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| <p style="text-align: center;">ABM University Health Board</p> | |
| <p style="text-align: right;">April 2018 Performance and Finance Committee Agenda item: 2j</p> | |
| Subject | Medical Locum Cap |
| Prepared by | Sharon Vickery, Head of HR Delivery Units & Medical Staffing |
| Approved by | Hamish Laing, Executive Medical Director, Hazel Robinson, Director of Workforce & OD, Lynne Hamilton, Finance Director, Chris White, Interim Chief Operating Officer |
| Presented by | Hazel Robinson, Director of Workforce & OD |

1.0 Situation

This report is submitted to the Performance and Finance Committee to provide an update on the implementation of the Medical Locum Cap within ABMU. The detailed progress reports attached to this report in the appendices are provided to Welsh Government on a monthly basis.

2.0 Background

Each month the Performance and Finance Committee receives and approves the information submitted to Welsh Government relating to organisational compliance of the medical locum cap.

February data was submitted to Welsh Government on 19th March 2018 and the March data was submitted on 17th April 2018.

3.0 Assessment

The medical locum cap was introduced across all Health Boards in Wales in November 2017. Key areas of progress, performance and ongoing challenges are summarised below:

3.1 Positive Progress

1. At the March Finance and Performance Committee it was agreed that the Health Board would continue to refine and improve its reporting arrangements to enhance the timeliness and accuracy of the data submitted. Previously the data provided had been two months 'late'. The data in this report is now timelier and includes performance and analysis of the previous month's data (March 2018).

2. Since the introduction of the cap, the Health Board has now implemented a new system to capture internal ad hoc locum utilisation. This provides additional intelligence which will begin to allow the Health Board to better understand and monitor usage which will in turn enable the better management of the use of ad hoc locums.
3. It is positive that following the provision of further focused training and additional support the March data has improved significantly in terms of both completion and accuracy.
4. Agency – positive progress is reported for March 2018. The percentage of agency doctors paid at or below the capped rates rose from 40.38% in February 2018 to 47.2% in March 2018. This shows a further improvement from January 2018 when the position was reported as 27.92%. The January information however is caveated as the system was very new to the Delivery Units at that point.
5. Internal ad hoc locums – again positive progress has been achieved. The percentage of the internal ad hoc locums paid at or below the cap rose from 60% in February to 77% in March. The January data showed 85 % of shifts paid at the cap or below. Once again the January data is caveated for the reasons outlined in point 4 above.
6. The Health Board had provided Welsh Government with estimated agency/locum monthly spend of £1,377k per month. In February this was reported at £1,026K and in March, £1,243K. For both months the Health Board spent less than anticipated on medical locums. Expenditure for January 2018 was reported at £1,017K. This suggests that the costs are rising however it is positive to note that each month the spend was lower than anticipated.

3.2 Challenges and Areas of Further Activity

1. Although compliance with the monitoring and approval process increased markedly in March, the Delivery Units are still not always forwarding the breach forms to the relevant Executive Director for sign off. Continued focus will be given to this issue to improve overall compliance with the agreed process.
2. Attached as Appendices 3, 4, 7 and 8 as referred to in the Welsh Government section below are graphs and pie charts reflecting the highest utilisation of locum shifts by Delivery Units and Specialty. This data shows that there are a number of specialties within the Delivery Units that are heavily reliant on locum cover. For example the Princess of Wales Delivery Unit sourced internal and agency locums for both months for emergency medicine, surgery, anaesthetics, trauma and orthopaedics, urology, and obstetrics and gynaecology. This would suggest these areas have high levels of vacancies. Increasing the supply of the medical

workforce is a strategic issue that needs to be addressed to sustainably reduce the reliance on the use of agency doctors.

3. The Princess of Wales Hospital was the only Delivery Unit that did not meet its anticipated savings targets in March 2018. They are, however, the biggest user in terms of external agency. The impact of this, however, was offset by other reductions in spend in the other Delivery Units.
4. There is increasing evidence that as the medical locum cap prevents the payment of accommodation or travel that this is having a negative effect on the supply of external agency staff.
5. Fundamentally, the underlying factors impacting on the compliance with the medical locum cap and agency usage more generally will only be resolved through both increasing the supply of medical staff and reviewing medical rotas. A review of medical rotas is underway but is not yet yielding any significant benefit due to the high number of vacancies and the opportunity to concentrate staff on fewer sites, which will be delivered through service reconfiguration. Unfortunately, none of these challenges will be resolved easily in the short term.

3.3 Further Action

1. Each month a compliance report is produced and shared with the Delivery Units' Senior Teams and Senior Human Resource Managers. This information is being used to drive up compliance with the system, in particular the issue around breach forms. Persistent problems are being tracked and next month if compliance problems are still being reported repeatedly, these areas will be highlighted in the next report to the Performance and Finance Committee.
2. Further training and re-training is being offered to support the Delivery Units.
3. Working with the Interim Chief Operating Officer, medical locum caps will feature as part of the informal Performance Reviews conducted with the Delivery Units' Senior Teams. Specific issues affecting their Unit will be highlighted to allow the teams to explore and investigate the issues and agreed further action.
4. Through the Recovery and Sustainability workstream there is a recommendation to develop and implement recruitment strategies for key staff groups which will include the medical workforce.

3.4 Welsh Government Submissions

Please refer to the following Appendices for details of the February 2018 and March 2108 submissions:-

Appendix 1: February WG Report

Appendix 2: February Finance Assessment

Appendix 3: February Agency Top Five Specialties by DU and Utilisation
Appendix 4: February Internal Ad Hoc Locum Top Five Specialties by DU and Utilisation
Appendix 5: March WG Report
Appendix 6: March Finance Assessment
Appendix 7: March Agency Top Five Specialties by DU and Utilisation
Appendix 8: March Internal Ad Hoc Locum Top Five Specialties by DU and Utilisation

4.0 Recommendation

That the Performance and Finance Committee:

1. Note the content of the Welsh Government submission and give retrospective approval to the documentation
2. Note the progress and challenges outlined above
3. Agree the follow up actions proposed.

APPENDIX 1

Addressing the impact of NHS Wales Medical and Dental Agency and Locum deployment in Wales – WHC/2017/042

PROGRESS REPORT to reflect the activity during the period of

1st February to 28th February 2018

1.0 Introduction

Welsh Government (WG) issued a Welsh Health Circular WHC/2017/042 on 23rd October 2017 “Addressing the impact of NHS Wales Medical and Dental Agency and Locum deployment in Wales”.

The Circular required Health Boards to nominate an Executive Director lead to prepare monthly progress reports for Board level scrutiny, which are subsequently forwarded to WG for information. Abertawe Bro Morgannwg University Health Board (the Health Board) nominated the Medical Director as their Executive lead.

This report is the third of a full month’s activity following implementation of the capped rates.

The Circular required Health Boards to report on the progress of the implementation plan for capped rates, and specifically required information on the following:

1. An assessment of the effectiveness of the control framework and information about whether any changes have been made as a result of lessons learned during operation;
2. An updated risk assessment incorporating lessons learned from any practical issues which have arisen during implementation, and the ways the risks will be mitigated or managed;
3. A comparison of the actual savings compared to the projected savings and an assessment of the confidence in the accuracy of the data;
4. An anonymised list of the number of agency workers paid (later confirmed by WG to be ‘booked’) above the capped rates, including details of the number of hours/sessions they have delivered and their specialty;
5. An anonymised summary which sets out the expenditure made to each of the ten highest paid (i.e. those paid the highest hourly rate) agency workers including details of the hours/shifts worked, their specialty and length of current assignment with the organisation;
6. An anonymised summary of the longest serving agency workers i.e. those working for the longest consecutive period, including their specialty, details of the hours/shifts worked and length of assignment;

7. An anonymised summary of the number of exceptions that have been authorised for Internal Ad Hoc Locum Cover in excess of the agreed cap including the number of hours/sessions they have delivered and their specialty;
8. An anonymised summary which sets out the expenditure made to each of the ten highest paid ad hoc locum workers including details of the hours/shifts worked;
9. An anonymised summary of any individual paid more than £120 per hour or more including their specialty, details of hours/shifts worked, whether they are providing Internal Ad Hoc Locum Cover or supplied by and Agency and length of assignment for agency staff.

The Health Board (HB) is confident that the data presented for agency workers by Medacs Healthcare is accurate. There is less confidence in the internal ad hoc locum data as the process and systems used are new. The Health Board will continue to review processes and systems and where necessary make changes to work towards 100% accurate recording of ad hoc locum data. The Health Board is continuing to provide training on the capped rate processes and requirements and holds regular lessons learned sessions.

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| 2.0 An assessment of the effectiveness of the control framework and information about whether any changes have been made as a result of lessons learned during operation. |
|--|

The Agency Cap Task and Finish Group (the Group) continue to meet to undertake a review of progress made with implementation of the capped rates, and also agree changes to the process and systems if necessary. The Group agree both further training requirements for Directorate Management and which front line staff would benefit from one to one training. Recently changes have been made to the data set for capturing data in line with WG reporting requirements which will increase the HB's ability to report ad hoc locum information more accurately.

The Units within the HB are holding weekly local scrutiny panels to consider shifts that breach before escalation to the appropriate Executive Director. Improving the work of the local scrutiny panels will inform the training required for Directorates and front line staff which the Agency Cap Task and Finish Group are taking forward.

A further scrutiny panel is held monthly which is attended by the Executive Directors. At these scrutiny panels the Executive Directors scrutinise the decisions taken by the Delivery Units to encourage greater challenge or to ratify their work and discuss how to improve compliance with the process.

3.0 An updated risk assessment incorporating lessons learned from any practical issues, which have arisen during implementation and the ways the risks will be mitigated or managed

| Nature of risk | Description | Mitigating actions |
|---|--|--|
| Recording of the Internal Ad Hoc Locum shifts | Further data is required for accurate data. | Updated information recorded and one to one training arranged for front line staff |
| Breaches of Internal Ad Hoc Locum Price Caps | Some departments have high vacancies and have breached capped rates to secure locums Alternative is paying Consultants to be resident which has a much higher cost | Breaches scrutinised by each unit prior to Executive scrutiny panel. Review of recruitment options |
| Exclusion of GPs in the WHC | GP's approached to cover secondary locum shifts have declined as they can earn more as a locum GP. | May be beneficial to introduce a capped rate for GP's although it is accepted however that GP OOHs is very fragile at present. This requires WG approval. |
| Mixed Grades on Rotas | Currently grade of vacancy is paid to ad hoc locums. This is proving difficult as higher grade doctors not content to receive a lower grade locum rate when sharing rotas | Consider if the rate for the grade of the vacancy is paid however, no doctor should receive less than the rate for their grade. This requires WG approval. |
| SAS sharing rotas with trainees | This is the same point as above however this mix of grades seems to prove more contentious as trainees consider that all on a Middle Grade rota should be paid the same rate | If the proposal above is implemented it should be monitored to establish if this also address issues for Middle Grade rotas |

4.0 A comparison of the actual savings compared to the projected savings and an assessment of the confidence in the accuracy of the data

Please refer to Appendix 1 attached.

