AGENDA ITEM
5.2

PEOPLE & CULTURE COMMITTEE

MEDICAL WORKFORCE & EFFICIENCY

Date of meeting	09/11/2022
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Nerys Conway – Assistant Medical Director for Medical Workforce Paul Harrison – Head of Productivity and 'e'systems
Presented by	Dom Hurford – Executive Medical Director
Approving Executive Sponsor	Executive Medical Director
Report purpose	FOR NOTING

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	**Date**	**Outcome**
Executive Medical Director has confirmed that the programme is well known and has been disseminated across the Health Board with activity underway.		

ACRONYMS	
ABUHB	Aneurin Bevan University Health Board
ADH	Additional Duty Hour
AMD	Assistant Medical Director
CTM	Cwm Taf Morgannwg
CSG	Clinical Service Group
DE	Direct Engagement
eJP	E Job Planning
EWTD	European Working Time Directive
ESR	Electronic Staff Record

FCP	Financial Control Procedure
GMC	General Medical Council
ILG	Integrated Locality Group
KBC	Kendall Bluck Consulting
M&D	Medical & Dental
MW	Medical Workforce
MWSG	Medical Workforce Sustainability Group
NWSSP	NHS Wales Shared Service Partnership
SAS	Specialty & Associate Specialist
SLE	Single Lead Employer
UHB	University Health Board
WG	Welsh Government
WLI	Waiting List Initiative
WTE	Whole Time Equivalent

1. SITUATION/BACKGROUND

The purpose of this paper is to give an update to the committee on the current situation in Medical Workforce and the relevant work streams, projects and overall department.

The report is split down in to the component areas that need to be highlighted to the committee.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 Medical Workforce Productivity Programme (MWPP)

The Medical Workforce Productivity Programme Board was established in August 2022 and is one of seven programmes within the Value and Effectiveness Portfolio.

The main aims of the MWPP include;

- To identify and recruit gaps in establishment
- Reduce ADH spend
- Reduce agency staff usage
- Mandate Direct Engagement across the UHB
- Accurate and timely job planning
- Efficient rostering
- Design sustainable workforce models
- Contribute to strategic objectives obtained in CTM2030 and specific WG targets ensuring sustainable financial position for the organisation

The benefits of the MWPP include;

- Financial

Forecast savings (pro rata)
DE Mandate £150k
Recruit substantive staff £500k
Rate Card for Bank £500k Rate Card for Agency £500k Change WLI's to ADH Rate £100k
Remove Break Payment £TBD

- Performance - Correct staffing levels will allow for improvements in care. Improve waiting lists post-pandemic.
- Quality and Safety- Permanent staff fill gaps who are aligned with the policies and procedures of the UHB hence allowing better care and improving patient safety.
- Staff well-being

Risks include;

- Lack of support
- Competing demands/ priorities within CTM
- Change in team resources
- Lack of organisational ownership
- Lack of IT Hardware / software
- Insufficient resource and capability to develop and deliver programme
- Funding restraints
- Structural changes within CTM
- Operational and clinical capacity to develop and implement change
- Unavailability of data

The following table includes the relevant milestones set up for the project;

Phase	Planned Completion Date
1/ Form programme board	August 2022
2/ Choose work stream leads	August 2022
3/ Form and start each work stream group	August 2022
4/ Implementation of work stream recommendations	October 2022
5/ Benefits realisation	November 2022
6/ Validation	December 2022
7/ Restart and revise	March 2023

It was agreed that the following work streams would be prioritised;

- Direct Engagement
- Establishment Control

- ADH rate
- Job Planning
- Training and Support

These five work streams report back monthly to the MWPP. Initial work stream meetings have taken place.

2.1 a/ Direct Engagement

Direct Engagement allows the Health Board to recognise a 20% VAT saving on all DE bookings. (However it should be noted there are costs associated with employing through DE to the employer.) When a doctor is submitted via DE the Health Board pays the doctor directly, ensuring that all the necessary pay deductions are made at source. The Direct engagement work stream is currently led by the Executive MD. The overall DE rate is 67%. The target is 100%.

Specific individuals using non-DE and/or areas using non-DE Doctors are being targeted within the UHB.

2.1 b/ Establishment Control

Establishment control is a formal process for matching information on the funded establishment in the organisation, compared with the number of employees currently in post, to provide accurate vacancy data.

One of the major problems that was faced with establishment control when trying to implement it in the UHB for medics was understanding how to report the additional activity undertaken by Consultant and SAS Doctors. ESR can only report against a workers profile 1 WTE, even if the person is undertaking additional activity that makes them more than 1 WTE. This creates a situation where the reported staff in post WTEs is inaccurate and under-represents the actual WTE work being undertaken.

After working with payroll colleagues it was discovered that it is possible to extract from ESR the elements that point to additional activity, which will allow for an exercise outside of ESR to consolidate this data into a form that presents the actual WTE worked by members of staff, to now be able to accurately show the establishment in the organisation.

Work is now being progressed as to whether a report can be built into ESR business intelligence to do this additional activity inclusion into Medic's WTE as a separate report to the traditional staff in post extracts. This work stream is being led by the Head of Workforce Productivity and e-systems.

2.1 c/ Additional Duty Hours

Current ADH spend in the UHB is ~£14 million. The lead for the ADH work stream is the DMD for Acute Services. Work currently includes identifying the five top areas for ADH spend in the UHB and formulating a savings plan. The new Care Groups are to be held accountable for their individual spend each month. The FCP for ADH sign off also needs reviewing with a better approval process in place. The FCP will be reviewed after the audit of medical variable pay is completed in November 2023.

