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Bwrdd Iechyd Prifysgol  
Abertawe Bro Morgannwg  
University Health Board



<b>Meeting Date</b>	<b>27<sup>th</sup> March 2019</b>	<b>Agenda Item</b>	<b>5.3</b>
<b>Report Title</b>	<b>Medical Workforce Board</b>		
<b>Report Author</b>	Sharon Vickery, Assistant Director of Workforce - Delivery Units and Medical Staffing		
<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 ✓ one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
	✓		
<b>Recommendations</b>	<p>Members are asked to :</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the work that has been considered by the Medical Workforce Board at its meeting on 20<sup>th</sup> February 2019.</li> <li>• <b>NOTE</b> the risks associated with the supply of the medical workforce and the costs of locum cover through the agency cap project.</li> <li>• <b>NOTE</b> the scope of the projects making up the High Value Opportunity Workstream around the medical workforce.</li> </ul>		

# MEDICAL WORKFORCE BOARD

## INTRODUCTION

To set out for the Workforce and OD Committee the recent issues that the Medical Workforce Board has considered at its meeting on 20<sup>th</sup> February 2019.

## BACKGROUND

### 1. Boundary Change

- It was queried if an honorary contract would be required for the trainees who will move to Cwm Taf but where they will be required to work at Neath Port Talbot Hospital with their Consultant.
- The Deanery had previously advised that as the Consultant was ultimately responsible an honorary contract was not required, however from a legal perspective it was advisable that one should be issued.
- It was queried if this could be included and covered within the Junior Doctor contract. This would not be possible as the contract is a national one and any changes would require agreement from Ireland, Scotland and England. An additional letter issued with the contract may cover the issue.
- The Executive Medical Director (EMD) will speak to Health Improvement Wales (HEIW) regarding this matter.
- Data relating to the GMC and Appraisal and Revalidation for doctors transferring to Cwm Taf was in the process of being prepared.
- The four FP1 doctors who will TUPE on the 1<sup>st</sup> April will be paid by ABMU for the first two days and ABMU will charge Cwm Taf.

### 2. Junior Doctor Engagement

- The EMD had found the meeting with the juniors at Morriston valuable to listen to what the junior doctors said and to look at what could be done to resolve their concerns. The junior doctors had subsequently been contacted by email but had not responded.
- The respective consultants had been contacted and there was some progress in changing issues.
- It was felt that that the full shift working system resulted in the loss of doctor's social structure in comparison to working the old on-call rotas, resulting in a loss of team spirit. Very often doctors did not see each other as they were working different shifts or even in different hospitals.
- There was a need to make the junior doctors feel that they belong. They often do not feel that they are employees.
- Although the structure cannot be changed junior doctors can be involved in the design of the rotas, quality improvement projects, and transformation of services to have a greater involvement with the Health Board which would greatly improve their confidence and commitment to feel more like employees.
- How can the Health Board (HB) improve engagement with senior clinical staff? It may be possible to do this through informal meetings, involvement in the development of the clinical plan, hold a lunchtime programme covering different issues such as pensions.
- A discussion around Pensions would encourage attendance as there would be a lot of interest around this subject. Team briefs and visibility can help.

- There were efforts to re-establish the Medical Staff Committee Group for the Swansea/Neath Port Talbot Delivery Units as holding meetings across all the sites had caused problems with attendance.
- The EMD explained that the Medical Staff Committee would probably consist of the same people who attend the LNC meeting and it may therefore be more beneficial to amend the Terms of Reference for the LNC to include additional people.

### **3. Physician Associate (PA) Implementation Group Update**

- There were Physician Associates in Singleton, Morriston, and Primary Care. The adverts went out in December and there are eleven PAs due to start in March 2019. Currently they are placed where the Delivery Units have been able to provide funding.
- Funding was being sought to enable the appointment of a Physician Associate in Infectious Diseases.