5.0 An anonymised list of the number of agency workers paid above the capped rates, including details of the number of hours/sessions they have delivered and their specialty

5.1 Agency Workers who had assignments confirmed and rates agreed prior to 13.11.17 who are above the cap (please note that many of these will now have left, transferred to NHS, reduced to cap etc as in the set out in the Table above).

| Number (from highest to lowest paid) | Hours Worked (01.02.18 to 28.02.18) | Specialty | % variance to price cap |
|--------------------------------------|-------------------------------------|------------------|-------------------------|
| 1 | 166 | Oncology | +21% |
| 2 | 1,385 | Mental Health | -7% |
| 3 | 200 | General Medicine | +50% |
| 4 | 963 | Mental Health | +21% |
| 5 | 8,633 | Obs & Gynae | +39% |
| 6 | 750 | Mental Health | +16% |
| 7 | 4,197 | General Medicine | +8% |
| 8 | 284 | General Medicine | +34% |

5.2 Agency Workers who had assignments confirmed during February 2018 and (rates agreed after the 13.11.17) who are above the cap

| Number (from highest to lowest paid) | Hours Booked (01.02.18 to 28.02.18) | Specialty | % variance to price cap |
|--------------------------------------|-------------------------------------|-----------|-------------------------|
| 1 | 80 | Radiology | +54% |
| 2 | 40 | Radiology | +24% |
| 3 | 57 | Oncology | +21% |

5.3 New assignments sourced at cap since 13.11.17 have included:

5.4 Summary of hours booked in February 2018

| | |
|---|-------|
| Hours booked at Cap | 3,267 |
| Hours booked above Cap | 4,306 |
| Extensions to bookings made prior to 13.11.17 above Cap | 3 |

6.0 An anonymised summary which sets out the expenditure made to each of the ten highest paid (i.e. those paid the highest hourly rate) agency workers including details of the hours/shifts worked, their specialty and length of current assignment with the organisation

| Number (from highest to lowest paid) | Total Cost hourly rate | Hours worked (01.02.18 to 28.02.18) | Specialty | Length of current assignment | Expenditure |
|--------------------------------------|---|-------------------------------------|-----------------------|------------------------------|-------------|
| 1. | £180.00 – 20% VAT Added as outside MasterVend | 80 | Radiology | Jan – Apr '18 | £14,400 |
| 2. | £150.00 – 20% VAT Added as outside MasterVend | 40 | Radiology | Jan – Apr '18 | £6,000 |
| 3. | £107.94 | 40 | Obs & Gynae | Jan – Jul '18 | £4,317.60 |
| 4. | £93.54 | 40 | Obs & Gynae | Jan – Mar '18 | £3,471.60 |
| 5. | £83.61 | 85 | Haematology | Feb – Aug '18 | £7,106.85 |
| 6. | £80.47 | 138 | Mental Health | Feb – Mar '18 | £11,141.88 |
| 7. | £79.38 | 158 | Obs & Gynae | Feb – Mar '18 | £12,562.68 |
| 8. | £78.34 | 40 | Obs & Gynae | Jan – Mar '18 | £3,133.60 |
| 9. | £74.83 | 42 | Urology | Dec '17 – Mar '18 | £3,118.17 |
| 10. | £71.94 | 150 | Orthopaedics & Trauma | Jan – Mar '18 | £10,791 |

7.0 An anonymised summary of the longest serving agency workers i.e. those working for the longest consecutive period, including their specialty, details of the hours/shifts worked and length of assignment

A list of the Top 10 have been presented.

| Number (from longest consecutive period) | Specialty | Aggregate of Hours worked | Length of assignment |
|--|-----------------------|---------------------------|----------------------|
| 1. | Obs & Gynae | 8,632.72 | Jan – Jul '18 |
| 2. | General Medicine | 4,196.67 | Jan – Mar '18 |
| 3. | Orthopaedics & Trauma | 1,476.56 | Jan – Mar '18 |
| 4. | Mental Health | 1,385 | Nov '17 – May '18 |
| 5. | Mental Health | 962.96 | Aug '17 – Mar '18 |
| 6. | Mental Health | 750 | Dec '17 – Mar '18 |
| 7. | General Surgery | 707.50 | Feb – Mar '18 |
| 8. | General Medicine | 283.87 | Jan – Mar '18 |
| 9. | General Medicine | 200 | Jan – Jun '18 |
| 10. | Oncology | 165.82 | Nov '17 – Mar '18 |

8.0 An anonymised summary of the number of exceptions that have been authorised for Internal Ad Hoc Locum Cover in excess of the agreed cap including the number of hours/sessions they have delivered and their specialty

| Breached capped Rate | Service | No. of Bookings | Hours Worked | Percentage of Compliance* |
|-----------------------------|----------------|------------------------|---------------------|----------------------------------|
| Yes | Surgery | 25 | 465.37 | 24% |
| | Anaesthetics | 67 | 453.50 | 58% |
| | Emergency | 62 | 500.80 | 58% |
| | Medicine | 21 | 491.00 | 28% |
| | Obstetrics | 1 | 27.97 | 50% |
| | Radiology | 8 | 37.50 | 100% |
| No | Surgery | 79 | 1018.20 | 76% |
| | Anaesthetics | 48 | 453.25 | 42% |
| | Emergency | 45 | 242.55 | 42% |
| | Medicine | 55 | 1398.47 | 72% |
| | Obstetrics | 1 | 24.00 | 50% |
| | Paediatrics | 8 | 87.01 | 100% |
| | Mental Health | 57 | 476.00 | 100% |
| | Dental | 15 | 190.00 | 100% |

*Percentage of the total returns in that specialty

The HB has less confidence in the internal ad hoc locum data as the data capture and reporting systems are new, and we continue to work through some lessons learned in relation to recording 100% of the activity. We will continue to work through the key issues identified with the Directorates in readiness for improving the accuracy of recording and reporting for future reporting.

9.0 An anonymised summary, which sets out the expenditure made to each of the ten highest paid ad hoc locum workers including details of the hours/shifts worked

| No. | Specialty | Grade | Unit | Hrs Booked | Avg Hourly Rate | Sum of Total Cost |
|-----|--------------|------------|----------|------------|-----------------|-------------------|
| 1 | Cardiac | Consultant | Morrison | 22.5 | 333.33 | 7,500.00 |
| 2 | Cardiac | Consultant | Morrison | 3.75 | 333.33 | 1,250.00 |
| 3 | Cardiac | Consultant | Morrison | 7.0 | 333.33 | 2,500.00 |
| 4 | Anaesthetics | Consultant | Morrison | 11.25 | 154.40 | 1,737.00 |
| 5 | Anaesthetics | Consultant | Morrison | 11.25 | 154.40 | 1,737.00 |
| 6 | Anaesthetics | Consultant | Morrison | 15.0 | 154.40 | 2,316.00 |
| 7 | Anaesthetics | Consultant | Morrison | 7.5 | 154.40 | 1,158.00 |
| 8 | Anaesthetics | Consultant | Morrison | 7.5 | 154.40 | 1,158.00 |
| 9 | Anaesthetics | Consultant | Morrison | 7.5 | 154.40 | 1,158.00 |
| 10 | Anaesthetics | Consultant | Morrison | 22.5 | 154.40 | 3,474.00 |
| 11 | Anaesthetics | Consultant | Morrison | 7.5 | 154.40 | 1,158.00 |
| 12 | Anaesthetics | Consultant | Morrison | 7.5 | 154.40 | 1,158.00 |

Cardiac relates to Consultants covering annual leave, study leave and special leave and again the Anaesthetics sessions relate to weekend cover.

10.0 An anonymised summary of any individual paid more than £120 per hour or more including their specialty, details of hours/shifts worked, whether they are providing Internal Ad Hoc Locum Cover or supplied by and Agency and length of assignment for agency staff.

| Number (from highest to lowest paid) | Total Cost hourly rate | Hours Booked in month | Specialty | Agency or Internal Ad Hoc Locum | Length of assignment |
|---|------------------------|-----------------------|--------------|---------------------------------|---------------------------|
| 1. | 333.33 | 22.5 | Cardiac | Ad Hoc | N/A |
| 2. | 333.33 | 3.75 | Cardiac | Ad Hoc | N/A |
| 3. | 333.33 | 7.0 | Cardiac | Ad Hoc | N/A |
| 4. | 180.00 | 80 | Radiology | Agency - Greenstaff Medical | Information not available |
| 5. | 154.40 | 11.25 | Anaesthetics | Ad Hoc | N/A |
| 6. | 154.40 | 11.25 | Anaesthetics | Ad Hoc | N/A |
| 7. | 154.40 | 15.0 | Anaesthetics | Ad Hoc | N/A |
| 8. | 154.40 | 7.5 | Anaesthetics | Ad Hoc | N/A |
| 9. | 154.40 | 7.5 | Anaesthetics | Ad Hoc | N/A |
| 10. | 154.40 | 7.5 | Anaesthetics | Ad Hoc | N/A |
| 11. | 154.40 | 22.5 | Anaesthetics | Ad Hoc | N/A |
| 12. | 154.40 | 7.5 | Anaesthetics | Ad Hoc | N/A |
| | 154.40 | 7.5 | Anaesthetics | Ad Hoc | N/A |
| 13. | 150.00 | 40 | Radiology | Agency - Athona | Information not available |

11.0 Compliance with the CCS framework to procure agency workers

| Number of Drs Booked | Number Drs Booked MasterVend | Number Drs Booked outside MasterVend | Number Drs booked outside CCS Framework |
|----------------------|------------------------------|--------------------------------------|---|
| 52 | 47 | 4 | 1 |

Again reporting is showing that not all bookings are being made via the Medacs Managed Service Model and this is not limited to one specialty. Other agencies used during the month are, ID Medical, Interact Medical, Medacs Healthcare, Athona, Green staff Medical, and Total Assist.

12.0 Progress made in renegotiating rates of agency workers who had assignments booked prior to the 13th November 2017.

| Original RAG | | |
|------------------|----|---------|
| RAG STATUS | No | % |
| Finished | 20 | 52.63% |
| Refused to Lower | 8 | 21.05% |
| Lowered to Cap | 10 | 26.32% |
| Total | 38 | 100.00% |

More Doctors have finished from the original establishment (prior to November Cap Rate introduction). We are finding the pool of candidates is short of numbers who will work to cap rate. Some departments are being held to ransom over paying the escalated rate due to the risk being calculated and demand within the specialities.

13.0 Other useful Key Statistics

Agency

Attached as Appendix 2 is the spreadsheet relating to Agency shifts. The total number of external agency shifts booked in February was 52 including non Medacs shifts. 21 (40.38 %) of these were paid at the capped rate or below the cap. 69% of these shifts were booked to cover vacancies, with 16% to cover sickness absence. The cost attributed to engaging external agency doctors for February 2018 was £545,118. The Princess of Wales (POWH) has utilised the greatest number of agency doctors, booking 27 shifts at a cost of £144,668; Singleton utilised 9 shifts at a cost of £105,914; Morriston utilised 9 shifts at a cost of

£199,907, whereas Neath and Mental Health booked only 2 and 3 shifts respectively with a related cost of £31,994 and £32,738.

Ad hoc Locums

Attached as Appendix 3 is the spreadsheet relating to internal ad locum shifts. In February 2018, of 492 ad hoc locum shifts, 296 (60%) shifts that were paid at or below or the capped rate. The value of internal ad hoc locum usage was £357,079. Morriston utilised the greatest number of bookings: 255 with 133 breaches of the cap. POWH booked 111 shifts with 27 breaches. Singleton utilised 29 shifts with 9 breaches of the cap. Mental Health booked 47 shifts with no breaches. Neath booked 15 shifts all of which breached the cap.

