

Bwrdd Iechyd Prifysgol Bae Abertawe Swansea Bay University Health Board



| Meeting Date | 10 August 202 | 21 | 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 | Information | Discussion | Assurance | Approval | |
| Required | \boxtimes | | | | |
| (please choose one only) | | | | | |
| Recommendations | That the Workforce and OD Committee notes: - | | | | |
| | The work that has been considered by the Medical Workforce Board at its meeting on 6th July 2021 | | | | |

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 6th July 2021.

2. BACKGROUND

Medical Education

• No update was available.

PA Update

- There were 4 students who had not been allocated a post on an All-Wales basis.
- A meeting was being arranged with the Assistant Medical Director Education to establish an evaluation process which could be extended to be more speciality specific.
- The lead for PA's from Aneurin Bevan will be invited to give a discuss their approach in September.

Service Groups Updates

Mental Health

There was an issue with the CAMS out of hours service around ED assessments. It was being reported that we are withdrawing from an agreement where our Junior Doctors used to travel to Morriston Hospital to do assessments for 16- to 18-year-olds, however, they have never done this. The agreement also states that they would cover Bank Holidays and weekends in this service for the under 16 patients in Paediatrics. CAMS reached this agreement with Cwm Taf and Cardiff and they added Swansea Bay to that agreement even though we were never consulted or had any sight of it.

Mental Health - Medical Efficiency Programme Board

- No further update on the recruitment plans
- Finance was providing information around the locum and bank usage weekly and are providing a report.
- The Consultant rota in NPT was being re-amalgamated from a 1:14 to a 1:20 therefore a few on-going vacancies will drop off so there will be less out of hours locums.
- Cross cover is arranged for leave with sickness and is managed through the Directorate Managers and Clinical Directors.

Singleton

- In Safeguarding the post has been advertised with a closing date of Friday 2nd July 2021. There was potentially a very good candidate.
- An appointment has been made to a Consultant Paediatrician for General Paediatrics. Two O&G Consultants one resident and one non- resident, and one Consultant for Ophthalmology and a Glaucoma Specialist.
- Two of the Consultant Pathologists have been extended by 6 months to allow the timing to fit with appointing a trainee completing the training programme.
- There was a problem in Gynae Oncology with two Consultants on long term sick. A locum is needed to sustain the service.
- A part time Consultant post in Neurosurgery was being advertised.

Singleton - Medical Efficiency Programme Board

- Two Retire and Return Pathologists have been limited to 6 months to time it right for one trainee completing their training and another trainee finishing training next year to have two new substantive consultants.
- Historically Oncology and Pathology have been difficult areas to recruit but they are looking more stable now along with Palliative Medicine.
- There are two vacancies on the non-resident Gynae rota with the Consultants in their mid-60's therefore there is a need to appoint a Consultant to cover the on call but cannot do so until at least one of them retires.
- A process is currently being established for agency and bank control.
- This half of the service group do not tend to breach the capped rate, however, often the Clinical Directors are not sighted on it because this part of the process is currently undertaken by the General Managers. This needs to be more formalised and will be discussed at their Medical Workforce meeting.
- Medical HR are looking into the rate card and working out the different rates to establish what would the salary be as a whole time equivalent and what the actual cost to the organisation would be. It is about trying to get that intelligence in the system, so people understand what they are booking.
- In general sickness is not a big problem.
- Study leave is balanced between teaching, training and the service with annual leave restricted if people are taking study leave.

Morriston

• No update was available as they were unable attend. The Service Group Medical Director (SGMD) attended for the end of the meeting

Morriston - Medical Efficiency Programme Board

- There was a_Mechanism starting to report on decisions that sit behind all the vacant and Locum posts, so they are reported to the SGMD.
- The number of high-cost locums in place compared with the size of the Delivery Unit was not that many. One in Orthopaedics and one in Surgery for example, however, there are high costs in the ED department.

• Replies have been received from all of the Service Managers and Clinical Directors around where they have vacancies and what their plans are. However, these are required to be collated, so there was no report as of yet.

Neath Port Talbot

No update was available as they were unable to attend.

Neath Port Talbot - Medical Efficiency Programme Board

No update was available as they were unable to attend.

