6 NP	13.17	Band 6 NP 8.37
Band 3 HCSW	5.33	Band 3 HCSW 5.33

Mental Health Nursing

Over the last 2 years there has been a test of change involving mental health nursing in OOH. This has been successful adding value to both patients and families. This was originally 2

members of staff and will being increased to 4. This has been made possible through redesign and action 15 monies. The additional 2 posts have yet to be realised although the service is working alongside the mental health service to put this in place.

Paediatric Nursing

Paediatric nursing has been another welcome addition to the OOH team. Two members of staff are provided by the paediatric team within Wishaw. This service has now been fully funded. These posts however are non-prescribers and therefore are still reliant on others to prescribe.

Pharmacy

The use of prescribing pharmacists will allow increased capacity around prescribing when there are limited numbers of prescribing nurses. There have been a number of meetings in relation to this and it would be anticipated this will be progressed by the end of August 2019.

Administration Staff and Drivers

The service could not run efficiently without a team of administrators and drivers.

The number of drivers has not been an issue. The administration team have had a small amount of turnover; however this is now fully staffed.

6.0 Triage Pilot involving ED consultants/ GPs

The triage pilot involves the review and re-triage of patients referred from NHS 24. Up to 70% of calls have been redirected. This project has been extended for 6 months for a more detailed benefits analysis.

7.0 Summary

Achieving safe staffing levels across both OOH sites by 1/12/19 will be dependent on successful recruitment of GPs, ANPs and NPs. In addition there is considerable work underway to ensure training is in place to support the newly recruited management and clinical staff.

In the event that despite best efforts to increase recruitment and retention of OOH staff by early Dec 2019 isn't achieved, consideration will need to be given to whether an alternative model of service delivery would provide greater service safety and sustainability.

Marianne Hayward Head of Health and Social Care

Contact for Further Information

If you would like to inspect the background papers or want further information, please contact:

Marianne Hayward

Marianne.Hayward@lanarkshire.scot.nhs.uk