13.0 Conclusion

The HB continues to work hard in embedding the new processes. There is high confidence in the Medacs data with the exception of ensuring that non CCS frameworks are reported via Medacs. A substantial amount of work is being undertaken to improve the quality of the internal ad hoc locum data. There is growing evidence that external supply is being affected and the number of breaches for Agency staff are increasing due to market forces. It is also thought that the inability to pay accommodation and travel is also having a negative impact on supply. It is critical therefore given that this is now the third report that the HB and NHS Wales begin to look for alternative solutions to improve the supply of doctors in a number of specialties to reduce the reliance on Agency or ad hoc locum doctors.

Prepared by Professor Hamish Laing
(Executive Director Lead for WHC/2017/042)

Date 19.2.18



Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board

APPENDIX 2

ABMU Finance Dept. WG Agency Cap Financial Summary

Month 11
FY 2017/2018

Summary Assumptions & Data Issues

1. Source Data:

- Information to produce the reports are taken from the Health Board's Financial Ledger system and report all costs allocated to Medical Agency and ADH codes.
- Information in the Ledger will include actual expenditure and accruals.

2. Source Data Medac Process :

- In November 2017 a review of the process to ensure the financial position in the ledger reflects the bookings made was undertaken and adjustments to the process implemented
- The financial position in the ledger is based on actual payments made and where payments are outstanding an accrual is included based on the value of the bookings made using the data provided by Medacs.

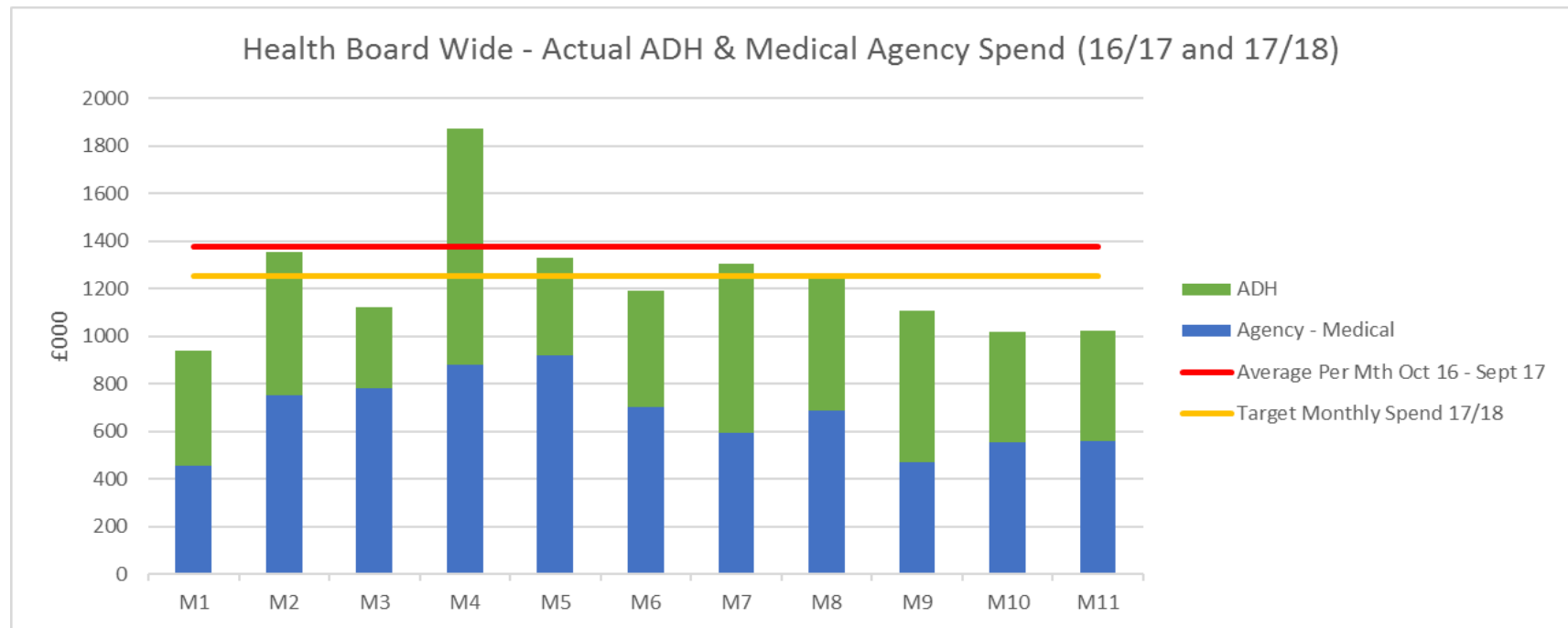
3. Source Data ADH Process:

- Health Board does not have a central repository of ADH information which makes it difficult to determine what payments are outstanding in any month.
- To compensate for this the Finance Function uses a methodology agreed with External Audit based on average and trends from the previous 3 months.
- The current accrual methodology will be replaced from 1st April 2018 using the information sources provided by each unit linked to the information requirements of the WG reporting of the Medical Agency cap.

4. Modelling & Savings Target

- During the implementation of the cap the Health Board undertook a modelling exercise to determine the savings to be delivered.
- The modeling work based on expenditure between Oct 16 – and Nov 17 estimated an annual saving for the Health Board of £1.5m FYE.
- The average monthly impact of this target has been added to the graphs and depicted as a yellow line to demonstrate the savings developed.
- *NOTE – this report is using the Financial Ledger system and cannot reflect whether any changes in expenditure patterns are as a result of the WG cap or changes in volume.*

Section 1: Health Board Wide Summary



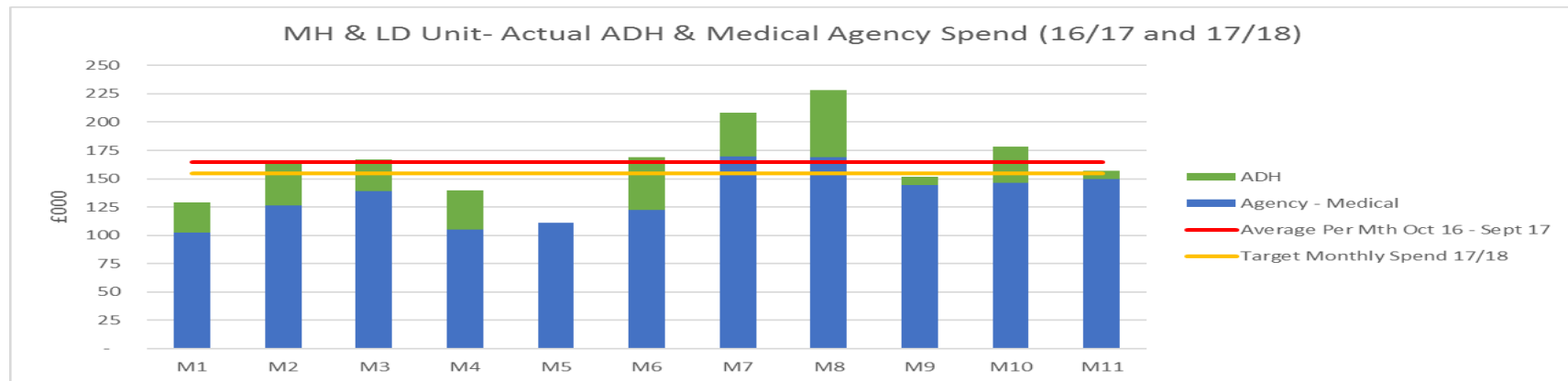
| | Average Actual Spend Per Mth Oct 16 - Sept 17 £000 | Actual Spend 17/18 | | | | | | | | | | | |
|-------------------------------|--|--------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|-------------|
| | | M1 £000 | M2 £000 | M3 £000 | M4 £000 | M5 £000 | M6 £000 | M7 £000 | M8 £000 | M9 £000 | M10 £000 | M11 £000 | M12 £000 |
| Agency - Medical | 810 | 457 | 750 | 780 | 880 | 919 | 704 | 592 | 686 | 472 | 556 | 558 | |
| ADH | 567 | 484 | 603 | 340 | 991 | 413 | 486 | 714 | 574 | 635 | 461 | 467 | |
| Total Agency & ADH | 1,377 | 941 | 1,353 | 1,120 | 1,871 | 1,332 | 1,190 | 1,306 | 1,261 | 1,107 | 1,017 | 1,026 | |

Narrative

- Since P04 the overall spend on Medical Agency and ADH's has reduced to below the average level of 16/17.
- Since the introduction of the cap the actual costs have reduced further and are below the target set by the Health Board as part of the modelling work based on Oct 16 to Sept 17 usage.

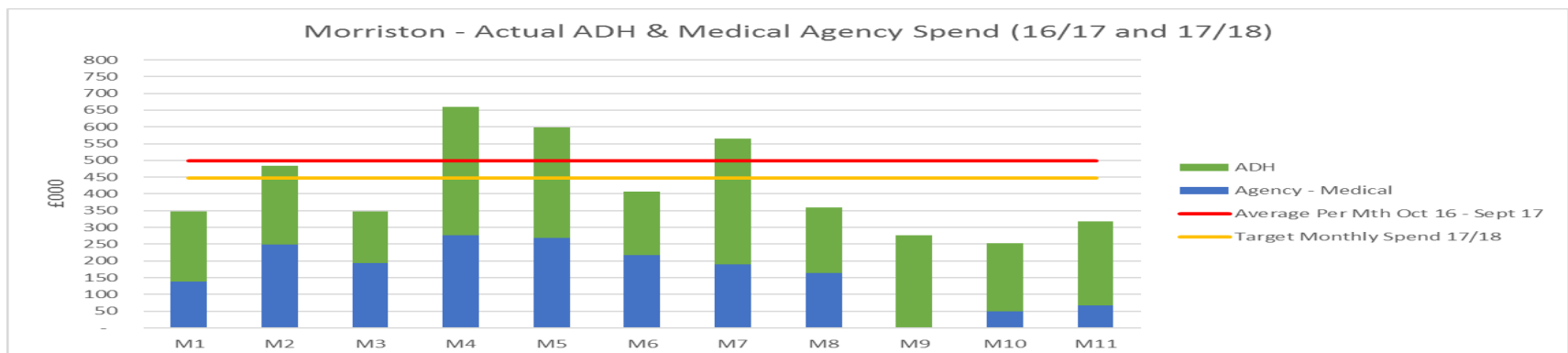
Section 2: Service Delivery Units Summary

MH/LD SDU



| | Average Actual Spend Per Mth Oct 16 - Sept 17 £000 | Actual Spend 17/18 | | | | | | | | | | | |
|--------------------|--|--------------------|---------|---------|---------|---------|---------|---------|---------|---------|----------|----------|----------|
| | | M1 £000 | M2 £000 | M3 £000 | M4 £000 | M5 £000 | M6 £000 | M7 £000 | M8 £000 | M9 £000 | M10 £000 | M11 £000 | M12 £000 |
| Agency - Medical | 140 | 103 | 126 | 139 | 105 | 111 | 122 | 170 | 169 | 144 | 147 | 150 | |
| ADH | 24 | 27 | 38 | 28 | 35 | 5 | 47 | 39 | 60 | 7 | 32 | 7 | |
| Total Agency & ADH | 164 | 129 | 164 | 167 | 140 | 106 | 169 | 208 | 228 | 152 | 178 | 157 | |

