AGENDA ITEM
3.2

PEOPLE & CULTURE COMMITTEE

MEDICAL WORKFORCE & EFFICIENCY

Date of meeting	(14/07/2021)
FOI Status	Open/Public
If closed please indicate reason	Choose an item.
Prepared by	Paul Harrison – Head of Workforce Productivity and eSystems
Presented by	Paul Harrison – Head of Workforce Productivity and eSystems
Approving Executive Sponsor	Executive Director for People
Report purpose	FOR NOTING

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	**Date**	**Outcome**
(Insert Name)	(DD/MM/YYYY)	Choose an item.

ACRONYMS	
ABUHB	Aneurin Bevan University Health Board
ADH	Additional Duty Hour
AMD	Assistant Medical Director
BAPIO	British Association of Physicians of Indian Origin
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

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 medical efficiency work streams, projects and overall department.

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

After this initial combined submission, there will be a report submitted to the committee at every sitting, with the alternating titles of Medical Workforce and Medical Efficiency.

This report is long in construction as it sets the scene for the future submissions, which will be shorter in nature.

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

2.1 Medical Workforce Sustainability Group (MWSG)

The MWSG is a formal group which has been established to scrutinise, develop, and approve workforce related issues. The group will oversee the development and review of new and existing workforce policies and associated procedures. This will include the planning, management and deployment of its temporary and substantive medical staffing capacity and associated costs.

The MWSG will review core components of medical workforce. It will identify workforce gaps and determine the most efficient means of filling them.

The Group will provide advice and assurance to the Board in relation to the direction and delivery of workforce strategies to drive continuous improvement and to achieve the objectives of the Health Board's Integrated Medium Term Plan.

2.2 **Medical Bank**

The UHB does not have a standardised approach for the use of Additional duty hour (ADH) and waiting list imitative (WLI) working. The current process for securing an internal locum/ADH is unregulated, arranged directly by the departments. This results in various rates being negotiated within the specialties and across the ILG's, with no clear definition of when a WLI or ADH rate should be implemented. A paper based system is used for the processing of payments and the data, (if recorded) is uploaded onto internal departmental spreadsheets.

The lack of any formal system means that the governance of ADHs and WLIs can be variable with no clear visibility or control. The introduction of a medical bank model will facilitate an end to end authorisation process. It will provide consistency around monitoring, verification and payment. Likewise, it will set out clear roles and responsibilities for approving, engaging, paying and monitoring payments

The introduction of an effective medical bank is key to reducing reliance on more expensive locums. A streamlined medical bank will provide high quality staff who can be utilised across the UHB to maximum capacity, ensuring safe effective care for patients and ultimately reduce agency spend.

Retinue have a formal contract with CTMUHB for the managed service supply of medical locums. Within the original tender was the provision for a managed medical bank solution. Retinue were therefore asked to present a proposal for a managed bank to the UHB. Initially they presented three IT solutions; Patchwork, Locums Nest and their own internal bank solution software. Following analysis; workforce, finance and procurement colleagues agreed that 'Patchwork' would be best placed to meet the requirements of the UHB. Furthermore Patchwork currently provide the same solution to ABUHB.

The original roll-out plan started with Bridgend in December 2020, Rhondda Taff Ely in February 2021 and Merthyr and Cynon by April 2021. A standardised ADH rate card was developed by workforce and finance colleagues. In line with the planned bank launch the ADH rate card was

issued to the medical workforce but was considered to be unacceptable. Therefore, a decision was taken at Management Board on 2nd December 2020 to postpone the implementation of the Medical Bank. However, approval of the newly developed FCP for Medical Variable Pay was agreed and has subsequently been published.

Since the postponement of the medical bank a number of ADH rate cards have been developed. These were based on the rates being paid in Medicine, Anaesthetics and A&E, WG cap rates and feedback received at the ILG engagement events. The rate cards were submitted to finance colleagues for costing and feedback. The financial analysis highlighted cost increases across a number of specialties. Therefore workforce colleagues discussed the option of rolling out the medical bank software (Patchwork) without a standardised ADH rate card.

Launching the Medical Bank based on the current rates of pay will provide full visibility. It allows for a full review of current payments and provides real time data in order to produce an evidence based rate card. Once the bank has launched within each locality a data review will be set after a two month period.

