

### Lancashire & South Cumbria Diagnostic Programme Board

Title of Paper	<b>5-year Diagnostic Imaging Admin. and Clerical Staff recruitment plan for Lancashire &amp; South Cumbria</b>		
Date of Meeting		Agenda Item	XX

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Paper endorsed by	Jack Smith, Director, L&SC Diagnostic Imaging Network		
Purpose of the Report	Please tick as appropriate		
	For Information		
	For Discussion		
	For Decision		X
Executive Summary	<p>This paper presents a 5-year plan for recruiting NHS Diagnostic Imaging Admin. and Clerical staff across Lancashire and South Cumbria (L&amp;SC).</p> <p>Application of an agreed set of imaging workforce assumptions utilising the latest L&amp;SC demand and capacity modelling has informed this plan.</p> <p>An indicative amount additional revenue is £1.2million required over the next 5 years. A combined funding route through National Diagnostics Transformation, Community Diagnostic Centres and Health Education England revenue funding streams is to be explored.</p> <p>This paper has been reviewed and endorsed by both the L&amp;SC Radiology Working Group and the L&amp;SC Diagnostic Imaging Network Workforce workstream.</p>		
Recommendations	<p>L&amp;SC Diagnostics Programme Board is requested to:</p> <ol style="list-style-type: none"> <li>1. Note the content of this report</li> <li>2. Support the request for the revenue funding to secure the recruitment</li> <li>3. Advise on potential funding source(s) for the revenue required.</li> <li>4. Support engagement with the Trust Directors of Finance and Directors of HR to support progression of the proposed approach</li> </ol>		

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## 1. Background

- 1.1 The endorsement by L&SC Diagnostic Programme Board (DPB) of the 5 year recruitment plan for Radiographers and Radiologists, Assistant Practitioners and Support Workers will result in the registered clinical and non registered workforce expanding over the coming years. This paper sets out the requirement to expand the non clinical within for Radiology.
- 1.2 The roles of the administration and clerical teams within our Radiology Departments are diverse. From receptionists, bookings clerks, medical secretaries, personal assistants and Radiology support service managers through to clinical rota coordinators, PACS support, service improvement support and data analysts. Due to the complex administrative nature of patient pathways they include the emerging roles of Imaging Navigator. They are the backbone of any Radiology department, and the efficiency of the Radiology Department can rest on understanding and supporting this key workforce. The roles cover Agenda for Change Bands 2-7, with the predominant roles being at Band 2 and 3. This paper sets out the additional requirements for band 2 and Band 3 admin and clerical roles
- 1.3 The Prof Mike Richards Report, Diagnostics: Recovery and Renewal (Oct 2020) was an independent review commissioned by NHS England because ‘*The need for radical investment and reform of diagnostic services was recognised at the time the NHS Long Term Plan was published in 2019*’.
- 1.4 Recommendations from the report were categorised under five key pillars; New service delivery models; Equipment and facilities; Workforce; Digitisation and connectivity; Delivery the change. Clear and unambiguous recommendations from the report for workforce include

*Recommendation 12: There should be a major expansion in the imaging workforce – an additional 2,000 radiologists and 4,000 radiographers (including advanced practitioner radiographers, who undertake reporting) as well as other support staff and key ‘navigator’ roles. Additional training places should be provided for radiologists and radiographers and initiatives will be needed to meet demand, as well as expansion in assistant practitioner and support staff roles.*

- 1.5 The Diagnostic Imaging Network Guidance, March 2022 states:

*Clerical staff can release time for radiologists to report by undertaking generic administrative tasks, such as scheduling multidisciplinary team (MDT) meetings and assembling the information for these. They can also support the patient journey through imaging; for example, by providing information on what a patient can expect during their visit to imaging, helping patients fill in MRI questionnaires and supporting PACS teams. By working across a network they can help manage waiting lists and ensure that procedures are booked where they are best suited – both for the procedure and the patient, thus supporting sustainability of services during unplanned leave. Clerical roles can evolve into radiology navigators who work across a pathway and across a network, to ensure patients are supported and their appointments and results are tracked.*