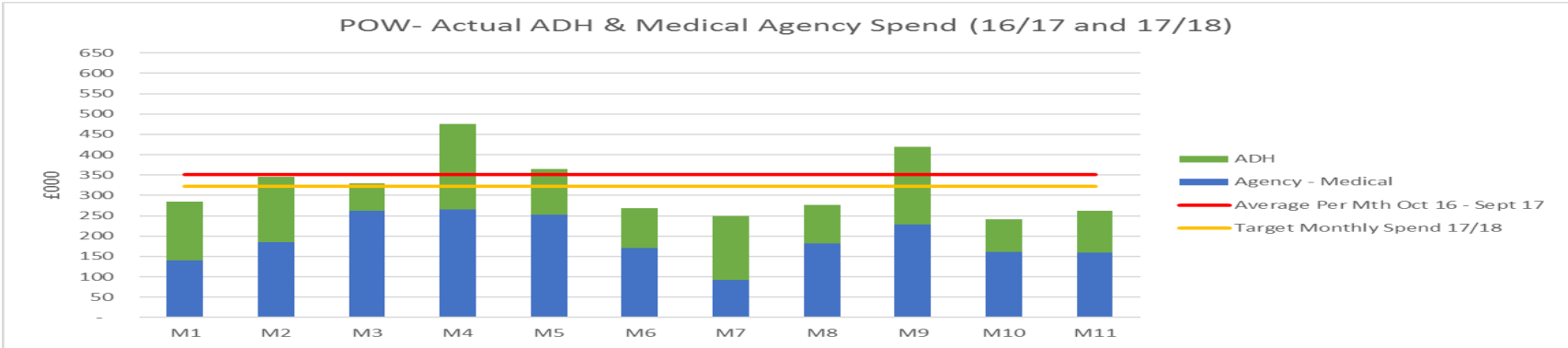
Morrison SDU



| | Average Actual Spend Per Mth Oct 16 - Sept 17 £000 | Actual Spend 17/18 | | | | | | | | | | | |
|--------------------|--|--------------------|---------|---------|---------|---------|---------|---------|---------|---------|----------|----------|----------|
| | | M1 £000 | M2 £000 | M3 £000 | M4 £000 | M5 £000 | M6 £000 | M7 £000 | M8 £000 | M9 £000 | M10 £000 | M11 £000 | M12 £000 |
| Agency - Medical | 247 | 138 | 250 | 193 | 277 | 269 | 216 | 190 | 165 | 22 | 49 | 68 | |
| ADH | 253 | 210 | 235 | 155 | 382 | 329 | 191 | 375 | 195 | 276 | 204 | 251 | |
| Total Agency & ADH | 500 | 348 | 485 | 348 | 659 | 598 | 408 | 565 | 360 | 253 | 253 | 319 | |

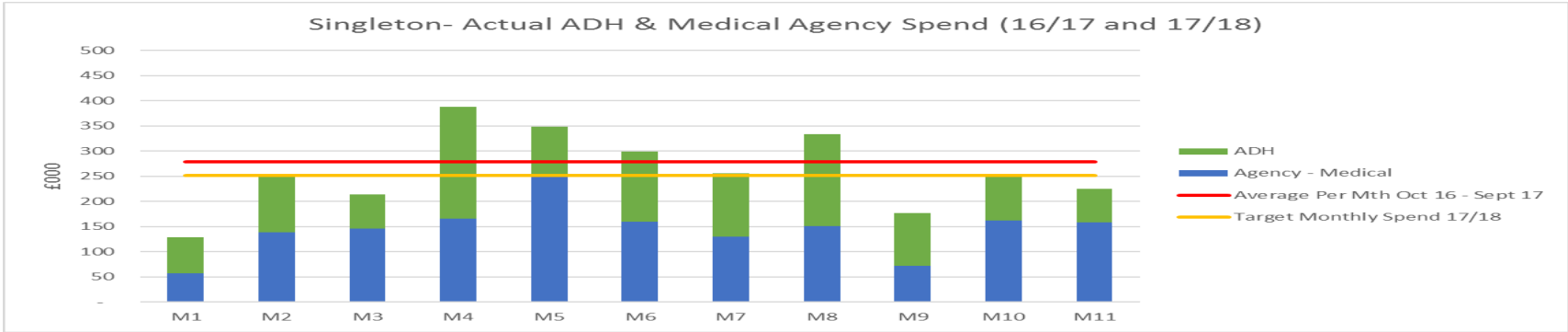
Section 2: Service Delivery Units Summary

POW SDU



| | Average Actual Spend Per Mth Oct 16 - Sept 17 £000 | Actual Spend 17/18 | | | | | | | | | | | |
|--------------------|---|--------------------|------|------|------|------|------|------|------|------|------|------|------|
| | | M1 | M2 | M3 | M4 | M5 | M6 | M7 | M8 | M9 | M10 | M11 | M12 |
| | | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 |
| Agency - Medical | 224 | 140 | 185 | 262 | 266 | 253 | 171 | 92 | 182 | 229 | 162 | 159 | |
| ADH | 127 | 145 | 161 | 67 | 210 | 111 | 97 | 157 | 94 | 190 | 79 | 104 | |
| Total Agency & ADH | 351 | 285 | 346 | 329 | 476 | 364 | 269 | 250 | 276 | 419 | 241 | 262 | |

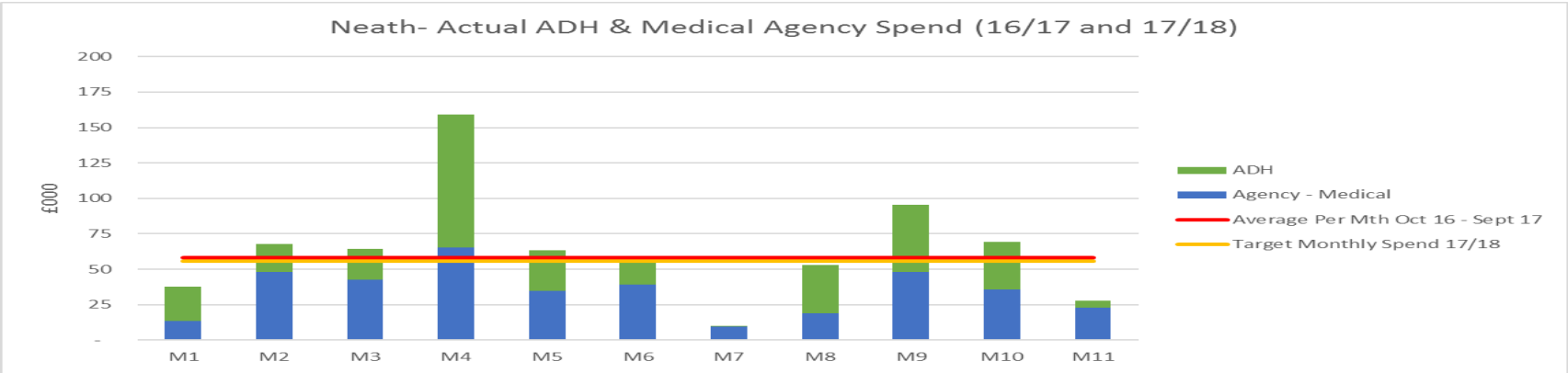
Singleton SDU



| | Average Actual Spend Per Mth Oct 16 - Sept 17 £000 | Actual Spend 17/18 | | | | | | | | | | | |
|--------------------|---|--------------------|------|------|------|------|------|------|------|------|------|------|------|
| | | M1 | M2 | M3 | M4 | M5 | M6 | M7 | M8 | M9 | M10 | M11 | M12 |
| | | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 |
| Agency - Medical | 161 | 58 | 139 | 146 | 166 | 250 | 160 | 129 | 151 | 72 | 162 | 158 | |
| ADH | 117 | 71 | 110 | 67 | 222 | 99 | 139 | 126 | 182 | 105 | 92 | 66 | |
| Total Agency & ADH | 279 | 129 | 248 | 214 | 388 | 349 | 299 | 256 | 333 | 177 | 254 | 224 | |

Section 2: Service Delivery Units Summary

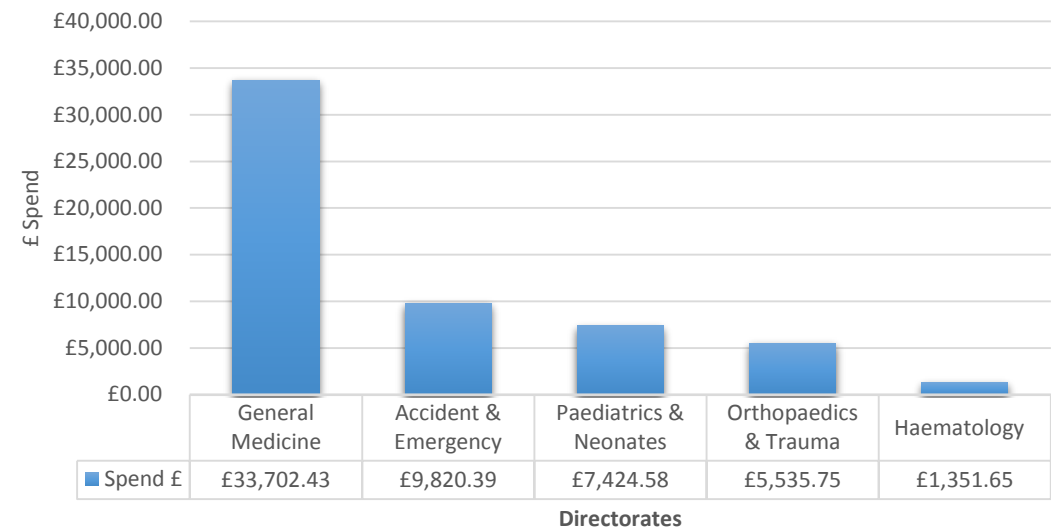
Neath SDU



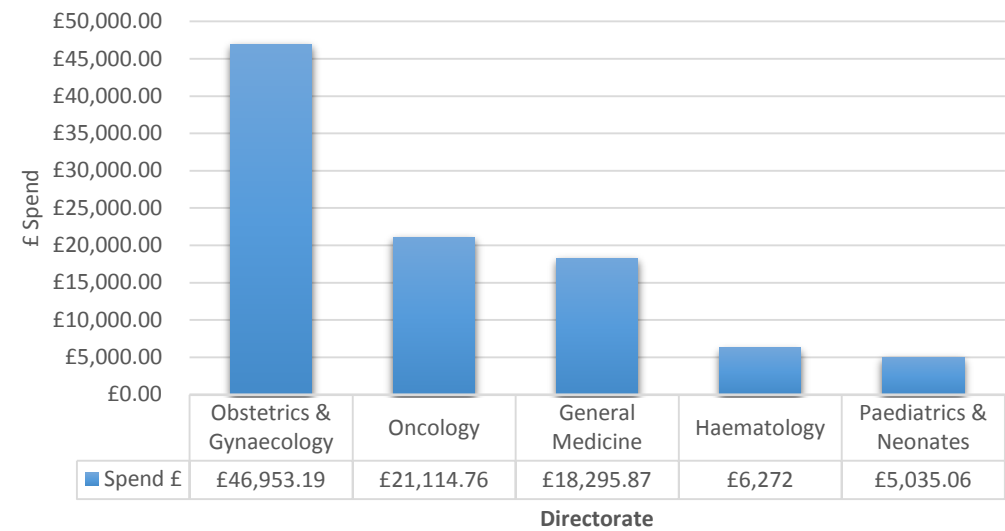
| | Average Actual Spend Per Mth Oct 16 - Sept 17 £000 | Actual Spend 17/18 | | | | | | | | | | | |
|--------------------|---|--------------------|------|------|------|------|------|------|------|------|------|------|------|
| | | M1 | M2 | M3 | M4 | M5 | M6 | M7 | M8 | M9 | M10 | M11 | M12 |
| | | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 |
| Agency - Medical | 31 | 13 | 48 | 43 | 65 | 35 | 39 | 9 | 19 | 48 | 36 | 23 | |
| ADH | 27 | 24 | 20 | 22 | 94 | 29 | 20 | 1 | 34 | 48 | 33 | 5 | |
| Total Agency & ADH | 58 | 38 | 68 | 64 | 159 | 63 | 59 | 10 | 53 | 96 | 69 | 28 | |

