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Bwrdd Iechyd Prifysgol  
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Swansea Bay University  
Health Board



<b>Meeting Date</b>	<b>20 February 2019</b>	<b>Agenda Item</b>	<b>5.2</b>
<b>Report Title</b>	<b>Medical Workforce Board Update</b>		
<b>Report Author</b>	Mrs Sharon Vickery, Assistant Director of Workforce and OD		
<b>Report Sponsor</b>	Dr Richard Evans, Executive Medical Director		
<b>Presented by</b>	Dr Richard Evans, Executive Medical Director		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	This report is submitted to the Workforce and OD Committee to provide an update on the work of the Medical Workforce Board.		
<b>Key Issues</b>	This report sets out the recent work of the Medical Workforce Board, setting out the risks associated with the medical workforce.		
<b>Specific Action Required</b> <i>(please choose one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Recommendations</b>	<p>That the Workforce and OD Committee notes:-</p> <ul style="list-style-type: none"> <li>The work that has been considered by the Medical Workforce Board at its meeting on 5<sup>th</sup> December 2019.</li> </ul>		

## **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 5<sup>th</sup> December 2019.

### **2. BACKGROUND**

#### **Terms of Reference for the Board**

- These were to be reviewed.

#### **Medical Education**

- At that point there was no update. The recruitment and interview process for the post of Assistant Medical Director, and the Deputy were currently in progress.

#### **PA Update**

- HEIW were looking into the role of Physician Associates (PA's) for Anaesthetics. Hywel Dda already had Associate Anaesthetists (AA's) in place. The Health Board (HB) were part of a national group being led by HEIW.

#### **Delivery Unit Updates**

##### ***Mental Health***

- There were a number of vacancies for all grades of posts and a number of locums were in place. All vacancies were being advertised with rolling adverts but even at the maximum salary point, there had been limited success. There is a Medical Workforce Group who manage the recruitment process that is supported by the Workforce Business Partner. Some posts had been put forward for recruitment via BAPIO, however, it was difficult to assess what the Core Trainee vacancies could be and therefore there may be a risk of being over established.
- Following the Boundary Change, discussions were taking place with Cwm Taf around the junior doctor rota, however, dialogue was slow and there had been no solutions as of yet.

##### ***Singleton***

- The vacancies on the Paediatric rota were proving very difficult to manage. In Palliative Care there were issues in relation to the junior doctor grade cover, which if unable to be resolved in-house may result in some closures to admissions. It could be useful to look at GP's to help cover, particularly those who have a special interest and would be happy to support this.
- There were difficulties in recruiting into the vacancies within Haematology and in addition HEIW were also looking to remove a post, with one consultant absent due to ill health.
- There had been some positive recruitment in some of the difficult areas and there had been an additional two extra PA's enabling a rotation to be arranged with the three staff in post.

##### ***Morrison***

- Consultant recruitment had been successful where there had been suitable candidates. Eight Consultant posts in Anaesthetics, three consultants in Plastics

for the Trauma Centre, four consultant posts in Orthopaedics, five consultant posts in Radiology, and four posts in ED were being advertised.

- There were problems in relation to running an Acute GI Rota, as although Morriston is one of the largest hospitals in the UK, it does not have an Acute GI Rota. This at present is run largely on goodwill and mainly with the Gastroenterologists, and this affects the General Medicine rota. Meetings and discussions were ongoing but it may require Executive support if the impact on the General Medical rota becomes too severe.
- There is to be a revised Medical Management structure as most people had completed their three years, with some already tending their notice.

### ***Neath Port Talbot***

- Recruitment was now quite stable. There had been three to four Speciality Doctor vacancies for the past five years, however, these posts had been successfully appointed into. The remaining two of the Speciality Doctors were due to start in January and this will then avoid locum costs.

## **Health Board Updates**

### ***Recruitment Update***

- A recent recruitment paper had demonstrated that the HB were pursuing a variety of methods to attempt to improve the situation.

### ***Monitoring Update***

- Following the recent Hallett v Derby Hospital case and the use of the Allocate software system, the Medical Workforce team had looked back over the last six years to identify what were the potential risks. Six rotas had insufficient information to determine if there potentially could be a risk. As there would be a large amount of work involved this was currently not being undertaken in depth, however, the LNC were interested in this issue.
- A monitoring exercise was underway, and Allocate had been asked to provide a spreadsheet with the data covering the last six years to enable a comparison to be made with the current monitoring.

### ***Facilities and Fatigue Charter***

- This framework was currently in draft between the BMA, Welsh Government (WG) and HBs. Agreement was proving problematic as a significant element related to England. Work continues and it will then go to stakeholders for comment.

### ***Revalidation/Appraisal Update***

- There was a high deferral rate mainly for secondary care. This was sometimes affecting those who revalidated five years ago. Some doctors had missed a year and when due to revalidate they were now one appraisal too few. The GMC Guidelines were being followed but there may be a need to take a more pragmatic approach in some cases.
- All Appraisal Leads were in place, however, currently there were too many Appraisers resulting in some undertaking less than five appraisals per year and the quality was sometimes poor. Consequently the leads would need to undertake a quality assurance role. Ideally numbers needed to reduce and the leads would have to deliver more intensive training with the Appraisers.

### **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 5<sup>th</sup> December 2019.

<b>Governance and Assurance</b>		
<b>Link to Enabling Objectives</b> (please choose)	<b>Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities</b>	
	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"/>
	<b>Deliver better care through excellent health and care services achieving the outcomes that matter most to people</b>	
	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"/>	
<b>Health and Care Standards</b>		
(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"/>
<b>Quality, Safety and Patient Experience</b>		
A sustainable medical workforce is key for the quality of patient care.		
<b>Financial Implications</b>		
There are financial risks associated with the supply of the medical workforce and the costs of locum cover through the agency cap project		
<b>Legal Implications (including equality and diversity assessment)</b>		
Not applicable		
<b>Staffing Implications</b>		
None		
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>		
Not applicable		
<b>Report History</b>	Sixth report in this format.	
<b>Appendices</b>	None	