On the 16th June the Management Board approved the launch of the Medical Bank without the implementation of a standardised ADH rate card. The Medical Bank will launch in Bridgend ILG on Monday 5th July 2021, with the remaining two ILG's launching later in the year.

The introduction of a medical bank is a quality initiative and not only about cost reduction. For this to be effective it is absolutely dependent on consistently excellent and rigorously managed administrative processes.

2.3 **Agency Workers**

The UHB currently has a locum managed service arrangement with Retinue Solutions, this has been in place since November 2018. The contract has recently been extended for twelve months until April 2022, at which point the UHB will have the option to re-tender for the contract.

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.

There was an internal audit undertaken on 'Medical Agency Usage' with an overall level of reasonable assurance provided. A number of areas of good practice were identified including; financial checking, timesheet and

invoicing and authorisation processes. The report also identified three areas of high priority which required immediate action. These were;

- Updated 'Medical Agency Locums Operational Guidelines' to provide is a step by step guide on using medical agency staff.
- Documentation to support any authorised rates above Welsh Government Cap to allow for a comprehensive audit trail.
- A review of the processes regarding EWTD to ensure unsafe working hours are monitored by the departments.

All of the recommendations have been addressed and a management response has been returned to the Audit and Risk Committee.

On Contract: The UHB have managed to achieve 100% on-contract bookings since the implementation of Retinue in 2018. This means that all agency bookings have gone via the managed service, with no direct bookings between departments and agencies, ensuring that all compliance checks and rate approvals have been undertaken.

Next Steps: Discussions have recently started between workforce, finance and procurement colleagues around the option of bringing the management of agency locums in-house. A steering group will be set up to discuss the various options available to enable this. An extensive review of the processes, costings, risks and benefits will be required before a recommendation on this approach can be made.

2.4 **Agency Spend**

Three specialities Surgery, Paediatrics and A&E have the highest spend on agency locums. The total spend on medical agency locums for 20/21 was £14m. 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 successful implementation of the internal medical bank should see agency locum usage lessen and more cost effective bank workers increase. The bank will offer improved utilisation of internal NHS locums and thus further reduce agency spend.

2.5 **Agency – Direct Engagement (DE)**

Workforce colleagues and the Medical Director have undertaken targeted work in line with Retinue around DE. DE allows the Health Board to recognise a 20% VAT saving on all DE bookings. When a doctor is submitted via DE the Health Board pay the doctor directly, ensuring that all the necessary pay deductions are made at source.

The overall DE rate is currently 98%, this has risen from circa 49% prior to the implementation of Retinue.

The current recognised savings as a result of DE are £4,259,517.87

2.6 **Overseas Recruitment**

CTM introduced an international recruitment campaign in January 2021.

Traditional methods of recruitment have proven unsuccessful in hard to fill specialties and previous campaigns such as the BAPIO Scheme have failed to materialise candidates.

CTM have in the past, relied on the candidate coming to us, rather than us actively sourcing them. Candidates are mainly sourced from TRAC and NHS Job adverts which means we are then competing against all other NHS Health Boards and Trusts on such platforms.

The international recruitment campaign is managed by a dedicated project manager and the main aims of the project is to reduce agency spend and to provide any successful overseas candidates with an enhanced on boarding experience. The initial term of the project is 18 months.

The project manager is a direct link between the recruiting agency and those Departments wishing to engage in the campaign. End to end recruitment activity is managed, ensuring that departments are fully engaged and committed to the process and that appropriate candidates are sourced.

There are approximately 30 vacancies that have been identified across the health board that could benefit from recruiting via the campaign. Recruitment is aimed at Specialty Doctors and Clinical Fellows.

The Paediatrics Department at Princess of Wales have recently appointed two Senior Clinical Fellows, via the campaign and are due to arrive this month. Cost and savings analysis has taken place and the total indicative saving already forecast is £120,330 per annum. They have been appointed on a 2 year fixed term contract.

These two successful appointments result in the total cost of the project already being covered.

It is hoped that by providing International Doctors with a "red carpet" experience on their arrival, this will have an impact on our retention figures and CTM will become their employer of choice in future.

2.7 **Single Lead Employer**

The all Wales medical trainees are moving to Single Lead Employer (SLE). This essentially means NWSSP will be the employer and the Health Boards will be the Host Organisation. This project started in August 2020 and continues until the final specialties move across in May 2022.