APPENDIX 3

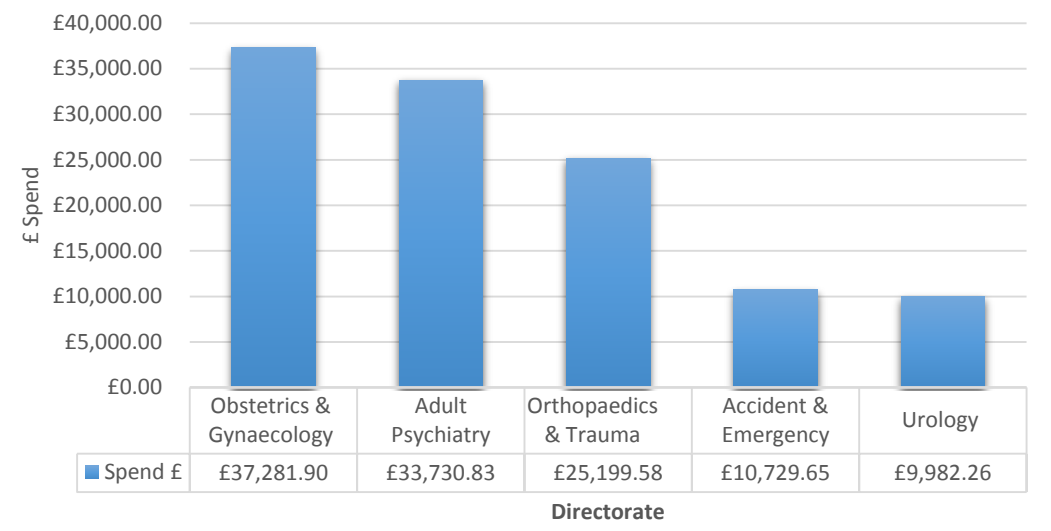
Delivery Unit - Morriston



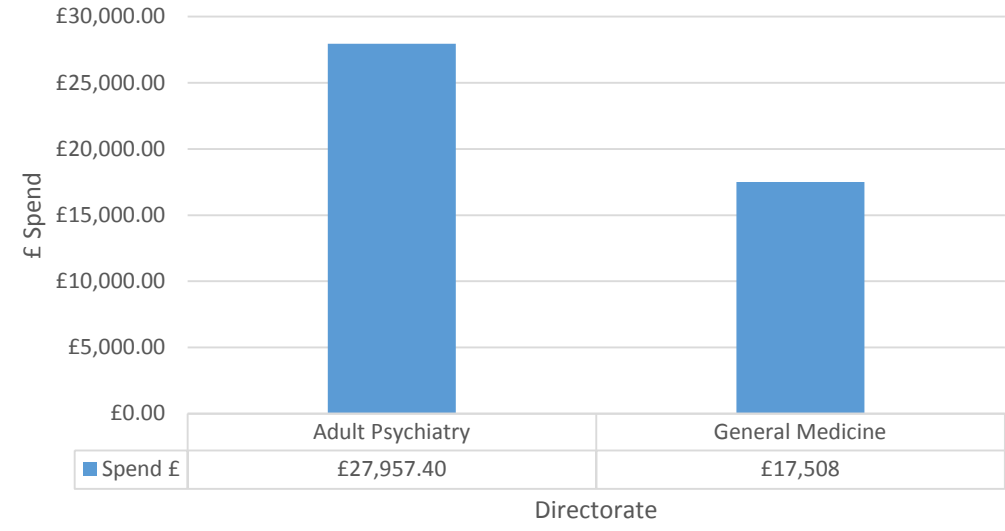
Delivery Unit - Singleton



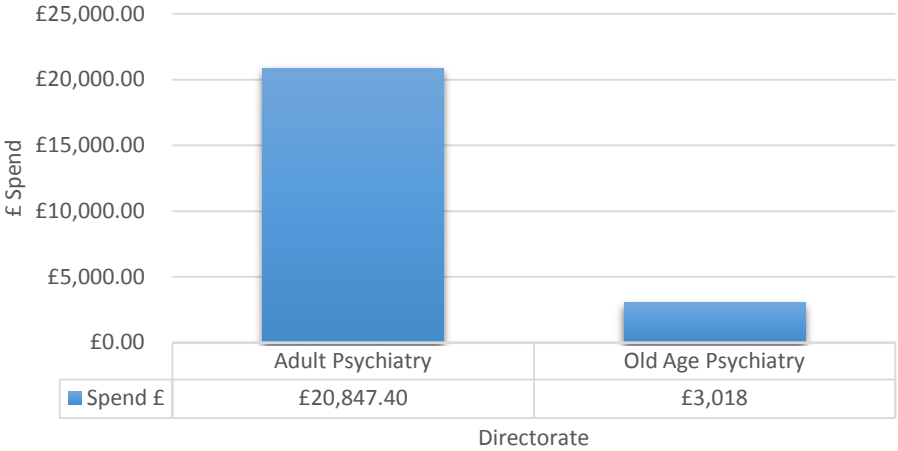
Delivery Unit - Princess Of Wales



Delivery Unit - Neath Port Talbot



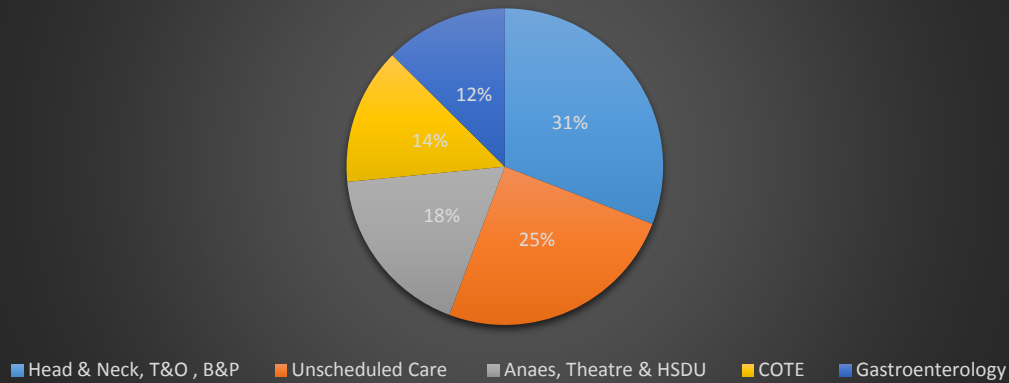
Delivery Unit - Cefn Coed



Morrison Top 5 Hours Booked

| Base | Service | Hours Booked |
|----------|------------------------|--------------|
| Morrison | Head & Neck, T&O , B&P | 234 |
| Morrison | Unscheduled Care | 187.8 |
| Morrison | Anaes, Theatre & HSDU | 134.47 |
| Morrison | COTE | 105.76 |
| Morrison | Gastroenterology | 95.19 |

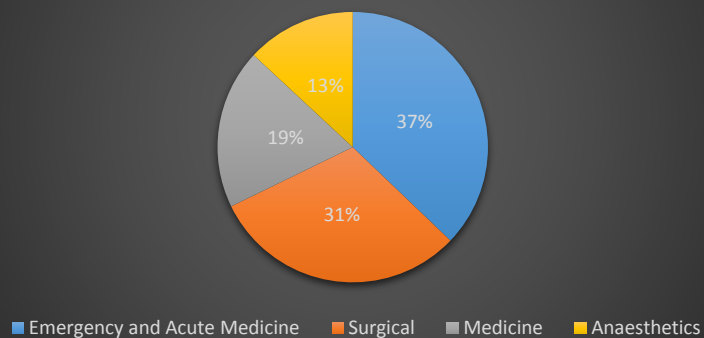
Morrison Top 5 Hours Booked Hours Booked



POW Top 5 Hours Booked * only 4 catagories requested

| Base | Service | Hours Booked |
|------|------------------------------|--------------|
| POW | Emergency and Acute Medicine | 386.3 |
| POW | Surgical | 318.5 |
| POW | Medicine | 199 |
| POW | Anaesthetics | 136 |

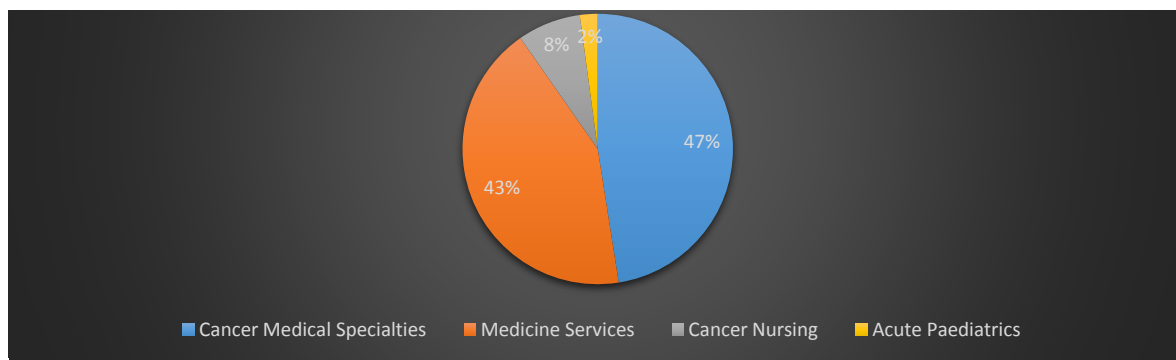
POW Top 5 Hours Booked * only 4 catagories requested Hours Booked



Singleton Top 5 Hours Booked * only 4 catagories in Singleton

| Base | Service | Hours Booked |
|-----------|----------------------------|--------------|
| Singleton | Cancer Medical Specialties | 178.76 |
| Singleton | Medicine Services | 161 |
| Singleton | Cancer Nursing | 28.44 |
| Singleton | Acute Paediatrics | 8 |

Singleton Top 5 Hours Booked * only 4 catagories in Singleton Hours Booked



APPENDIX 4

APPENDIX 5

Addressing the impact of NHS Wales Medical and Dental Agency and Locum deployment in Wales – WHC/2017/042

PROGRESS REPORT : 1st March to 31st March 2018

1.0 Introduction

Welsh Government (WG) issued a Welsh Health Circular WHC/2017/042 on 23rd October 2017 “Addressing the impact of NHS Wales Medical and Dental Agency and Locum deployment in Wales”.

