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Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board



<b>Meeting Date</b>	<b>28 May 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 16<sup>th</sup> April 2019.</li> <li>• The risks associated with the supply of the medical workforce and the costs of locum cover through the agency cap project.</li> <li>• The scope of the projects making up the High Value Opportunity Workstream around the medical workforce.</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 16<sup>th</sup> April 2019.

### **2. BACKGROUND**

#### **2.1 Deanery Update**

- No update was received from the Deanery.
- At a recent Deanery Commissioning meeting it had provided an opportunity to have an informal discussion with the Medical Director for Health Education Improvement Wales (HEIW) to discuss alternative ways for engagement with the Health Board (HB).
- HEIW at that meeting advised that the HB and Wales in general, should be thinking about the Physician Associates roles as they would be registered soon and could be a valuable resource for doing more routine independent work under one Consultant supervisor.
- Although there were some Physician Associates in permanent roles, others were on a temporary one-year internship contract as a Band 6 and in general, the Health Board is poor at then converting them into permanent Band 7 roles. The HB is investing in the time and training but run the risk of losing them to other Health Boards. There is a need to have a strategic plan for this staff group.
- The HB recently received feedback from HEIW that no trainee had reported any bullying in the trainees' survey in the past year.

#### **2.2 Education Report**

- The interim Deputy Executive Medical Director explained that he is currently covering the Assistant Medical Director for Education role on a temporary basis due to the previous post holder resigning.
- There were a number of issues with junior doctor training which are as follows:
- There was general satisfaction with progress in General Surgery although the area is still under surveillance.
- There will be a targeted visit for ITU in the next few weeks.
- At a recent HEIW meeting feedback given by the trainees around Orthopaedics in Morriston, was that some Consultants were not following the patients up. The ward rounds were infrequent and not coordinated. Instructions from the ward round were sometimes dictated to the secretaries and so they were not entered into the patient notes until some days later, and the junior doctors felt unsupported. Unfortunately, the Clinical Director did not provide any assurance that this was not an accurate reflection. This issue was logged as a "defined patient risk" and reported to the GMC by the junior doctors. It was explained that a meeting in Orthopaedics had taken place and the practices had been changed very quickly and so matters are now resolved.

## **2.3 Boundary Change**

- There was still some work ongoing in relation to Honorary Contracts, and due to the complexity of the medical workforce around the disaggregation of service there have been some errors made with some TUPE transfer letters. The interim Deputy Executive Medical Director intended to write to apologise to any medical staff where this had occurred.

## **2.4 Delivery Unit Updates**

- The UMD explained that there was no update for Neath Port Talbot as there were no issues.
- The UMD explained that at Singleton there are difficulties in Pathology as three Consultants had left post with two locums in place currently to cover, however, there were promising things in the pipeline. Oncology was still a problem, however, an appointment had been made to one Consultant post. General Medicine was also still problematic. However, Ophthalmology recruitment was looking promising. Invites had been sent out for interview for the O&G Consultant post. Junior Doctor Engagement was still good.
- No other updates were received.

## **2.5 Revalidation/Appraisal Update**

- The revalidation progress report for the last 12 months was due by the 1st June 2019 for the Chief Medical Officer.
- For any doctors that were transferred across to Cwm Taff, all relevant information was transferred, this included any outstanding issues, along with any doctor who had been deferred.
- From the internal audit final report there were only three action points, of which two were medium and one was rated as low. The audit report will be shared at the next MWFB meeting but all actions are in hand.

## **2.6 High Value Opportunity Workstream: Medical Workforce**

### ***E job Planning***

- System cleansing was almost complete, and those individuals who required a licence had been identified.
- There was a hold on the medical staff who have transferred over to Cwm Taff due to there being a slight difference in the calculations between the HB. This may be due to the prospective cover element.
- Job plans have been requested even if they are five years old and have been received. This has shown there are inconsistencies in the job plans within departments using differing formats. These job plans are being entered into ESR as it holds the basic information for job planning, and therefore will enable the extraction of reports. There is a need for consistency on how everything is applied and criteria had been developed for consistency checking. This will be taken to the Task & Finish Group and then to the main Programme Board.