- 1.6 Current modelling for the Radiographer and Radiologist 5-year recruitment plan shows a need to expand the workforce by 20% and 30-35% respectively.
- 1.7 To note, NIDC data showed a disproportionate low number of admin and clerical staff employed within one of the trust, namely Lancashire Teaching Hospitals NHS Foundation Trust. This is because the bookings team within the trust is not employed directly through radiology. For that trust, the portion of the bookings team directly linked to radiology was included

## **2. Case for recruiting in readiness**

- 2.1 National Imaging Data Collection (NIDC) shows that in 2020/21 84.6 WTE Band 2 and Band 3 Admin and Clerical were employed across L&SC, with 8.41WTE vacancies respectively. Non NIDC workforce data shows 33.2 WTE allocated to bookings for Radiology at LTH. Therefore the total is 117.8WTE. A further 2.2WTE Band 3 PACS support workers were seen.
- 2.2 Appendix 1 provides data extrapolated from the Prof Mike Richards report recommendation 12 as it relates to L&SC ICS based on population size. Whilst the report showed the increase in admin and support staff combined, NIDC data has shown there to be similar substantive numbers of these roles employed in L&SC. Thus, 38 WTE admin and clerical workers would be required over the next 5 years.
- 2.3 Appendix 2 shows workforce modelling assumptions based on the provision of capital bids to establish one CDC per trust (ie 1xMRI, 2xCT, 2 x US and 2 x Plain film running 12/7). If these were established to full assets as outlined, 16.4WTE Admin and Clerical staff and would be required to help staff these centres.
- 2.4 There are a number of risks contributing to the case for recruiting
- Workforce expansion for increased imaging acquisition and reporting without the expansion of the admin and clerical roles will lead to inefficiencies in job roles/job plans of the registered and non registered clinical workforce
  - Staffing of the Imaging modalities in Community Diagnostic Centres will only be achievable using clinical workforce.

## **3. Proposed approach to recruiting**

- 3.1 In order to meet current and future demand, the workforce would need to expand by 38WTE. These need to provide additional support to all aspects of the Band 2 and Band 3 admin and clerical roles.
- 3.2 Recruitment timeframes should be aligned to predicted increased demand/service expansion both within the acute sites and at the CDCs. This recruitment in readiness will allow all levels of competency to be reached ahead of expansion of the service.
- 3.3 In summary, there are a number of benefits to increasing recruitment
- To support elective recovery
  - To provide safe patient-centred pathways
  - To deliver required reforms in diagnostic imaging services including delivery of CDCs with sufficient suitably qualified and skilled staff to deliver in these out of hospitals settings

## **4. Costs and additional terms to consider**

- 4.1 The indicative additional revenue required is over 5 years
- 4.2 Increasing the substantive posts allows delegation of tasks for registered professional, enabling them to work to the top of their scale.

- 4.3 As Radiology departments and CDC expands, consideration needs to be given at ICS and Trust level as to other niche areas of support roles provided by Radiology. Some of these bridge the gap between clinical and non clinical workforce, such as PACS support; the emerging roles imaging navigators; and data analysts.
- 4.4 As digital capability progresses to ICS wide digital solutions, patients are more likely to be able to access imaging locally, even if the referral is from a specialist trust. PACS teams, image navigators and managers will need to be able to respond to this change, with senior clerical workforce expanding and adapting to this digital management of the diagnostic imaging clinical pathways

## 5. Recommendations

5.1 The L&SC Diagnostics Programme Board is requested to:

- Note the content of this report
- Support the request for the revenue funding to secure the recruitment
- Advise on potential funding source(s) for the revenue required.
- Support engagement with Trust Directors of Finance and Directors of HR to support progression of the proposed approach.