The Circular required Health Boards to nominate an Executive Director lead to prepare monthly progress reports for Board level scrutiny, which are subsequently forwarded to WG for information. Abertawe Bro Morgannwg University Health Board (the Health Board) nominated the Medical Director as their Executive lead.

This report reflects the March data following implementation of the capped rates.

The Circular required Health Boards to report on the progress of the implementation plan for capped rates, and specifically required information on the following:

1. An assessment of the effectiveness of the control framework and information about whether any changes have been made as a result of lessons learned during operation;
2. An updated risk assessment incorporating lessons learned from any practical issues which have arisen during implementation, and the ways the risks will be mitigated or managed;
3. A comparison of the actual savings compared to the projected savings and an assessment of the confidence in the accuracy of the data;
4. An anonymised list of the number of agency workers paid (later confirmed by WG to be ‘booked’) above the capped rates, including details of the number of hours/sessions they have delivered and their specialty;
5. An anonymised summary which sets out the expenditure made to each of the ten highest paid (i.e. those paid the highest hourly rate) agency workers including details of the hours/shifts worked, their specialty and length of current assignment with the organisation;
6. An anonymised summary of the longest serving agency workers i.e. those working for the longest consecutive period, including their specialty, details of the hours/shifts worked and length of assignment;
7. An anonymised summary of the number of exceptions that have been authorised for Internal Ad Hoc Locum Cover in excess of the agreed cap including the number of hours/sessions they have delivered and their specialty;

8. An anonymised summary which sets out the expenditure made to each of the ten highest paid ad hoc locum workers including details of the hours/shifts worked;
9. An anonymised summary of any individual paid more than £120 per hour or more including their specialty, details of hours/shifts worked, whether they are providing Internal Ad Hoc Locum Cover or supplied by and Agency and length of assignment for agency staff.

The Health Board (HB) is confident that the data presented for agency workers by Medacs Healthcare is accurate. There is less confidence in the internal ad hoc locum data as the process and systems used are still bedding in. The data this month however has improved in terms of completeness, accuracy and quality. The Health Board continues however to review processes and systems and where necessary make changes to work towards 100% accurate recording of ad hoc locum data. The Health Board is continuing to provide training on the capped rate processes and requirements and holds regular lessons learned sessions given the multitude of individuals who are required to use the new system.

| |
|--|
| 2.0 An assessment of the effectiveness of the control framework and information about whether any changes have been made as a result of lessons learned during operation. |
|--|

The Agency Cap Task and Finish Group (the Group) continue to meet to undertake a review of progress made with implementation of the capped rates, and also agree changes to the process and systems if necessary. The Group identifies further training requirements for the Delivery Units and which front line staff will benefit from one to one training. Recently changes have been made to the data set for capturing data in line with WG reporting requirements which is increasing the HB's ability to report ad hoc locum information more accurately.

The Units within the HB are holding weekly local scrutiny panels to consider shifts that breach before escalation to the appropriate Executive Director. Improving the work of the local scrutiny panels will inform the training required for Directorates and front line staff which the Agency Cap Task and Finish Group are taking forward.

A further scrutiny panel is held monthly which is attended by the Executive Directors. At these scrutiny panels the Executive Directors scrutinise the decisions taken by the Delivery Units to encourage greater challenge or to ratify their work and discuss how to improve compliance with the process.

3.0 An updated risk assessment incorporating lessons learned from any practical issues, which have arisen during implementation and the ways the risks will be mitigated or managed

| Nature of risk | Description | Mitigating actions |
|---|--|--|
| Recording of the Internal Ad Hoc Locum shifts | Further data is required for accurate data. | Updated information recorded and one to one training arranged for front line staff |
| Breaches of Internal Ad Hoc Locum Price Caps | Some departments have high vacancies and have breached capped rates to secure locums Alternative is paying Consultants to be resident which has a much higher cost | Breaches scrutinised by each unit prior to Executive scrutiny panel. Review of recruitment options |
| Exclusion of GPs in the WHC | GPs approached to cover secondary locum shifts have declined as they can earn more as a locum GP. | May be beneficial to introduce a capped rate for GP's although it is accepted however that GP OOHs is very fragile at present. This requires WG approval. |
| Mixed Grades on Rotas | Currently grade of vacancy is paid to ad hoc locums. This is proving difficult as higher grade doctors not content to receive a lower grade locum rate when sharing rotas | Consider if the rate for the grade of the vacancy is paid however, no doctor should receive less than the rate for their grade. This requires WG approval. |
| SAS sharing rotas with trainees | This is the same point as above however this mix of grades seems to prove more contentious as trainees consider that all on a Middle Grade rota should be paid the same rate | If the proposal above is implemented it should be monitored to establish if this also address issues for Middle Grade rotas |

4.0 A comparison of the actual savings compared to the projected savings and an assessment of the confidence in the accuracy of the data

Please refer to Appendix 1 attached and the caveats listed on this occasion.

5.0 An anonymised list of the number of agency workers paid above the capped rates, including details of the number of hours/sessions they have delivered and their specialty

5.1 Agency Workers who had assignments confirmed and rates agreed prior to 13.11.17 who are above the cap (please note that many of these will now have left, transferred to NHS, reduced to cap etc as in the set out in the Table above).

| Number (from highest to lowest paid) | Hours Worked (01.03.18 to 31.03.18) | Specialty | % variance to price cap |
|--------------------------------------|-------------------------------------|------------------|-------------------------|
| 1 | 166 | Oncology | +21% |
| 2 | 1,385 | Mental Health | -7% |
| 3 | 200 | General Medicine | +50% |
| 4 | 963 | Mental Health | +21% |
| 5 | 8,633 | Obs & Gynae | +39% |
| 6 | 750 | Mental Health | +16% |
| 7 | 4,197 | General Medicine | +8% |
| 8 | 284 | General Medicine | +34% |

5.2 Top Three Agency Workers who had assignments confirmed during March 2018 and (rates agreed after the 13.11.17) who are above the cap

| Number (from highest to lowest paid) | Hours Booked (01.03.18 to 31.03.18) | Specialty | % variance to price cap |
|--------------------------------------|-------------------------------------|-----------|-------------------------|
| 1 | 60 | Radiology | +44% |
| 2 | 60 | Radiology | +44% |
| 3 | 36 | Radiology | +44% |

5.3 New assignments sourced at cap since 13.11.17 have included:

5.4 Summary of hours booked in March 2018

| | |
|---|---------|
| Hours booked at Cap | 3,491.5 |
| Hours booked above Cap | 5,287 |
| Extensions to bookings made prior to 13.11.17 above Cap | 2 |

6.0 An anonymised summary which sets out the expenditure made to each of the ten highest paid (i.e. those paid the highest hourly rate) agency workers including details of the hours/shifts worked, their specialty and length of current assignment with the organisation

| Number (from highest to lowest paid) | Total Cost hourly rate | Hours worked (01.03.18 to 31.03.18) | Specialty | Length of current assignment | Expenditure |
|--------------------------------------|------------------------|-------------------------------------|--------------------------|------------------------------|-------------|
| 1 | £127.85 | 148.03 | Radiology | Apr – Sep 2018 | £18,925.64 |
| 2 | £110.27 | 143.77 | Urology | Apr – Apr 2018 | £15,853.51 |
| 3 | £107.85 | 188.45 | Obstetrics & Gynaecology | Mar – Jun 2018 | £20,3024.33 |
| 4 | £97.22 | 151.63 | Adult Psychiatry | Mar – Jun 2018 | £14,741.47 |
| 5 | £77.63 | 165.68 | Paediatrics & Neonates | Apr – Jun 2018 | £12,861.74 |
| 6 | £74.83 | 153.57 | Urology | Apr – Jun 2018 | £11,481.64 |
| 7 | £74.52 | 230.15 | Obstetrics & Gynaecology | Mar – Jun 2018 | £17,150.78 |
| 8 | £57.05 | 217.97 | Orthopaedics & Trauma | Apr – Jul 2018 | £12,435.19 |
| 9 | £57.05 | 181.46 | Orthopaedics & Trauma | Apr – Jun 2018 | £10,352.30 |
| 10 | £49.82 | 181.12 | Obstetrics & Gynaecology | Feb – Aug 2018 | £9,023.40 |

7.0 An anonymised summary of the longest serving agency workers i.e. those working for the longest consecutive period, including their specialty, details of the hours/shifts worked and length of assignment

A list of the Top 10 have been presented.

| Number (from longest consecutive period) | Specialty | Aggregate of Hours worked | Length of assignment |
|--|--------------------------|---------------------------|----------------------|
| 1 | Obstetrics & Gynaecology | 8,632.72 | Jan - Jul 2018 |
| 2 | Paediatrics & Neonates | 5,673.00 | Apr – Jun 2018 |
| 3 | General Medicine | 4,540.50 | Apr – Jul 2018 |
| 4 | General Medicine | 4,196.67 | Oct 2017 – Jun 2018 |
| 5 | Obstetrics & Gynaecology | 3,830.15 | Mar – Jul 2018 |
| 6 | General Medicine | 2,910.00 | Apr – Jun 2018 |
| 7 | General Medicine | 2,126.00 | Apr – Apr 2018 |
| 8 | Orthopaedics & Trauma | 1,660.00 | Apr – Jun 2018 |
| 9 | Adult Psychiatry | 1,651.63 | Mar – May 2018 |
| 10 | General Surgery | 741.50 | Apr – Apr 2018 |

8.0 An anonymised summary of the number of exceptions that have been authorised for Internal Ad Hoc Locum Cover in excess of the agreed cap including the number of hours/sessions they have delivered and their specialty

| Breached capped Rate | Service | No. of Bookings | Hours Worked | Percentage of Compliance* |
|-----------------------------|----------------------|------------------------|---------------------|----------------------------------|
| Yes | Accident & Emergency | 11 | 90.25 | 23% |
| | Anaesthetics | 63 | 540.25 | 52% |
| | General Medicine | 26 | 349.50 | 40% |
| | Surgical | 5 | 63.00 | 5% |
| No | Accident & Emergency | 36 | 338.00 | 77% |
| | Anaesthetics | 58 | 505.00 | 48% |
| | Cancer Services | 8 | 111.87 | 100% |
| | General Medicine | 39 | 1062.00 | 60% |
| | Obstetrics | 7 | 191.23 | 100% |
| | Paediatrics | 42 | 599.25 | 100% |
| | Mental Health | 71 | 803.50 | 100% |
| | Surgical | 106 | 1735.50 | 95% |
| | Unknown | 3 | 87.00 | 100% |

*Percentage of the total returns in that specialty

The HB has more confidence in the internal ad hoc locum data as the data captured and reporting systems have now bedded in, and we continue to work through some lessons learned in relation to recording 100% of the activity.

