

Name of Group:	Strategic People Planning and Education Group
Chair of Group:	Professor John Gammon, Specialist Advisor to Workforce and Education
Reporting Period:	December 2023 to February 2024

Key Decisions and Matters Considered by the Group:

The purpose of this report is to provide the People, Organisational Development and Culture Committee (PODCC) with an update from the Strategic People Planning and Education Group (SPPEG) for assurance following the meeting held on the 20 February 2024.

1. Terms of Reference

The Terms of Reference were discussed, and amendments were suggested. This is being presented to the People and Organisational Development Culture Committee for approval in April 2024.

2. SPPEG Work Programme 2023-24

A draft workplan was presented. Recognising the infancy of the group and the need to align wider organisational educational structures, further work is needed to capture the breadth of work. This will be finalised in the May 2024 SPPEG meeting.

3. Higher Awards process

A new Higher Awards process was presented, outlining the plans to make substantial changes to systems and processes. Key highlights were:

- The new electronic process would ensure transparency and fairness in decision making, reduce time lost through inefficiencies and improved application experience for applicants.
- Alignment between Education and Commissioning and service annual plans/Integrated Medium-Term Plans will support prioritisation, thus supporting the higher award decision-making process.
- It was recognised the need for greater representation from directorates to engage in the higher awards process, recognising their subject matter expertise, which is also linked to the challenges around decision making for the Financial Control Group and around clarity of how financial accountability is managed.
- Greater need for financial planning recognising the consequence of decisions can impact financial commitment for up to four years, with a greater understanding of organisational commitment.
- Need to consider how educational programmes not managed through the People Development functions are captured to ensure data submitted as a Health Board is reflective of the entire organisation.

It was agreed that:

- SPPEG supported the proposed changes, however wanted clarity around the process of prioritisation of applications.

- A wider membership of the decision-making panel is needed to reflect the whole organisation.
- Consideration to be given as to how the Performance Appraisal Development Review (PADR) process could link to the approval process.
- Greater understanding of how the new process would align to strategic and operational plans, annual plan, integrated medium term plan and the education commissioning process.

4. Medical Associate Professions (MAPS)

Medical Associate Professions (MAPs) roles include Physicians Associates (PAs), Anaesthesia Associates (AAs), and Surgical Care Practitioners, working across acute, Primary Care and the Community. As these roles increase, a clear strategy for the identification of need, relationship to other roles, funding routes, development of the role/CPD and associated governance is needed.

Presented to SPPEG were the summaries of complex issues and critical implications and the need to:

- Enable/optimize the MAPs roles to meet the current workforce challenges.
- Ensure the mechanisms in place to govern these roles and the associated activity they undertake.
- Ensure governance around the quality of CPD opportunities.
- Ensure mechanisms are in place around anticipated development of an All-Wales Internship/Preceptorship programme for new graduates and the agreement to revisit the All-Wales Governance Framework to ensure that it is up-to-date, addresses the issues being experienced in Health Boards and in line with the progress towards regulation and registration.
- When the MAPs roles are authorised to prescribe, the Health Board will need to have developed a robust process that ensures individuals who become registered and agree to become prescribers follow the process to become qualified and competent .
- Along with the work required for regulation, the revalidation process for the MAPs roles is being changed. When the revalidation process is confirmed, the Health Board will need to ensure that individuals within these roles follow the procedure as set by the professional body on an ongoing basis.

Further actions agreed:

- A MAPS working group to be formed to work through the issues/challenges raised. differences in governance in Primary and Secondary Care, which would:
- It was noted that although some assurances were given, further information was needed to ensure that the processes currently in place minimise the level of risk associated with the roles as they remain unregulated. Agreed a further paper brought back to SPPEG in August 2024 to provide assurance that any risks are being managed.

5. GMC Practical Skills and Procedures Framework

Challenges exist around the number of doctors recruited into foundation programme year 1 and (less frequently) clinical fellow posts, who do not meet the levels of competence set out in the General Medical Council's (GMC) '*Practical Skills and Procedures*' framework (2019). Subsequently, increasing numbers of FP1 (Foundation Programme Year 1) doctors are

embarking on their new roles without being able to meet the standards which are set out in the GMC guidance.

Final year medical students and those that graduate overseas need to achieve the Prescribing Safety Assessment (PSA), allowing trainees to prescribe as a FP1 doctor and progress to FP2. Despite the additional support offered 66% are yet to pass, resulting in additional clinical support needed until relevant competencies are achieved.

High vacancy rates of the 2023 FP1 doctors will impact the vacant FP2 posts in August 2024, which are vital to the support offered to FP1 doctors and to general service provision. When considering these staff shortages, new clinical fellows and the potential failure of the PSA, this will require a significant amount of education, training and supervision, to ensure that the trainees can practice safely and confidently at the level in which they have been employed.

The Medical Education Faculty need to have a plan in place in anticipation of the July/August 2024 changeover.

Further actions agreed:

- Set up a working group to identify the competencies which alternative professionals can support to train, including inter-professional teaching and learning.
- Medical Education Faculty to work with Health Education and Improvement Wales (HEIW) to identify an action plan to reduce the risks and impact of FP1 skills and competency gaps on Health Board (patient safety, financial, educational resource). This could include working with the General Medical Council and UK Foundation School to highlight the impact.
- Agree a process whereby failure to meet the competencies is managed and expectations are clearly outlined in relation to the Health Board, HEIW and the individual.
- Consider long term strategy to identify opportunities for widening access to attract more local graduates to practise medicine across Hywel Dda University Health Board.
- Present update paper to May SPPEG highlighting actions, accountability and responsibility, timelines and how the risks are being mitigated.

