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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	12 th October 2021	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
	<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 21st September 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 21st September 2021.

2. BACKGROUND

Medical Education

- HEIW were due to visit the Emergency Department for routine junior doctor monitoring
- Trauma and Orthopaedics were due a monitoring visit from HEIW in the autumn. Work has been undertaken to attempt to help the junior doctors
- HEIW had arranged a trainer event on an all-Wales basis on the 4th of October.
- The Medical Practitioners Oversight Group had been set up by HEIW for PAs. The Assistant Medical Director for Education was planning to attend the meetings.
- For undergraduate doctors, there was a challenging situation as there were a further 50 student placements required over a 2-year period. This would bring the numbers to 150. PAs were 40 placements per year and will double in number. There was a significant amount of work underway in reviewing how these placements could be accommodated.
- The annual review of undergraduate teaching was taking place on the 11th November. The honorary senior lecturers were directly in putting into this report.
- There were issues in terms of PA placements, in that there are not sufficient opportunities. Certain departments were not taking any PAs on placement but taking medical students instead which was causing issues.
- For postgraduate teaching, 3 foundation doctors had not passed their prescribing course, and this needed to be remedied.

Recruitment Update

- There were issues within Learning Disabilities as two Consultants were leaving end of November. However, interviews were due to take place on the 23/9/21 for one Consultant, which will leave one gap and an advert had been placed for one Locum Consultant.
- The Medicine Morriston Business Case had been updated but they were still unable to obtain finance approval due to it not incorporating the new Ambulatory Care Model.
- Medicine in Singleton are looking at innovative recruitment options including an F3 year.

Revalidation and Appraisal

- It was reported that the Health Board is attempting to process as many doctors as possible through revalidation. Deferrals had increased due to the inability to undertake appraisals.
- It was hoped at the Welsh Revalidation and Appraisal meeting that there would be some information about deferrals including the reasons for deferral and decision making which would be incorporated into the HB's practise.

SAS Update

- 41 Specialty Doctors and 2 Associate Specialists have expressed an interest.
- There is an issue: The 3% pay increase did not apply to the new contract, this is still being discussed by WG and the BMA and the implementation of the new contract has been paused. Discussions are ongoing with the BMA on a 4 nations basis around this issue and it is hoped that this will be resolved to enable the implementation to progress.
- It was reported that the SAS advocate role had been advertised. There were two applicants and following discussions with one individual there were some excellent ideas to raise the profile of SAS doctors and to develop appropriate career pathways including the CESR route. It was noted that the CESR route had been used successfully within Dermatology in Hywel Dda and could help the HB solve some of our recruitment issues in the medium term.

Medical Engagement Score

- The results of the survey cannot be shared at present. However, it was noted that Welsh Government were sharing the All-Wales picture with the BMA this week.
- There was a presentation to Medical and Workforce Directors last month. it was noted that Swansea Bay was the only organisation that had achieved significant improvements across all 10 domains.
- There was an intention to discuss the results in principle with the LNC in October and then have a formal presentation in November. Listening Aloud events will be planned in late October and November across the service groups with a particular focus on SAS doctors.
- There were a couple of pinch points and these included T&O, Neath and SAS doctors.

Medical Efficiency Programme Board

- It was noted that there were a series of meetings with the Chief Executive and the Service Group Medical Directors during the week commencing the 20th and 27th of September

- The intention of the meetings was to check on progress around the ambitious programme that the Executive Medical Director was leading. This included recruitment to every vacant post. Controls around agency and bank spend and ensuring that policies around annual leave, sick leave, study and professional leave are robust prior to the roll out of medic on duty.
- The intention was to create a sustainable medical workforce whilst reducing spend on bank and agency.
- Prior to these meetings, financial information had been provided which included waiting list initiatives spend. It was questioned why this would be included when the scope of this work did not include waiting list initiatives and to take the costs out would significantly reduce the overspend in this area. Concern was expressed by finance colleagues, however, that there are several areas across the HB utilising waiting list initiative rates for normal cover. They were asked to distinguish between waiting list initiatives to increase capacity versus those, which are using them for normal and general cover.
- It was acknowledged that Finance and Workforce colleagues were working together to deal with some Service Groups booking off contract medical agencies. Not only will the costs be prohibitive, but there will be significant risks for the HB and patient care. This would ultimately result in an instruction to Service Groups advising them that only in exceptional circumstances, with corporate oversight and approval could this continue
- Finance colleagues highlighted the issue that annual leave had been allowed to have been carried over and to be taken over two leave years. It was stated that there was a need between now and the end of this year to begin assessing the impact of that. We needed to consider the booking of leave over the Christmas period to ensure that there were there was adequate cover for the services.
- The medic on duty project was proceeding well. Medicine in Morriston were already utilising the system completely for their juniors, but no progress had been made in terms of identifying resources to utilise the system for their SAS doctors and consultants. This is a significant risk to the success of the project. Work was already underway with Paediatrics in Singleton who had the required infrastructure. This work was progressing well, and all the doctors were well engaged.
- A locum on duty (LOD) issue was raised in that as several doctors were working across different duty specialties the LOD team were being asked to confirm the previous rates being paid to the doctor. It was evident that several doctors are attempting to compete and achieve higher rates. It was accepted that there was little that we could do about this at this stage. However, recruitment and over establishment will reduce demand. This should reduce the number of shifts that are available.
- Concern was expressed around Medicine in Morriston. However, it was recognised that they were under enormous operational pressure at this stage. And so, it was agreed that for the next couple of weeks that the HB could we take a pragmatic approach and look perhaps after a months' time to see whether we could regularise matters and pay more reasonable rates.

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 September 2021.

Governance and Assurance		
Link to Enabling Objectives (please choose)	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		
(please choose)	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	Eighth report in this format.
Appendices	None