9.0 An anonymised summary, which sets out the expenditure made to each of the highest paid ad hoc locum workers including details of the hours/shifts worked

| No. | Specialty | Grade | Unit | Hrs Booked | Avg Hourly Rate | Sum of Total Cost |
|-----|----------------------|------------|----------|------------|-----------------|-------------------|
| 1 | Accident & Emergency | Consultant | POW | 9 | 154.40 | 1,389.60 |
| 2 | Accident & Emergency | Consultant | POW | 9 | 154.40 | 1,389.60 |
| 3 | Anaesthetics | Consultant | Morrison | 3.75 | 154.40 | 579.00 |
| 4 | Anaesthetics | Consultant | Morrison | 26.25 | 154.40 | 4,053.00 |
| 5 | Anaesthetics | Consultant | Morrison | 15 | 154.40 | 2,316.00 |
| 6 | Anaesthetics | Consultant | Morrison | 15 | 154.40 | 2,316.00 |
| 7 | Anaesthetics | Consultant | Morrison | 15 | 154.40 | 2,316.00 |
| 8 | Anaesthetics | Consultant | Morrison | 11.25 | 154.40 | 1,737.00 |
| 9 | Anaesthetics | Consultant | Morrison | 15 | 154.40 | 2,316.00 |
| 10 | Anaesthetics | Consultant | Morrison | 18.75 | 154.40 | 2,895.00 |
| 11 | Anaesthetics | Consultant | Morrison | 3.75 | 154.40 | 579.00 |
| 12 | Anaesthetics | Consultant | Morrison | 15 | 154.40 | 2,316.00 |
| 13 | Anaesthetics | Consultant | Morrison | 7.5 | 154.40 | 1,158.00 |
| 14 | Anaesthetics | Consultant | Morrison | 7.5 | 154.40 | 1,158.00 |
| 15 | Anaesthetics | Consultant | Morrison | 3.75 | 154.40 | 579.00 |
| 16 | Anaesthetics | Consultant | Morrison | 7.5 | 154.40 | 1,158.00 |
| 17 | Anaesthetics | Consultant | Morrison | 15 | 154.40 | 2,316.00 |
| 18 | Anaesthetics | Consultant | Morrison | 7.5 | 154.40 | 1,158.00 |
| 19 | Anaesthetics | Consultant | Morrison | 7.5 | 154.40 | 1,158.00 |
| 20 | Anaesthetics | Consultant | Morrison | 7.5 | 154.40 | 1,158.00 |
| 21 | Anaesthetics | Consultant | Morrison | 7.5 | 154.40 | 1,158.00 |
| 22 | Anaesthetics | Consultant | Morrison | 3.75 | 154.40 | 579.00 |

Again, Anaesthetics Morrison showing to be the highest paid consultants. This is due to the cover now being reported as gaps or sickness. The Accident & Emergency bookings in POW related to a vacancy.

10.0 An anonymised summary of any individual paid more than £120 per hour or more including their specialty, details of hours/shifts worked, whether they are providing Internal Ad Hoc Locum Cover or supplied by and Agency and length of assignment for agency staff.

| Number (from highest to lowest paid) | Total Cost hourly rate | Hours Booked in month | Specialty | Agency or Internal Ad Hoc Locum | Length of assignment |
|--|---------------------------|-----------------------------|-------------------------|------------------------------------|-------------------------|
| 1 | 154.40 | 9 | Accident & Emergency | Ad hoc | N/A |
| 2 | 154.40 | 9 | Accident & Emergency | Ad hoc | N/A |
| 3 | 154.40 | 3.75 | Anaesthetics | Ad hoc | N/A |
| 4 | 154.40 | 26.25 | Anaesthetics | Ad hoc | N/A |
| 5 | 154.40 | 15 | Anaesthetics | Ad hoc | N/A |
| 6 | 154.40 | 15 | Anaesthetics | Ad hoc | N/A |
| 7 | 154.40 | 15 | Anaesthetics | Ad hoc | N/A |
| 8 | 154.40 | 11.,25 | Anaesthetics | Ad hoc | N/A |
| 9 | 154.40 | 15 | Anaesthetics | Ad hoc | N/A |
| 10 | 154.40 | 18.75 | Anaesthetics | Ad hoc | N/A |
| 11 | 154.40 | 3.75 | Anaesthetics | Ad hoc | N/A |
| 12 | 154.40 | 15 | Anaesthetics | Ad hoc | N/A |
| 13 | 154.40 | 7.5 | Anaesthetics | Ad hoc | N/A |
| 14 | 154.40 | 7.5 | Anaesthetics | Ad hoc | N/A |
| 15 | 154.40 | 3.75 | Anaesthetics | Ad hoc | N/A |
| 16 | 154.40 | 7.5 | Anaesthetics | Ad hoc | N/A |
| 17 | 154.40 | 15 | Anaesthetics | Ad hoc | N/A |
| 18 | 154.40 | 7.5 | Anaesthetics | Ad hoc | N/A |
| 19 | 154.40 | 7.5 | Anaesthetics | Ad hoc | N/A |
| 20 | 154.40 | 7.5 | Anaesthetics | Ad hoc | N/A |
| 21 | 154.40 | 7.5 | Anaesthetics | Ad hoc | N/A |
| 22 | 154.40 | 3.75 | Anaesthetics | Ad hoc | N/A |
| 23 | £127.85 | 60 | Radiology | Agency | 12-18 March |

11.0 Compliance with the CCS framework to procure agency workers

| Number of Drs Booked | Number Drs Booked MasterVend | Number Drs Booked outside MasterVend | Number Drs booked outside CCS Framework |
|-------------------------|---------------------------------|--|---|
| 40 | 37 | 2 | 1 |

12.0 Progress made in renegotiating rates of agency workers who had assignments booked prior to the 13th November 2017.

| | | |
|-------------------------|-----------|----------------|
| Original RAG | | |
| RAG STATUS | No | % |
| Finished | 21 | 55.26% |
| Refused to Lower | 7 | 18.42% |
| Lowered to Cap | 10 | 26.32% |
| Total | 38 | 100.00% |

Whilst the departments are standing firm with the rates from the offset they can only stand firm for so long before the pressure from Consultants and other factors come into play, so the departments are having to look for doctors who will work but who will breach the cap. With the shortage of doctors who want to come to Wales there is evidence that rates are increasing and this is likely to continue.

13.0 Other useful Key Statistics

Agency

Attached as Appendix 2 is the spreadsheet relating to Agency shifts. The total number of external agency shifts booked in March was 55 including non Medacs shifts. 26 (47.27 %) of these were paid at the capped rate or below the cap. 84% of these shifts were booked to cover vacancies, with 13% to cover sickness absence. The cost attributed to engaging external agency doctors for February 2018 was £587,194. The Princess of Wales (POWH) has utilised the greatest number of agency doctors, booking 30 shifts at a cost of £341,132; Morriston utilised 8 shifts at a cost of £138,305 ; Neath utilised 7 shifts at a cost of £44,547; Singleton utilised 6 shifts at a cost of £10,192 and Mental Health booked 4 shifts at a cost of £107,613.

Ad hoc Locums

Attached as Appendix 3 is the spreadsheet relating to internal ad locum shifts. In February 2018, of 475 ad hoc locum shifts, 368 (77%) shifts that were paid at or below or the capped rate. The value of internal ad hoc locum usage was £394,980. Morriston utilised the greatest number of bookings: 200 shifts with 69 breaches of the cap. POWH booked 116 shifts with 18 breaches. Singleton utilised 68 shifts with 20 breaches of the cap. Mental Health booked 71 shifts with no breaches. Neath booked 14 shift with no breaches.

13.0 Conclusion

The HB continues to work hard in embedding the new processes. There is high confidence in the Medacs data with the exception of ensuring that non CCS frameworks are reported via Medacs. A substantial amount of work is being undertaken to improve the quality of the internal ad hoc locum data and this month there is evidence that this work has borne fruit and the data has improved significantly. There is growing evidence that external supply is being affected and the number of breaches for Agency staff are often increasing due to market forces. It is also thought that the inability to pay accommodation and travel is also having a negative impact on supply. It is critical therefore given that this is now the fourth report that the HB and NHS Wales begin to look for alternative solutions to improve the supply of doctors in a number of specialties to reduce the reliance on Agency or ad hoc locum doctors. The HB would also welcome feedback from Welsh Government on the data and reports submitted so far.

Prepared by Professor Hamish Laing

(Executive Director Lead for WHC/2017/042)

Date 17.4.18



Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board

APPENDIX 6

ABMU Finance Dept. WG Agency Cap Financial Summary

Month 12
FY 2017/2018

Summary Assumptions & Data Issues

MTH 12 REPORT 2017/2018 – INFORMATION IN THE REPORT IS BASED ON THE HEALTH BOARD LEDGER POSITION AT 11TH APRIL 2018. THE LEDGER IS NOT SCHEDULED TO FORMALLY CLOSE UNTIL 18TH APRIL 2018.

1. Source Data:

- Information to produce the reports are taken from the Health Board's Financial Ledger system and report all costs allocated to Medical Agency and ADH codes.
- Information in the Ledger will include actual expenditure and accruals.

2. Source Data Medac Process :

- In November 2017 a review of the process to ensure the financial position in the ledger reflects the bookings made was undertaken and adjustments to the process implemented
- The financial position in the ledger is based on actual payments made and where payments are outstanding an accrual is included based on the value of the bookings made using the data provided by Medacs.

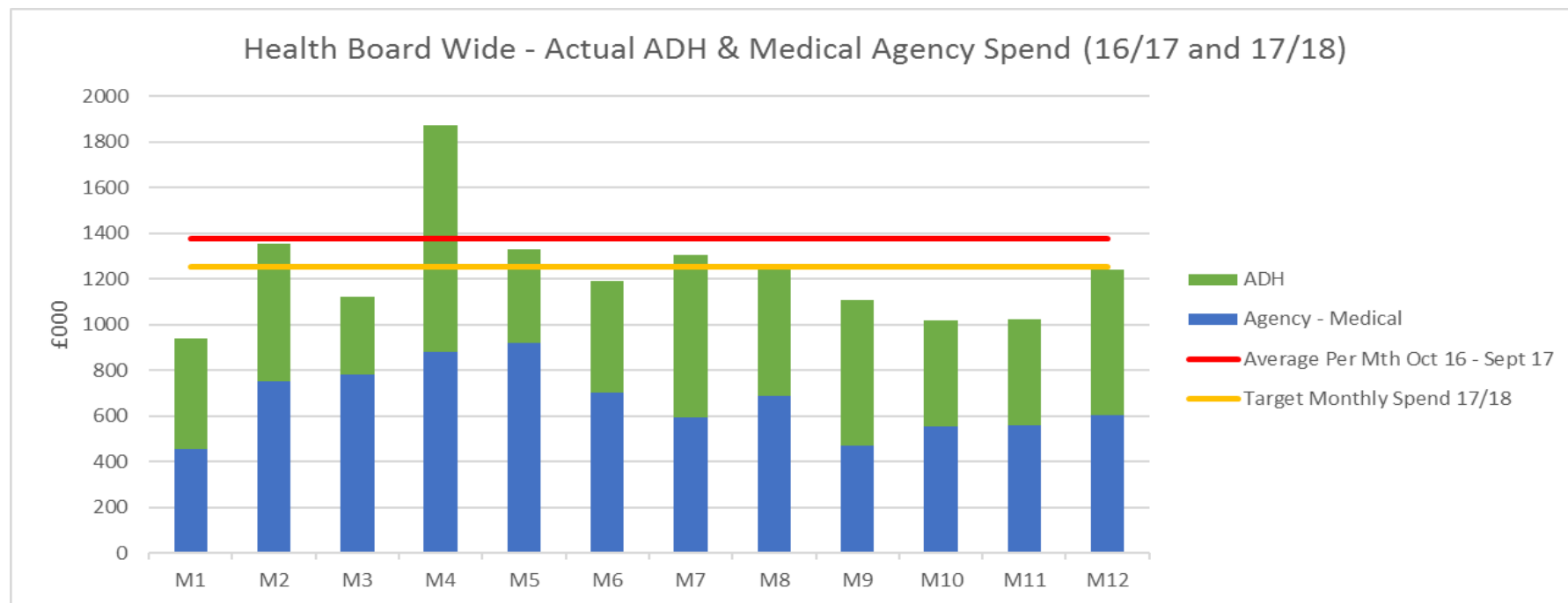
3. Source Data ADH Process:

- Health Board does not have a central repository of ADH information which makes it difficult to determine what payments are outstanding in any month.
- To compensate for this the Finance Function uses a methodology agreed with External Audit based on average and trends from the previous 3 months.
- The current accrual methodology will be replaced from 1st April 2018 using the information sources provided by each unit linked to the information requirements of the WG reporting of the Medical Agency cap.