Several of the members of the work stream group are also sitting on the regional rate card committee with colleagues from NWSSP, CAVUHB, ABUHB and HDUHBs. The aim is to produce a regional rate card so there is consistency within the region.

2.1 d/ Job Planning

Job planning is a core contractual requirement for consultants and SAS doctors. The requirement is for job plans to be reviewed annually. This has never been achieved across the board in CTM or its predecessor organisations.

Job planning compliance is currently 38% in Consultants and 35% in SAS Doctors. The UHB target is 90% for both groups. (Improvement from 19% the previous year). This work stream is led by the AMD for Medical Workforce.

It is imperative that the Care Groups prioritise job planning as the job plans are the foundations of how the UHB engages with its most expensive members of staff. Two engagement events are planned for CGMD's and the medical workforce in order to address some of the challenges and issues facing job planning. It is hope that the event will address some of the boundaries and 'kick-start' job planning.

The SPA guidance document is due for its final sign off with the LNC which will ensure CGMD's and managers will have a guide regarding SPA activity during the job planning process.

2.1 e/ Training and Support

This work stream is led by the DMD and ensures that there is relevant training and support for Doctors within the UHB.

It includes relevant induction for senior doctors and IMG doctors. It also includes support for SAS doctors and those wishing to CESR. It covers those returning to work after a period of absence.

2.2 **Medical Bank - Patchwork**

A medical bank was introduced as a formal system to improve the visibility and control of ADH's and WLI's within the UHB.

Patchwork was rolled out across the UHB in Autumn 2021 initially in Bridgend ILG and then Rhondda Taf Ely and Merthyr ILGs.

It provides consistency around monitoring, verification and payments. It is user friendly and comes as a smart phone 'app'. This has removed the paper based system previously used and ensured faster payments therefore increasing staff satisfaction.

Recently there has been work undertaken in collaboration with Patchwork & Retinue, to have ADHs and Agency pay reported in an easily accessible online platform, that will allow for timely and accurate analysis of the variable pay spend across the organisation. This will be available by the end of the 3rd quarter of this FY.

2.3 **Agency Workers**

The UHB currently has a locum managed service arrangement with Retinue Solutions until August 2023.

Retinue Solutions operate as a 'neutral vend' supplier, this means that agencies supply via Retinue but Retinue are not an agency in their own right and do not supply doctors directly.

2.4 **Agency Spend**

Three specialities this year Surgery, Paediatrics and A&E have the highest spend on agency locums. The total spend on medical agency locums for 21/22 was ~£16m.

The impact of COVID-19 has seen doctor's hourly rates increase, less availability of locums as they were unable to travel and locums picking up shifts closer to their homes.

The approval process of rates for agency workers will be reviewed once the return of the variable pay audit is known. This will also then be incorporated into the medical variable pay FCP.

The rates set for agency workers will be reviewed as part of the work stream that will develop a rate card for the UHB. The rate card will apply to both agency and bank workers.

2.5 **Overseas Recruitment**

CTM introduced an international recruitment campaign in January 2021. 11 doctors have been appointed in hard to recruit areas that were spending large sums on agency. All of the doctors brought in through this programme have been retained to date.

The project despite being very successful at filling posts in areas that were attracting this high cost agency spend has now been stopped. This is due to the removal of funding for a staff member to lead the work to allow the project to continue.

A business case will be submitted to Executives in due course to try and secure funding for this initiative, as it has already saved the Health Board over £100k and can continue to do so if the project is resumed.

2.6 **Single Lead Employer**

All Wales medical trainees have moved to a Single Lead Employer (SLE). This essentially means NWSSP will be the employer and the Health Boards will be the Host Organisation. This means the trainee now has one single lead employer and employment checks do not generally re-require examination on rotation.

2.7 **Revised SAS Contract**

NHS Wales Employers, the BMA and Welsh Government have engaged in contract negotiations for SAS doctors and established a new Specialist Grade.

CTM have been slow to implement the contract within the UHB and advertise the new 'Specialist posts'.

The AMD for workforce has met with the SAS lead and have agreed that suitable SAS doctors who are eligible for the Specialist grade need to be identified. Care Group MDs will also have a duty to seek out any Doctors that are keen or suitable for the Specialist role.

An SAS engagement event has been planned for January 2023.

2.8 Medical eSystems

The Medical and Dental workforce E-Systems team have successfully built rosters for the majority of the departments within the UHB.

Additionally the job planning rates have increased substantially in the Health board due to a concerted effort in collaboration with MD's office and Medical Workforce. There is still work needed to improve on the compliance rates, but the UHB does stand at its highest sign off rate since before the start of the pandemic.

As the Junior doctor contract in Wales is potentially about to be changed, there is a significant amount of work that will need to be completed ensuring the rotas for these doctors are checked to ensure they are compliant and remunerated correctly in line with these changes. This is complicated and wide ranging work, a system hasn't been built yet to deal with the changes which is a concern.

Talks are underway with the current system supplier to ensure that the eRota package will be updated swiftly with the needed revised calculation methods. This is to ensure the UHB is compliant with its obligations to Junior Doctors working patterns.

2.9 Staffing

The AMD for workforce was on maternity leave September 2021 September 2022.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 No specific risks to be raised with this report.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	There are no specific quality and safety implications related to the activity outined in this report.
Related Health and Care standard(s)	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below:

Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below) If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below. If no, please provide reasons why an EIA was not considered to be required in the box below.
	This is an update report, which does not require an EIA.
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Strategic Goals	Sustaining Our Future

5. RECOMMENDATION

5.1 It is recommended that the Committee **NOTE** this document as an update and starting point for future reports on Medical Workforce and Efficiency.