



Meeting Date	13 October 2022	Agenda Item	5.1
Report Title	Medical Workforce Board Update		
Report Author	Mrs 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 (please choose one only)	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 25th July 2022 		

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 25th July 2022.

2. BACKGROUND

Medical Education

- The Swansea Bay UHB Service Reconfiguration Medical Workforce Group met on the 14th July 2022 and there will be 2 weekly meetings to follow. The Initial feedback from HEIW has been received and the Health Board will be working on the following points:

General issues:

- A clear definition of which IMT/STR posts will move sites. Trying to maintain trainees in the same speciality and giving ample notice of changes to rotas.
- To minimize the trainee travel between sites for training.
- To ensure facilities on the wards for the new intake.
- For any post changes monitoring must be rigorous and minuted, with managerial attendance essential.

Singleton site:

- The staffing of a 90-bed ward is potentially poor Speciality Training, and should this be staffed by non-training grades for the year planned? If it is staffed by trainees, then supervision and speciality definitions are needed.
- With Out of Hours cover there needs to be clarity: regarding deteriorating patients, anaesthetic cover, communication with Morriston, transport etc.
- For Ortho-geriatrics there needs to be clarity on the move.

Morriston site:

- On call and the new rota for AMU -will trainees attend post takes for feedback and ACATS-so should this align with senior trainee rotas.
- Where will IMT 3 training fit in?
- SDEC and GIM wards need to clarify trainee input to this.
- OPD arrangements for trainees need clarity.

On the 21st June 2022 HEIW undertook a targeted visit to Morriston Trauma and Orthopaedics Dept.

The Recommendations were:

- Rota optimisation, reduce gaps
- Improve training in fracture clinic
- Develop the COTW model
- ½ day in junior timetable for SPA activities
- Reduce the frequency of updates to the GMC.

The National Training Survey results are now available, and these will be analysed

Service Groups Updates

- No further updates

Medical Efficiency Programme Board

Update on Recruitment Plans Agency & Bank Controls

- The costs for the month of June for Morriston have gone in the wrong direction due to Covid and the Deanery vacancies.
- A review of intensity bandings has taken place in Mental Health and in Morriston where there looks to be a saving of around £100,000, however not all questionnaires in Morriston have been returned.
- In Morriston there are clear problems with predictable gaps in the Junior tier rota of the Emergency department therefore they are looking to over recruit.

Health Board Updates

Recruitment

- The Medical Workforce Department held the first Specialist Grade post interviews on the 22nd July 2022 for Oncology and the locum who is currently in the department has been appointed.
- The recent Junior Clinical Fellow recruitment rounds across several different specialties, have resulted in many applications submitted via word of mouth from Swansea Bay's own employees. This hopefully indicates that due to the continuous hard work within the Service Groups and Medical Workforce to improve employee experience, this demonstrates that the Health Board is becoming an employer of choice.
- There has been a significant increase in applications for this grade also, with the recent Cardio-thoracic Junior Clinical Fellow advert receiving in excess of 120 applications
- The Junior doctor induction for August Medical HR are waiting for updates from NWSSP Single Lead Employer in relation to where they are currently with the pre-employment checks for the August induction. Concerns have been raised as NWSSP have reported that, to date, only 17 out of the 144 new trainees have been completely cleared as at Friday 22nd July.

- If doctors remain without pre-employment checks in place as at 28th July for the FP1s when they will be starting their shadowing posts and the rest of the trainees on 3rd August, who will be responsible for signing off the risk assessments; Will that be the HB and will we carry the full risk or will the risk remain with NWSSP as the Single Lead Employer?

Revalidation & Appraisal

- Some doctors are uploading the Orbit 360 patient feedback forms directly into MARS, the system has been updated to reflect that this is not the process.
- There is difficulty in GP's accessing appraisers. They did recruit GP appraisers at the beginning of the year; however people have left for various reasons so some GP's will have their appraisals out of quarter.
- For any doctors who have a deferral of revalidation it will be added to the action deferral plan that they will still receive the declaration of safeguarding as part of the mandatory training which is applicable to all staff.
- An issue has been raised regarding the appraisal tariff. Appraisers could move through different Directorates and potentially it could be that one Directorate is offering 10 Consultants which could mean that Directorate is funding all the appraisals for the Health Board. The resource does not actually sit at a Service Delivery or Corporate level. At the moment there is a disincentive for Directorates to have a lot of consultants undertaking them as they are being asked to fund it through their SPA and there is no mechanism to reroute the funding.
- The Revalidation team would need to look at a tariff so that the burden is shared.

New SAS Contract

- 51% of the SAS doctors have moved to the new contract. The pay information has been provided to payroll, however the contracts are still required to be issued.
- The 6 Associate Specialists who have expressed an interest are currently on a higher salary of £98,315 which is higher than the top of the Specialist Grade which is £90,000, therefore it is not anticipated that they will move across, however the exercise is required to be completed for these individuals also.

Allocate Module

Medic on Duty Rollout

- No further update.

Monitoring Update

- Monitoring has been postponed due to the Covid pandemic.

Facilities and Fatigue Charter

- The requirements of the recent BMA Fatigue and Facilities Charter is being assessed in the Health Board with the incorporation of a Steering Committee and Task and Finish groups at Health Board sites. The Task and Finish Group meetings have been held at Morriston, Neath Port Talbot, Mental Health, and Singleton. The first Steering Group meeting was held on 15th July 2022. The key requirements of the T&F Groups site action logs have been reviewed.

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 25th July 2022.

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	Twelfth report in this format.	
Appendices	None	