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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	12 April 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 <i>(please choose one only)</i>	Information	Discussion	Assurance	Approval
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 21st February 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 21st February 2022.

2. BACKGROUND

Medical Education

- On the 29th March 2022 a targeted visit to the Morriston General Internal Medicine Department was planned.
- During February or March interviews were held for the RCP tutor Medicine where there were three applicants. On the 6th of April 2022 interviews will take place for the RCS tutor Surgery where there are three applicants. The post of Lead for the Foundation Programme is currently out to advert.
- Following significant disruption, the usual educational and training activities have returned. The future direction for training is likely to be a blended approach. Video assisted training opportunities in discussion with medical illustration by the Education Faculty and digital recordings are already in use for aspects of induction.
- A new concerns reporting tool involving anonymised use of QR coding technology for ease of use by trainees has been introduced.
- The requirements of the recent BMA Fatigue and Facilities Charter (rest, catering and accommodation for medical trainees) is being assessed in the Health Board with the incorporation of a Steering committee and Task and Finish groups at Health Board sites.
- There are strategic and operational aims to develop the PA role within the Health Board with the national PA intern matching scheme for 2022-3. There is also a CPD and appraisal process in development to support departments and PAs within the Health Board. A Recent HEIW consultation document proposes expansion of the mental health medical trainee workforce and a PA role in mental health services provision in the years ahead.
- The Health Board is being asked to confirm the numbers of PA's to HEIW who are commissioning 13 posts for next year.
- If there are vacancies which have been hard to fill the Service Groups may need to think about the PA role instead. The information will need to be collated from the Service Groups if they want PAs as part of their recruitment plans.

Service Groups Updates

- A vacancy report is being distributed to the Service Group Medical Directors on a weekly basis and this is generating queries such as not having the shortlisting returned as quickly as it should be, and interview dates not being

picked up. The Medical Workforce Team are working with Service Group Medical Directors to attempt to get these issues streamlined and in place.

- Candidates have been lost through not shortlisting in time. Clinicians will be asked to put dates in their dairies for shortlisting and interviews and it is hoped there should be fewer occurrences.
- There are conversations taking place around advertising some posts multiple times and failing to recruit. The Health Board is likely to decide that it would advertise twice but would then require it to be reconsidered before it is advertised a third time. There is a need to establish whether there the job should be made more attractive or is it necessary to source candidates overseas via an agency.

Medical Efficiency Programme Board

Update on Recruitment Plans Agency & Bank Controls

- In Morriston the intensity bandings are being reviewed, however, there is some clarification required on what should be included in the intensity banding.
- The Finance Department is trying to develop monthly reporting at a high level but also providing the opportunity to drill down into the information. Finance will probably develop a pack hopefully within the next few weeks that can be shared and then decide if that fits what is required.
- There have been some Consultant resignations from Neath Port Talbot hospital in the Rheumatology department as they will be moving to Bridgend and therefore there will be vacancies to be advertised.

Health Board Updates

New SAS Contract

- Welsh Government have provided a two-month extension. Currently the Medical Workforce Team are chasing any outstanding job plans as they are hopeful to have all the offer letters out by March. The doctors will have twenty-one days to confirm if they wish to move across to the new terms and conditions. There has been a response rate of 73% of those who have expressed an interest.
- The SAS Advocate role has been successfully appointed. This role will support the SAS workforce, help develop the workforce as they transfer across to the new contract and possibly target the Clinical Fellows to see if it is possible that they transition across to the new SAS contract where appropriate.

Allocate Module

Medic on Duty Rollout

- Work is on-going with Medicine in Singleton to allow the system to go live shortly. There is a need to test out the annual leave and study leave process. It is then hoped to progress the SAS and Consultant workforce probably from April onwards.

- Work has started with Mental Health & Learning Disabilities, however, there are some delays due to job plans having not been signed off.
- Good progress is being made, albeit it slowly, with some of the obstacles that have been encountered so far.
- There is an issue with Paediatrics in Singleton as the junior doctors wish to self-roster. There are several concerns around this. There is a need to ensure that the junior doctors work within certain parameters and therefore it would need to be stipulated that they remain both New Deal and EWTD compliant and that the banding could go down but must not increase. There is a need to allow a degree of flexibility, but it cannot trigger a banding review.

Monitoring Update

- Monitoring has been postponed due to the Covid pandemic.

Facilities and Fatigue Charter

- No Update other than that included in the Education Report.

Revalidation/Appraisal Update

- One hundred and ten doctors are due for revaluation this year with an average of nine per month will need to be revalidated.
- Wales and Northern Ireland have the highest deferral rates and the GMC has been contacted to try to understand the common themes
- With the new step process for overdue appraisals there were eight doctors who were due to receive a letter. However, following personal telephone conversations most of the doctors have engaged leaving only three or four who did not engage, and they have been sent an overdue appraisal letter.
- There is some teaching taking place with the SPR's at an early stage to talk about appraisal and what they need to achieve when they become Consultants.

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 21st February 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	Tenth report in this format.	
Appendices	None	