- There was also guidance and a flow chart to explain the process of agreement or non-agreement of job plans and how it will be closed on the system in the event of the job plan not being signed off.
- Any issues/anomalies that may be identified would be discussed and worked through with the Delivery Unit.

### ***Locum on Duty***

- This was part of the High Value Opportunities workstream and is a 6-month project, which was due to commence in May.
- It will digitalise the booking of internal and external locums. There is an automatic link to pay and will include the setting up of an internal medical bank.
- Swansea Bay and Hywel Dda are working more closely together to try to find a means of avoiding doctors holding the Health Boards to ransom particularly in ED, which will require some sharing of information.
- The Medacs contract is due to expire in August, however, this is likely to be extended for 12 months. There is a desire on an all Wales basis to have an all Wales Solution for the use of a Medical Agency and the concept of neutral vend is being explored.
- Work is currently on going to develop a collaborative nursing bank. When it is confirmed that the nursing collaborative bank is up and running, providing each Health Board has its own individual medical bank, the collaborative medical bank can then be established and this will then sit above all the individual banks in different HBs.
- In order to break the agency cycle there is a need to recruit and retain the core medical workforce. Already a number of people had contributed to the Illustrative table for recruitment and retention that will be circulated to the Medical Workforce Board with the minutes to gauge if others have any further ideas.

### ***Junior Doctors Rotas***

- Kendall Bluck had undertaken a specific piece of work in the Emergency Departments at Morriston and Neath Port Talbot Hospitals as well as a review of all of the junior doctor rotas across the Health Board.
- Presentations had been given to the Executives and a final report was expected imminently.
- There was work to be undertaken on the redesign of some rotas and there were a few rebanding opportunities.
- There will be an extensive transformational programme around the ED departments in Morriston and Neath Port Talbot and this will take a number of years to work through.

## **2.7 Recruitment Update**

- The Deanery had informed the HB that Medicine has a poor fill rate for this year, and they recommend that the HB start to recruit and run the risk of over establishment.
- From an advert placed recently for a LAS post it was noted there had been 67 applicants and the large response may be due to the upcoming changes in the Medical specialties training programme. The Medical Workforce Department were looking to see if any of the applicants can be put forward for other vacant medical

posts being advertised. It was also being queried, with other Health Boards, whether there are any MTI's who have not been offered a post in medicine so that their CV can also be included.

- For other specialities, the Deanery had informed that the position will not be known until May 2019.
- In terms of BAPIO recruitment, all the 2016 doctors had commenced. For the 2017 round, six doctors had accepted an offer and one has commenced. For 2018, fifteen doctors have been offered posts with three due to start shortly.
- 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.
- The Medical Workforce Manager will provide a monthly vacancy report to each Unit, and any queries could be addressed at the local workforce meetings. For the Medical Workforce Board a more detailed verbal report would be provided.

## **2.8 Other matters**

- The interim Deputy Executive Medical Director discussed the Clinical Service Plan. The approach being discussed is that clinicians should meet to decide how they can run their service more effectively, and for there to be support to help them lead that change.
- At the same time there should be a clinically led Service Plan Implementation Group of senior clinicians for a sense check that things are going in the right direction.
- There will be a focus on Primary Care, Wellness Promotion, and looking after people in the new Health Clusters. It will take time for these services to expand and develop.
- The second part is around secondary care which will involve clarifying the roles of Morriston, Singleton and Neath Port Talbot which may mean reorganising some of the surgical services.
- In Learning Disabilities, there will be a focus on community based services.
- The aim is to try to join things up so they are led by the clinicians at the coalface whilst keeping a handle on the wider picture.
- There is a meeting taking place on the 6th June to allow senior leaders to get together to start talking about how clinicians should lead the changes.

## **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 16<sup>th</sup> April 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.

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