

One Hundred Day Plans

Goal: Improve Medical Workforce Recruitment

<u>Work Package</u>	<u>Action</u>	<u>Timescales</u>	<u>Dependencies</u>
Determine the medical establishments	Agree with Finance a structure to do this	12 th July May take longer for Morriston	Finance
Establish how budgets are based to avoid unavoidable overspends	Work with Finance to review and agree if action is needed,	28th June	Finance
Develop a recruitment plan for every empty consultant and SAS vacancy	Identify where these are within the HB in conjunction with Service Groups	12 th July	Service Groups
Develop a recruitment plan for every empty consultant and SAS vacancy	Working with Service Groups develop a plan for each post, exploring a range of options including overseas recruitment , creative marketing include social media and create interesting jobs to attract doctors.	Work will commence in Q1 but spread throughout the year	Service Groups
Develop a recruitment plan for every empty consultant and SAS vacancy	Establish a process to track progress and report on work. Develop escalation process where efforts are not successful.	12 th July	Service Groups
Develop a recruitment plan for every empty consultant and SAS vacancy filled by external Agency or internal locums block booked and where cost is prohibitive.	Identify where these are within the HB in conjunction with Service Groups	12 th July	Service Groups
Develop a recruitment plan for every empty consultant and SAS vacancy filled by	Working with Service Groups develop a plan for each post, exploring a range of	Work will commence in Q1 but spread	Service Groups

external Agency or internal locums block booked and where cost is prohibitive.	options including overseas recruitment , creative marketing include social media and create interesting jobs to attract doctors.	throughout the year	
Develop a recruitment plan for every empty consultant and SAS vacancy filled by external Agency or internal locums block booked and where cost is prohibitive.	Establish a process to track progress and report on work. Develop escalation process where efforts are not successful.	12 th July	Service Groups
Establish all consultant and SAS posts filled by retire and return doctors to improve succession planning and ensure service development can flourish	Identify where these are within the HB in conjunction with Service Groups and develop replacement strategies where appropriate and legal.	12 th July	Service Groups
Develop a strategy for Overseas recruitment to include head hunting	Explore and agree which companies offer the best deals and options to fill hard to fill posts working with Procurement	12 th July	Finance if costs are involved.
Identify specialties where junior posts are predominately under filled by HEIW.	Undertake analysis and review trends over the last three years	28 th June	
Identify specialties where junior posts are predominately under filled by HEIW	Agree with Finance where it may be appropriate to over establish posts to avoid the cost of expensive locums.	12 th July	Finance and Service Groups
Identify specialties where junior posts are predominately under filled by HEIW	Also explore the possibility of establishing a pool of float doctors which will need to be attractive and include rotations and dedicated interest time to reduce reliance on locums due to historical gaps. Work with Finance and Service	12 th July and throughout year	Finance and Service Groups

	Groups		
Identify junior posts which are filled by external agency or internal locums block booked and where cost is prohibitive.	Working with Service Groups develop a plan for each post, exploring a range of options including overseas recruitment , creative marketing include social media and create interesting jobs to attract doctors.	28 th June	Service Groups and possibly Finance if costs are involved to create innovative schemes
Identify specialities which regularly utilise locum shifts.	Analyse the reasons for this including the costs	28 th June	
Identify specialities which regularly utilise locum shifts.	Develop a plan to recruit to a sustainable service and reduce cost in conjunction with the Service Group	Work will commence in Q1 and will spread throughout the year	Service Groups
Develop short term plans around rota efficiency, annual leave, study leave, sick leave and professional leave.	Service groups to develop a more robust approach to sickness absence supported by workforce.	12 th July initial drafts but work will continue until Q2	Medic on Duty will be the longer term plan but the implementation plan is phased.
Develop short term plans around rota efficiency, annual leave, study leave, sick leave and professional leave	Review the annual leave policy to ensure minimum staffing levels are established by specialty to maintain patient continuity of patient care and productivity	28 th June	Medic on Duty will be the longer term plan but the implementation plan is phased.
Refresh the work currently undertaken by Kendall Bluck (KB) in 2019.	Locate, circulate and review the reports to understand if the work can benefit the medical efficiency programme.	12 th July	
Refresh the work currently undertaken by Kendall Bluck (KB) in 2019.	Contact Betsi Cadwalader to speak to the Clinical lead regarding their experience with KB and to arrange for her to meet with the Group Medical Directors.	11 th May	
Refresh the work currently undertaken by	Contact KB to review if there are additional	12 th July	May require recruitment

Kendall Bluck (KB) in 2019.	efficiencies through the creation of larger rotas to create greater opportunities to cover them without locum cover where appropriate		plans. KB and Service Groups
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