Currently all F1 trainees and GPST trainees have transferred to SLE along with Paediatrics, Radiology, Cardiology, General and Higher surgery including T&O, Psychiatry, Geriatric and respiratory medicine, Ophthalmology and Pathology specialties. There is a rolling programme of specialties to transfer over, the next being F2 trainees in August 2021.

2.8 **Revalidation and Appraisal**

Revalidation is the process by which all licensed doctors in the UK are required to demonstrate that they are up to date and fit to practise. This is undertaken every five years, with a submission of a recommendation made by the doctor's main employer (Designated Body with the GMC).

Revalidation aims to give extra confidence to patients that their doctor is being regularly reviewed by their employer and the GMC.

To help demonstrate their fitness to practice, doctors are required to undertake an annual appraisal with a trained appraiser based on their whole medical practice. As part of the annual appraisal, there are certain criteria that needs to be demonstrated, which should focus on reflection, learning and outcome.

At the beginning of the pandemic, the GMC made the decision to defer all who were due between March 2020 and March 2021 by one year. During the second wave in October 2021, the deferral period was extended to include all doctors who were originally due between March – July 2021 for a period of four months.

To minimise the impact to the 2021 workload, Cwm Taf Morgannwg UHB have continued to submit recommendations for those who have met all GMC requirements, however, Deferral and Non-engagement submissions were paused not to add additional pressures at an already intense period.

As of April 2021, Revalidation and Appraisal activity has recommenced with a focus on wellbeing. The main priority at this time is to support doctor to re-engage with the process, while being mindful that continued effects to practice may still be an issue.

For revalidation, a deferral policy has been created, specific to Cwm Taf Morgannwg UHB, to help support medical staff with their Revalidation post Covid. The agreed principles allows for a consistent and unbiased approach for each doctor who is due for revalidation.

To help manage the amount of Revalidation submissions due in 2021-22, all doctors who were deferred by the GMC will continue to be reviewed until end of appraisal year (March 2022), with a view to potentially submitting an early recommendations if suitable.

2.9 **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.

Workforce salary costs are the largest single component of the Health Board's budgets, and an area where controls need to be clear, but where rapid decision making is critical. Identifying true vacancies is an essential element to assist with controlling and managing cost pressures and enhancing local accountability for vacancy control decision making and improvement of hierarchies.

There is no formal process for Establishment Control in Cwm Taf Morgannwg UHB, the funded establishment details are currently maintained by the Finance team via a finance information system (General Ledger), whereas the number of employees currently in post is maintained through the Electronic Staff Record (ESR). The information does not currently exist in both systems, making it difficult to identify true vacancies within the organisation, which as a result requires manual exercises to identify true vacancy information.

Implementing establishment control will provide 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.

The covid-19 pandemic has highlighted the short comings of our current system. Producing accurate and timely reports around staff information has been difficult. This had made reporting internally and externally to Welsh Government hard to complete in a timely and accurate manner.

Workforce and the eSystems teams are now in the process of building a business case and project plan to implement establishment control in CTM UHB.

2.10 **Kendall Bluck Consulting (KBC)**

KBC were commissioned to complete a report on the effectiveness and efficiency of the junior doctor rotas and emergency departments within CTM.

The report is due for completion and publication to the board in July 2021.

Initial feedback has identified some changes to the rotas that will improve efficiency and also save cost. This however will be expanded upon in the report and investigated fully when published.

2.11 **Revised SAS Contract**

NHS Wales Employers, the BMA and Welsh Government were been engaged through 2020 in contract negotiations for SAS doctors and also to establish a new Specialist Grade. These negotiations also included England and Northern Ireland. Wales and England agreed to implement the contract from 1st April 2021. There are some differences between the English and Welsh framework agreements.

Any post advertised from 1st April 2021 must include a job plan in line with the new contract and also the new pay scale applicable to the new Terms and Conditions of Service. Any doctors in the specialty doctor grade starting in post from 1st April 2021 also require a job plan in line with the new contract and be placed on the appropriate pay point on the new pay scale.

A key element of the SAS contract reform is the introduction of a new grade, called the 'specialist grade', which will provide an opportunity for career progression for highly experienced specialty doctors. The introduction of this new grade will help to recruit, motivate and retain senior doctors and contribute to SAS grades being a positive and fulfilling career choice. Further work is being done better to understand this grade and how it can be used.