6. Apprenticeship Programme

Evaluation into the effectiveness of the apprenticeship offer within HDdUHB presented, with a focus on commissioning need, educational challenges and greater alignment to the internal Health Care Support Worker (HCSW) development pathways. It was noted the greatest challenge/risk is the reduction in HEIW commissioned spaces, meeting the organisational need.

Further actions agreed:

- Identify options to increase apprenticeship opportunities within HDdUHB, whilst having a positive financial impact
- Added to workplan and an update paper to be produced for August 2024 SPPEG demonstrating progress.
- Set up meeting with HEIW to discuss the commissioned spaces for apprenticeships and grow your own programmes

7. Clinical Education Governance Group (CEGG) formerly the Excellence Assurance Governance in a Learning Environment panel (EAGLE)

The work of CEGG supports the governance and implementation for new clinical roles, set out in the 'Developing New Clinical Roles (Job Descriptions (JDs), Competencies, Learning and Education) Policy'. CEGG was designed to create a robust process, providing a 'check & challenge' for new or amended roles, ensuring the JDs, competencies and clinical training programmes are consistent, appropriate and fit for purpose.

The challenges/risks of the CEGG were highlighted:

- Lack of representation from all professions, impacting the ability to consider the wider impact on other professions or for the organisation as a whole.
- The process causes delay in some circumstances, which potentially increases workforce challenges resulting in services reverting to using old job descriptions to reduce delays.
- There are no opportunities for reclassification of roles.
- Lack of senior decision makers, especially where roles include Advanced Practice.

Further actions agreed/noted:

- James Severs to take the role of a clinical sponsor for the CEGG.
- To agree a wider membership of CEGG to improve underrepresented clinical groups.
- Noted the breadth of work submitted to CEGG, highlighting new emerging roles and the links to new career framework and education commissioning.
- To consider membership & leadership of the group with the aim of minimising timeframes and keeping strategic overview, including review of current process to ensure further scrutiny on suitability of JD's prior to CEGG. This could provide greater opportunity to consider alternative roles.
- Update paper to the next SPPEG meeting outlining solutions and actions to the agreed recommendations for the future CEGG.

8. Annual Plan & Education Commissioning

An update was provided in relation to the Annual Workforce Planning Process 2024/25 and the Education Commissioning Process from 2024/25 through to 2026/27. SPPEG obtained assurance that both the Education Commissioning 2026/27 and the Annual Workforce Plan 2024/25 submission was on track to be completed and sent to HEIW by the deadline.

9. Statutory and Mandatory Training

Work is underway to:

- Establish a process by which eLearning modules are mandated by the Health Board, considering the opportunity to align in some cases to an All-Wales approach.
- Assess the ongoing necessity of the modules and competencies currently mandated by the Health Board and whether the learning outcomes can be achieved by alternative means.
- Review the quality of the modules currently mandated by the Health Board
- Identify opportunities to reduce inequity in the time allocated to staff, regardless of their staff group.

Further Action:

- A schedule for the review of all current mandated modules within the organisation, providing a comparison across NHS Wales.
- Identification of opportunities to reduce inequity in the time allocated to staff for mandatory training, regardless of staff group.
- Identification of mechanism whereby all externally driven mandated training (including Welsh Health Circulars) and internal subject matter expert requests are considered and actioned promptly.

10. Interprofessional Education Plan

The Interprofessional Education Plan was presented, although it was noted that this was a draft and work pressures remained a challenge. It was agreed further work was needed to highlight progress made to date and be re-presented at the next meeting.

Matters Requiring People, Organisational Development and Culture Committee Consideration or Approval:

- PODCC are asked to take assurance from SPPEG on activities and decisions reported and are asked to note the progress and contents of the report.
- PODCC are asked to approve a scoping exercise to identify where all training budgets are held, allowing for greater accuracy in reporting the breadth of staff development and identify opportunities to create greater equity and efficiency.

Risks / Matters of Concern:

PODCC are asked to note the following risks/concerns and take assurance that actions identified in the update mitigate these risks:

- Insufficient places on commissioned nursing programmes to support apprenticeships and grow your own programmes.
- Lack of representation from all professions in the SPPEG structure, impacting the ability to consider the wider impact on other professions or for the organisation as a whole.
- Insufficient structure around MAPs linked to governance and registration.
- Challenges around the progression of FP1 doctors and the longer-term impact on service delivery and educational support needed.

Planned Sub-Committee Business for the Next Reporting Period:

Future Reporting:

- Submission of the work programme to reflect the wider educational structures.
- Risk Register.
- Interprofessional Education Plan
- Higher Education Funding Council for Wales (HEFCW) Virtual Reality Project
- Finalise commissioned places needed with HEIW to meet organisational demand.
- Embedding of apprenticeship opportunities in the wider workforce
- Agree organisational educational and development key priorities for SPPEG for 2024/2025.
- Need identified to create governance and consistency in the use of Annex 21, especially considering the growth of the use.
- Finalised higher awards process and sign off of the 2024/25 Applications.

- All Wales Career Framework Compliance

Date of Next Meeting:

21 May 2024