Health Board Updates

Recruitment Update

- 20 vacancies have been returned to the Health Board from HEIW. There were also queries around an additional 14 additional posts where no names have been allocated which have not been returned to the Health Board yet.
- If we are going to tackle this problem in the longer term we must work together. There is the problem with HEIW and National Recruitment, but we now also have the Single Lead Employer feeding into the process as well.
- Some of the areas of concern for the August rotation are Mental Health with 7 vacancies and Trauma & Orthopaedics, where 3 doctors are waiting for their Tier 2 visas. There may be reliance on locum usage for August, however, all vacancies are currently being advertised.
- Unfortunately, the offer of employment has had to be withdrawn for 2 Specialty Doctors appointed to Mental Health due to not having PLAB or MRC Phyc. and there are no alternative routes available. Discussions have taken place to establish if the MTI route should be considered as the Royal College have several doctors waiting to be placed. However, as a Health Board we need to provide a job description equivalent to a ST3 level or above identifying the training opportunities. A 2-year contract could be offered which may help with these issues.
- 31 expressions of interest have been received in relation to the new Speciality Doctor contract.
- Medical HR have written out to 36 Associate Specialists, however, as the maximum point on the new scale is £90,000 and most are already earning £95,000 there would be a reduction in salary.
- More information on an All-Wales basis is trying to be obtained from Welsh Government in relation to how we treat Retire and Return Associate Specialists due to the grade being closed and the new Specialist Grade is open to recruitment only. The question is whether these should be returned as Speciality Doctors. It is key that we have advice from Welsh Government to understand what we are offering when they retire.

Allocate Module

Medic on Duty Rollout

- The implementation of Medic on Duty in Medicine in Morriston is on-going with in the inputting of all the clinics across Medicine.
- A demonstration of the complete end to end process will be undertaken this week showing what it is going to look like and identifying any potential issues.
- A change has been made to the proposed implementation plan to bring forward Medicine in Singleton as this would provide information around the planning process for the Acute Medical Restructure. Therefore, Medicine in both sites would be completed by the end of October

Monitoring Update

• Monitoring has been postponed due to the Covid pandemic and is likely to recommence in October.

Facilities and Fatigue Charter

• No Update was currently available.

Revalidation/Appraisal Update

- Information has been released from Orbit 360 which is the new All Wales Patient Feedback System. Some people are experiencing problems with the system and this will be fed back to Orbit.
- In general, quite a few people are being deferred probably a little more than average due to people being slower getting their portfolio complete before their revalidation date.

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 6th July 2021.

| Governance and Assurance | | | | | |
|---|--|---------------|--|--|--|
| Link to | Supporting better health and wellbeing by actively | promoting and | | | |
| Enabling | empowering people to live well in resilient communities | | | | |
| Objectives | Partnerships for Improving Health and Wellbeing | | | | |
| (please choose) | Co-Production and Health Literacy | | | | |
| | Digitally Enabled Health and Wellbeing | | | | |
| | Deliver better care through excellent health and care services achieving the outcomes that matter most to people | | | | |
| | Best Value Outcomes and High Quality Care | | | | |
| | Partnerships for Care | | | | |
| | Excellent Staff | \boxtimes | | | |
| | Digitally Enabled Care | | | | |
| | Outstanding Research, Innovation, Education and Learning | | | | |
| Health and Care Standards | | | | | |
| (please choose) | Staying Healthy | | | | |
| | Safe Care | | | | |
| | Effective Care | | | | |
| | Dignified Care | | | | |
| | Timely Care | | | | |
| | Individual Care | | | | |
| | Staff and Resources | \boxtimes | | | |
| Quality, Safety | and Patient Experience | | | | |
| | nedical workforce is key for the quality of patient care. | | | | |
| Financial Impli | | | | | |
| There are financial risks associated with the supply of the medical workforce and | | | | | |
| the costs of locum cover through the agency cap project | | | | | |
| | ons (including equality and diversity assessment) | | | | |
| Not applicable | | | | | |
| Staffing Implic | ations | | | | |
| None | | | | | |
| | | | | | |
| Long Term Imp | plications (including the impact of the Well-being of | Future | | | |
| Generations (Wales) Act 2015) | | | | | |
| Not applicable | , , , | | | | |
| Report History | Eighth report in this format. | | | | |
| Appendices | None | | | | |
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