**Appendix 1 – Data for Workforce extrapolated from the Prof Mike Richards Report  
based on population for the North West**

	Over next 5 years					Yearly Additional Requirement			
	Additional requirement	North West	GM	CM	L&SC	North West	GM	CM	L&SC
<b>Imaging workforce</b>									
Radiologists	2,000	268	112	100	<u>57</u>	54	22	20	<u>11</u>
Advanced practitioner/reporting radiographers	500	67	28	25	<u>14</u>	13	6	5	<u>3</u>
Radiographers	3,500	469	195	174	<u>100</u>	94	39	35	<u>20</u>
Assistant practitioners	2,500	335	140	125	<u>71</u>	67	28	25	<u>14</u>
Admin and support staff	2,670	358	149	133	<u>76</u>	72	30	27	<u>15</u>
Physicists	220	29	12	11	<u>6</u>	6	2	2	<u>1</u>
	<b>11,390</b>	<b>1527</b>	<b>636</b>	<b>567</b>	<b><u>324</u></b>	<b>305</b>	<b>127</b>	<b>113</b>	<b><u>65</u></b>

**Weighted pop proportions :**

<b>North - West</b>	7,964,158	13.41%
<b>Lancashire and South Cumbria</b>	1,689,821	21.22%
<b>Greater Manchester</b>	3,315,292	41.63%
<b>Cheshire and Merseyside</b>	2,959,044	37.15%
<b>England</b>	59,402,338	100.00%

## Appendix 2 – Community Diagnostic Centres Modelling Staffing Assumptions (7 day/12 hour)

MRI x 1	Staff Per Scanner 2022/23 WTE	Equipment per CDH	WTE per CDH	Estimated Staff Cost per WTE	Staffing Cost per CDH
Band 7 Radiographer WTE	2.73	1	2.73	£55,000	£150,304
Band 6 Radiographer	2.73	1	2.73	£48,000	£131,174
Imaging Support Worker	2.73	1	2.73	£28,000	£76,518
Band 8a Service Management	0.55	1	0.55	£65,000	£35,526
Admin Support	1.37	1	1.37	£28,000	£38,259
Assistant Practitioner	0.00	1	0.00	£32,000	£0
Consultant Radiologist - Reporting	3.02	1	3.02	£130,000	£392,796
<b>Total MRI Workforce</b>	<b>13.13</b>		<b>13.13</b>		<b>£824,578</b>

X-Ray x 2	Staff Per Scanner	Equipment per CDH	WTE per CDH	Estimated per WTE	Staffing Cost per CDH
Band 5 Radiographer	1.37	2	2.73	£40,000	£109,312
Band 6 Radiographer	1.37	2	2.73	£48,000	£131,174
Assistant Practitioner	2.73	2	5.47	£32,000	£174,899
Reporting Radiographers	1.39	2	2.78	£55,000	£153,172
<b>Total Xray Workforce</b>	<b>6.86</b>		<b>13.72</b>		<b>£568,558</b>

CT x 2	Staff Per Scanner	Equipment per CDH	WTE per CDH	Estimated per WTE	Staffing Cost per CDH
Band 7 Radiographer	2.73	2	5.47	£55,000	£300,608
Band 6 Radiographer	2.73	2	5.47	£48,000	£262,349
Imaging Support Worker	2.73	2	5.47	£28,000	£153,037
Band 8a Service Management	0.55	2	1.09	£65,000	£71,053
Admin Support	1.37	2	2.73	£28,000	£76,518
Assistant Practitioner	0.00	2	0.00	£32,000	£0
Consultant Radiologist - Reporting	4.53	2	9.05	£130,000	£1,176,989
<b>Total CT Workforce</b>	<b>14.64</b>		<b>29.28</b>		<b>£2,040,554</b>

Ultrasound x 2	Staff Per Scanner	Equipment per CDH	WTE per CDH	Estimated per WTE	Staffing Cost per CDH
Band 7 Ultrasonographer	0.55	2	1.09	£55,000	£60,122
Band 8A Ultrasonographer	2.19	2	4.37	£65,000	£284,211
Support Worker	2.73	2	5.47	£28,000	£153,037
<b>Total US Workforce</b>	<b>5.47</b>		<b>10.93</b>		<b>£497,370</b>