### **4. Revalidation/Appraisal Update**

- The combined appraisal rate to the end of January 2019 was 107%. The reason for this is due to doctors undertaking more than one appraisal as they were late undertaking their annual appraisal.
- Seventeen doctors were notified of failure to complete an appraisal - overdue by 12 months and the Unit Medical Directors had been informed.
- The "A Model Policy" was circulated in relation to the removal of GPs from the Medical Performers List on the grounds of lack of activity.
- The conference dates for the Regional Quality Assurance event are 3<sup>rd</sup> October 2019 for North Wales and 8<sup>th</sup> November 2019 for South West Wales.
- The Regional Appraiser conference dates are 5<sup>th</sup> June 2019 for North Wales and 9<sup>th</sup> May 2019 for South West Wales.
- The GMC and MARS have confirmed they are able to batch move doctors to update their information once it has been identified which doctors will be moving across to Cwm Taf.
- A Responsible Officer Advisory Group (ROAG) had been established by the EMD and this will be the body within the HB that provides formal advice to the Responsible Officer on the management of doctors' performance, appraisal and revalidation.

### **5. High Value Opportunity Workstream: Medical Workforce**

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

- Work had commenced and recruitment to the project team had taken place with the successful appointment to a Band 6 post. The post holder will commence in March along with two Band 4 posts.
- The Allocate system was being cleansed with POW and NPT nearly complete.
- Job plans will be checked to ensure they are correct. Annual leave will also be checked against the individual's contract to ensure the entitlement is correct.

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

- This was also an Allocate product. It will be a six month project which is expected to commence in April. It will replace the current paper system and will

electronically facilitate the booking of locum shifts. The system will also provide more transparency and will establish an internal medical bank.

- The current contract with Medacs is due to expire at the end of August, although there is an option to extend for a further twelve months. There is growing support to move to an All Wales solution.
- Consideration is being given to the purchase of the whole of the Allocate Medical Optimising module which would deliver the digitalisation of the medical workforce.

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

- Kendall Bluck had undertaken work in the Emergency Departments at Morriston and Neath Port Talbot Hospitals along with a review of all of the junior doctor rotas across the HB. There would be a presentation to the Executive Team on 27th February 2019 and then to the broader Executive Team on the 6th March 2019.
- The Deanery had confirmed that the HB is now not bound by the 1:11 rota and can move to a 1:9 rota providing it still meets the Educational Contract.
- There were a possible thirty five different recruitment and retention initiatives which could be pursued and this was being discussed with the LNC.
- There was also a need to understand what the Medical and Dental establishments actually were to understand the number of vacancies. This will then form the basis for the recruitment and retention plan for the medical workforce.
- There was also the need to address consistency issues in relation to the payment of the Intensity Banding supplement for staff who are working within the same department. The Intensity Banding supplement should be reviewed every year in line with job planning, as there is a need for accountability and equity.

### **6. Recruitment Update**

From the 2016 BAPIO round all eleven doctors have commenced employment with the HB. The 2017 recruitment round was also successful in confirming the appointment of eleven doctors. Following the 2018 round there had been twenty five confirmed offers made.

### **7. Terms of Reference**

The EMD intended reviewing the terms of reference and membership of the Medical Workforce Board.

### **8. Education Update**

The Board did not receive an update on this occasion.

## **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.

## **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.

## **RECOMMENDATION**

Members are asked to :

- **NOTE** the work that has been considered by the Medical Workforce Board at its meeting on 20<sup>th</sup> February 2019.
- **NOTE** the risks associated with the supply of the medical workforce and the costs of locum cover through the agency cap project.
- **NOTE** the scope of the projects making up the High Value Opportunity Workstream around the medical workforce.

<b>Governance and Assurance</b>											
<b>Link to corporate objectives</b> <i>(please ✓)</i>	Promoting and enabling healthier communities		Delivering excellent patient outcomes, experience and access		Demonstrating value and sustainability		Securing a fully engaged skilled workforce		Embedding effective governance and partnerships		
							<b>x</b>				
<b>Link to Health and Care Standards</b> <i>(please ✓)</i>	Staying Healthy	Safe Care	Effective Care	Dignified Care	Timely Care	Individual Care	Staff and Resources				
							✓				
<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>			Third Report in this format								
<b>Appendices</b>			None								