Existing SAS doctors will be able to exercise an individual choice on whether or not they wish to move to these new contracts. This is a choice exercise and each doctor is being written to requesting them to express an interest in the new contract. The doctors should respond to this communication. If they express an interest then a job plan must be confirmed as current as of 1st April 2021 / a new job plan done with effect from that date. Once the job plan is done, Medical Workforce will issue a breakdown of salary under the new contract. If the new contract is accepted by the doctor, it will be back dated to 1st April 2021.

In CTM, the Senior Medical Workforce Manager is undertaking the work associated with the new SAS contract and for this work will report to the new Medical Workforce Group.

CTM is actively participating in the all Wales approach to and work around this contract.

2.12 **Medical eSystems**

There is a newly established Medical and Dental workforce E-Systems team that manage the following:

- Health Roster
- E-Rota
- E-Job Planning

The Allocate software system has a number of modules that are being used to varying extents across the UHB. The medics Health Roster module is used by a small number of specialities to produce their rosters for medical and dental staff. The remaining specialities use other software packages or spreadsheets. Currently all junior doctors are rostered across CTM with some specialities also roster Middle Grades. However, the majority of specialities only use Health Roster for recording Non-work activity such as annual leave, sickness and Supporting Professional Activity (SPA). Anaesthetics continue to use the CLW system in place of E-Rostering and Employee online.

The roll out of Health Roster to nursing areas has been successful, however the roll out for medical and dental staff has been less so. If the Health Roster module was being used more comprehensively, then consultant job plans, which are recorded within another module of the Allocate system, should feed into the roster creation process.

There is an Activity Manager module available from Allocate which forms part of the Optima package. At the point of the Allocate contract renewal the UHB decided not to draw down the funds to pay for the module. This was due to the UHB not being in a position to roll it out. With the establishment of the new team, discussions are currently ongoing with finance and IT colleagues regarding the funding.

The purchase of Activity Manager is imperative to the re-roll out of Health Roster for medics as it allows for the analysis of clinical activity data held within the system. Activity Manager ensures a deeper understanding of the clinical activity, delivered or cancelled, highlighting the cost implications. The Benefits that it brings include the following:

- See the whole team delivering the activity across multiple units, including Consultants, Trainees, AHPs and Nursing.
- Provide consultants with confidence they will have the right team to deliver patient care.
- Reduce the number of cancelled activities.
- Improve patient experience by avoiding last minute cancellations.
- Improve productivity.
- Resources can be quickly redeployed if no longer needed.
- Make savings and safeguard quality by reducing locum reliance.

Once the purchase of Activity Manger has been agreed a full project plan will be developed, which will ensure achievable timeframes for the re-roll out of Health Roster for Medical and Dental staff. This will include a process of ongoing monitoring and a review of the project plan. The departments of Radiology and Emergency Medicine have volunteered to be the first of the specialities to receive the roll out. Without the addition of the Activity Manager module the ineffective use of the system will continue.

2.13 **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.

At the height of emphasis on job planning and with considerable input from support staff in W&OD, a figure of 67% was achieved in September 2017, i.e. 67% of consultants and SAS doctors had a job plan which was signed-off and dated within the previous 12 months.

The current figures are 17% (consultants) and 19% SAS doctors with a signed-off job plan within the last 12 months.

Behind what are very disappointing figures, there is some positive news. A number of new CSG directors and managers have recently had job planning training, both on the theory of job plan and the use of the e Job Planning System (eJP). Also, there are many doctors with an out of date job plan on eJP; turning these into up to date signed-off job plans is not a mammoth task.

Conversely, these figures also hide some doctors who have not had job plan reviews for many years.

In CTM, job planning is supported by the following staff. The AMD for Medical Workforce is the lead. Her role is especially to oversee the professional aspects of job planning such as the development of SPA guidance. The Senior Medical Workforce Manger deals with contractual and pay related issues resulting from job plans. The M&D eSystems Team supports the administration of the eJP system.

With the return of normal business activity post Covid-19, it is imperative that the ILGs prioritise job planning as the job plans are the foundations of how the UHB engages with its most expensive members of staff.

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 Well-being Objectives	Ensure sustainability in all that we do, economically, environmentally and socially

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.