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Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board



Meeting Date	28th June 2019	Agenda Item	5.3
Report Title	Update Medical Workforce Board		
Report Author	Sharon Vickery, Assistant Director of Workforce and 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 ✓ one only)</i>	Information	Discussion	Assurance
	x		
Recommendations	<p>That the Workforce and OD Committee notes:-</p> <ul style="list-style-type: none"> • The work that has been considered by the Medical Workforce Board at its meeting on the 12th June 2019. • The risks associated with the supply of the medical workforce and the costs of locum cover through the agency cap project. • The scope of the projects making up the High Value Opportunity Workstream around the medical workforce. 		

UPDATE MEDICAL WORKFORCE BOARD

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 12th June 2019.

2. BACKGROUND

Deanery Update

- No update was received from the Deanery.
- This needs to be discussed with HEIW as this interface is valuable for both parties.

Education Report

- No update was available.
- The advert for the Assistant Medical Director Education was to be released imminently.

Boundary Change

- There is still some work ongoing in relation to Honorary Contracts where a small number of staff have not signed the contract.
- The BMA had requested to be involved with the development of the all Wales Honorary Contract.
- Should the contract change then an addendum would be issued to those currently in receipt of an Honorary Contract.

Delivery Unit Updates

- The Unit Medical Director (UMD) for Morriston explained that he had met with a number of junior doctors recently.
- The junior doctor's main issues were the rotas in Medicine.
- Following their weekend at work which finishes at 9.00am on Monday morning they return to work on Tuesday morning and felt that they should not work Tuesday.
- The Health Board (HB) needs to understand what would be the impact of implementing an additional rest day.
- In General Surgery two doctors had undertaken research to develop burn out scores for stress, sleep deprivation, and to establish the likely recovery time.
- The doctors have changed the surgical rota and it is being trialled for three months to understand the impact on the service and junior doctors.
- The junior doctors in medicine felt that there should be pastoral support for the BAPIO appointed doctors, as they are considered vulnerable when they commence employment.
- The HB ensures currently that on arrival they are contacted by a Medical HR representative who meets the doctors on arrival, provides information on local schools, housing, helps with setting up a bank account and advice about places to worship.
- If Swansea Bay is regarded as a positive place to work there will be a greater chance of retaining doctors.

- Non-training grade doctors should receive the same access to entitlements as junior doctors.
- The Chief Resident, (new post), at Morriston may be able to develop something internally, as it would be good to try to have a peer support network in place for August.
- Singleton Delivery Unit had developed a helpful paper around how to flex and develop the medical workforce in medicine. Both Morriston and Neath Port Talbot Delivery Unit need to review this paper to assist with planning.
- The interim Deputy Executive Medical Director will be leading on the development of the SAS workforce and the charter. There had been a recent survey which will form the basis of actions for the future.
- In the HB there was no Medical Staff Committee and Delivery Units corresponded with staff via the monthly team brief which was not followed up in writing.
- In the Mental Health Delivery Unit twice a year they hold away days for consultant development which are well attended and regarded positively.

PA implementation Group Update

- Last year the Health Board was not organised and the advert went out late.
- This year the advert was released early and appointments made to 13 Physician Associates.
- Currently at least 7 of those offered have taken up alternative posts in different Health Boards, due mainly to Shared Services as they would not process the offer letters as they required all individual position numbers and cost codes.
- Although there are some Physician Associates in permanent roles, most are on a temporary one-year internship contract as a Band 6 and in general, the Health Board is poor at then converting it into a permanent Band 7 role.
- Consultants are investing the time to train these staff but run the risk of losing them to other Health Boards who are offering permanent posts such as Aneurin Bevan.
- A paper had been sent to the Workforce and OD Director explaining the need to offer permanent posts.
- The Clinical Directors at Morriston were extremely unhappy with the loss of the 7 PAs due to the failure of the recruitment process.
- RE advised that there is no pool of central money and therefore the Clinical Directors would need to look at how they are able to manage their budget.
- In preparation for next year's advert, there is a need to know how many PA posts are permanent and how many are fixed term.
- It would be helpful for the Finance Business Partners to support the Clinical Directors in looking at what can be accommodated.

Revalidation/Appraisal Update

- The revalidation progress report was not discussed and will be circulated to the group for information.

High Value Opportunity Workstream: Medical Workforce

E job Planning, Locum on Duty and Kendall Bluck

- All of the projects are ongoing and communications explaining the projects will be circulated providing an update on the current position.

- The Draft Medical Recruitment Action Plan was circulated with the request that any further ideas to be identified as shortly there would be agreement about what will be the priorities for action.

Recruitment Update

- All the FP1 and FP2 posts have been appointed to.
- There are an additional 121 new junior doctors starting for the August rotation with 78 doctors changing post. These numbers will increase once HEIW have given the HB more information.
- There are concerns as to whether all the junior doctors will have obtained Occupational Health clearance and no one is able to take up a post without clearance.
- BAPIO will be undertaking another round of recruitment in November. For this recruitment round an English Language Testing room may be set up. This would mean that working to the GMC required standards, should the Consultant agree to sponsor any individual, they do not have to score 7.5 in the IELTS, they will only require a score of 4 for the Home Office and therefore onboarding should be quicker.

Other matters

- There is a requirement for a review around the Intensity Banding Supplement payments. A questionnaire will be sent to the Clinical Directors for circulation and this should be completed and returned by the penultimate week of July.

3. GOVERNANCE AND RISK ISSUES

There are risks associated with the supply of the medical workforce and the costs of locum cover through the agency cap project.

4. 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

5. RECOMMENDATION

That the Workforce and OD Committee note:-

- The work that has been considered by the Medical Workforce Board at its meeting on 12th June 2019.
- The risks associated with the supply of the medical workforce and the costs of locum cover through the agency cap project.
- The scope of the projects making up the High Value Opportunity Workstream around the medical workforce.

Governance and Assurance		
Link to Enabling Objectives <i>(please choose)</i>	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		
<i>(please choose)</i>	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	Fourth Report in this format	
Appendices	None	