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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	17 December 2019	Agenda Item	5.3
Report Title	Medical Workforce Board Update		
Report Author	Mrs Sharon Vickery, Assistant Director of Workforce & OD		
Report Sponsor	Dr Richard Evans, Executive Medical Director		
Presented by	Dr Richard Evans, Executive Medical Director		
Freedom of Information	Open		
Purpose of the Report	This report is submitted to the Workforce and OD Committee to provide an update on the work of the Medical Workforce Board.		
Key Issues	This report sets out the recent work of the Medical Workforce Board, setting out the risks associated with the medical workforce.		
Specific Action Required <i>(please choose one only)</i>	Information	Discussion	Assurance
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommendations	That the Workforce and OD Committee notes:- <ul style="list-style-type: none"> The work that has been considered by the Medical Workforce Board at its meeting on 5th December 2019. 		

MEDICAL WORKFORCE BOARD UPDATE

1. INTRODUCTION

To set out for the Workforce and OD Committee the recent issues that the Medical Workforce Board considered at its meeting on the 5th December 2019.

The meeting on the 5th December was a short meeting in order to allow a longer High Values Opportunity Programme Board to sit to consider a range of issues in relation to this workstream. Hence this report is brief.

2. BACKGROUND

Medical Education

- Interviews for the post of Assistant Medical Director, Education had been conducted and an appointment made. Recruitment to the Deputy post will follow. The Health Board within the next few months will receive educational visits from HEIW.

Delivery Unit Updates

Mental Health

- There are a number of vacancies at all grades and therefore a number of locums are in place. All jobs are being advertised through a rolling advert, but with limited success.
- The Unit has a Medical Workforce Group to manage the process of recruitment supported by the Workforce Business Partner.
- Some posts have been progressed through BAPIO for recruitment, but it is difficult to assess what core trainee vacancies there will be and therefore there are concerns around the risk of over recruitment.
- As a result of the boundary change the Unit are still in discussion with Cwm Taf Morgannwg (CTM) around the junior doctor's rota, but no resolution yet. There is a need for a continued dialogue with CTM to ensure that Executive Directors are aware.

Singleton

- There are gaps on the Paediatric rota which remains very difficult to fill.
- In Palliative Care unless issues can be resolved in house, then it is possible that the Unit may have to close to some admissions due to junior doctor shortages. The Unit were advised to look at GPs with a special interest.
- There are issues with recruitment in Haematology with HEIW taking away one training post. There will be one middle grade vacancy and one Consultant off sick. Posts are being advertised, but it is difficult to recruit.

- Consultant recruitment has been positive in some of the difficult areas which have proven problematic in the past to recruit. There are two additional PAs in Gastroenterology.

NPTH

- The Consultant body is problem free. There has been good news, in that there has been three to four Staff Grade vacancies for five to six years but now are all filled substantively with the last two doctors due to start in January 2020. This is removing the need for locums when these doctors on board. As these doctors have been sourced through Medacs they will need to stay for two years in post.

Morrison

- The Unit has appointed to a good quality Intensivist Consultant.
- There are eight Consultant posts in Anaesthetics and three in Plastics for the Major Trauma Centre. Four vacant consultant posts in Orthopaedics, five posts in Radiology and five posts in ED. The ED posts have been advertised twice with no success.
- One Issue that needs resolution is to create an acute GI rota for Swansea Bay as this is currently being run by goodwill by the Gastro Consultants. This is possible, the numbers of consultants is sufficient but the cost of the rota is the issue. This is being negotiated at present but may need Executive support, as this would cause problems with the general medical rota.
- There is to be a revised medical management restructure in Morrison as some people have been in post three years.

Health Board Updates

- A detailed recruitment paper had been prepared for the WOD committee. The HB were engaged in a range of initiatives to recruit as many doctors as possible.
- New Deal Monitoring and the Hallet and Derby case. There had been a review of previous rotas and there was possibility that a small number of rotas could be a risk for the HB. These had not been examined in depth as a large amount of work was involved. The HB was currently undertaking monitoring now and were working with Allocate to monitor the results of this round in light of the judgment.

Facilities and Fatigue Charter

- This document was still a draft crafted between the BMA, WG and the Health Boards. Wales may not be able to agree to all measures as some of them relate to the English contract. The document is almost complete and will be sent to stakeholders for comment.

PA Update

- HEIW are exploring the implementation of PA's in Anaesthetics. Currently Hywel Dda already have already employed a number of these. The CD in

Anaesthetics has been nominated to sit on the group. There will be a meeting next week and the Board will receive feedback at the next meeting.

- Aneurin Bevan had recently attended a National Conference where it was recognised that the funding issue is the same across NHS Wales. The session with AB was cancelled at their request on the 27th November. This is being rearranged in the New Year for the HB to learn from their journey.
- Outcomes from the National Conference are that there should be a National Appointment process the same as for Foundation Doctors. Resolving the differences in remunerating PAs across Wales and the creation of processes to deal with any concerns raised by this staff group.

Revalidation/Appraisal Update

- There is a high deferral rate mainly for secondary care doctors relating to the first time they revalidated five years ago. Some doctors seem not to have pursued appraisal each year, having taken a year out and this means they have missed a year for revalidation purposes. The HB follows the GMC Guidelines but there may need to be a pragmatic approach in some cases.
- Appraisal leads are in place. There are however too many Appraisers meaning that they undertake less than five appraisals a year and this results in poor quality. Therefore the leads need to take on a quality assurance role. There needs to be more intensive training for the Appraisers with the numbers reducing to 80.

General Issues

- It was noted that the work of the Board was important and yet representation remained poor. It was decided to review the Terms of Reference and that should be discussed with the Executive Medical Director and reported to the next Board.

3. GOVERNANCE AND RISK ISSUES

There are risks associated with the supply of the medical workforce and the costs of locum cover.

4. FINANCIAL IMPLICATIONS

There are financial risks associated with the supply of the medical workforce and the costs of locum cover.

5. RECOMMENDATION

That the Workforce and OD Committee note:-

- The work that has been considered by the Medical Workforce Board at its meeting on 5th December 2019.

Governance and Assurance		
Link to Enabling Objectives (please choose)	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input type="checkbox"/>
	Partnerships for Care	<input type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
Health and Care Standards		
(please choose)	Staying Healthy	<input type="checkbox"/>
	Safe Care	<input type="checkbox"/>
	Effective Care	<input type="checkbox"/>
	Dignified Care	<input type="checkbox"/>
	Timely Care	<input type="checkbox"/>
	Individual Care	<input type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
Quality, Safety and Patient Experience		
A sustainable medical workforce is key for the quality of patient care.		
Financial Implications		
There are financial risks associated with the supply of the medical workforce and the costs of locum cover through the agency cap project		
Legal Implications (including equality and diversity assessment)		
Not applicable		
Staffing Implications		
None		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
Not applicable		
Report History	Sixth report in this format.	
Appendices	None	