4. Modelling & Savings Target

- During the implementation of the cap the Health Board undertook a modelling exercise to determine the savings to be delivered.
- The modeling work based on expenditure between Oct 16 – and Nov 17 estimated an annual saving for the Health Board of £1.5m FYE.
- The average monthly impact of this target has been added to the graphs and depicted as a yellow line to demonstrate the savings developed.
- *NOTE – this report is using the Financial Ledger system and cannot reflect whether any changes in expenditure patterns are as a result of the WG cap or changes in volume.*

Section 1: Health Board Wide Summary



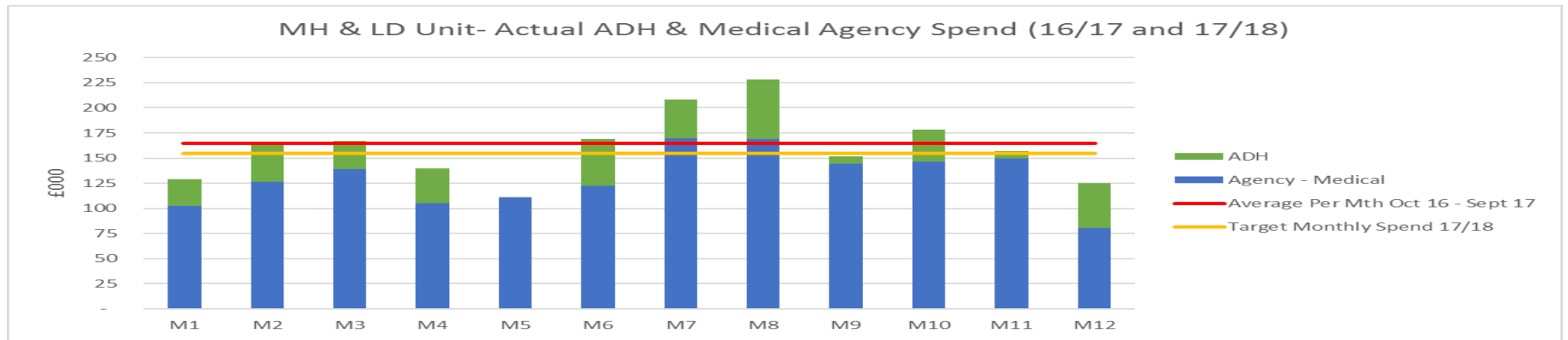
| | Average Actual Spend Per Mth Oct 16 - Sept 17 £000 | Actual Spend 17/18 | | | | | | | | | | | |
|-------------------------------|---|--------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|-------------|
| | | M1 | M2 | M3 | M4 | M5 | M6 | M7 | M8 | M9 | M10 | M11 | M12 |
| | | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 |
| Agency - Medical | 810 | 457 | 750 | 780 | 880 | 919 | 704 | 592 | 686 | 472 | 556 | 558 | 605 |
| ADH | 567 | 484 | 603 | 340 | 991 | 413 | 486 | 714 | 574 | 635 | 461 | 467 | 638 |
| Total Agency & ADH | 1,377 | 941 | 1,353 | 1,120 | 1,871 | 1,332 | 1,190 | 1,306 | 1,261 | 1,107 | 1,017 | 1,026 | 1243 |

Narrative

- Since P04 the overall spend on Medical Agency and ADH's has reduced to below the average level of 16/17.
- Since the introduction of the cap the actual costs have reduced further and are below the target set by the Health Board as part of the modelling work based on Oct 16 to Sept 17 usage.

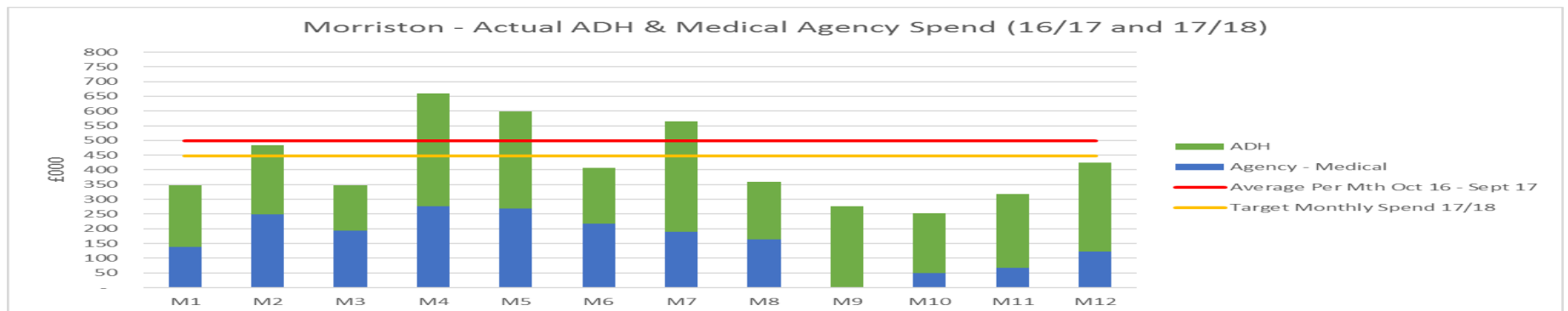
Section 2: Service Delivery Units Summary

MH/LD SDU



| | Average Actual Spend Per Mth Oct 16 - Sept 17 £000 | Actual Spend 17/18 | | | | | | | | | | | |
|--------------------|---|--------------------|------------|------------|------------|------------|------------|------------|------------|------------|-------------|-------------|-------------|
| | | M1 £000 | M2 £000 | M3 £000 | M4 £000 | M5 £000 | M6 £000 | M7 £000 | M8 £000 | M9 £000 | M10 £000 | M11 £000 | M12 £000 |
| Agency - Medical | 140 | 103 | 126 | 139 | 105 | 111 | 122 | 170 | 169 | 144 | 147 | 150 | 80 |
| ADH | 24 | 27 | 38 | 28 | 35 | 5 | 47 | 39 | 60 | 7 | 32 | 7 | 45 |
| Total Agency & ADH | 164 | 129 | 164 | 167 | 140 | 106 | 169 | 208 | 228 | 152 | 178 | 157 | 125 |

Morrison SDU

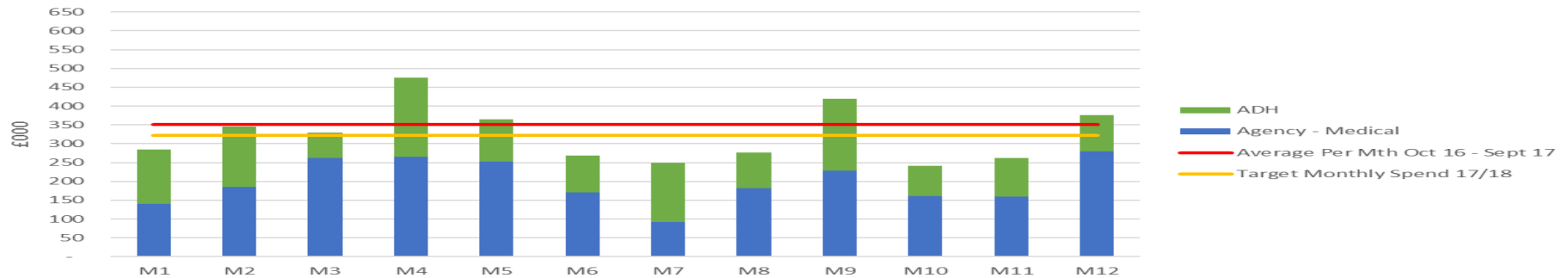


| | Average Actual Spend Per Mth Oct 16 - Sept 17 £000 | Actual Spend 17/18 | | | | | | | | | | | |
|--------------------|---|--------------------|------------|------------|------------|------------|------------|------------|------------|------------|-------------|-------------|-------------|
| | | M1 £000 | M2 £000 | M3 £000 | M4 £000 | M5 £000 | M6 £000 | M7 £000 | M8 £000 | M9 £000 | M10 £000 | M11 £000 | M12 £000 |
| Agency - Medical | 247 | 138 | 250 | 193 | 277 | 269 | 216 | 190 | 165 | 22 | 49 | 68 | 123 |
| ADH | 253 | 210 | 235 | 155 | 382 | 329 | 191 | 375 | 195 | 276 | 204 | 251 | 302 |
| Total Agency & ADH | 500 | 348 | 485 | 348 | 659 | 598 | 408 | 565 | 360 | 253 | 253 | 319 | 425 |

Section 2: Service Delivery Units Summary

POW SDU

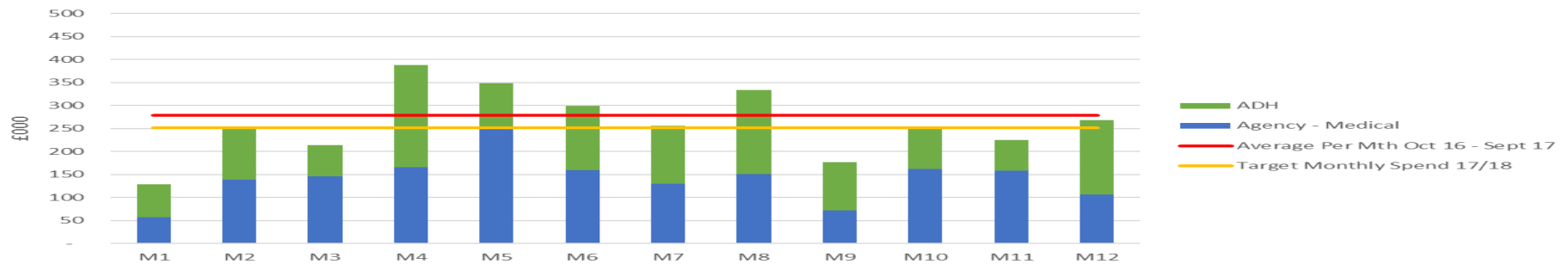
POW- Actual ADH & Medical Agency Spend (16/17 and 17/18)



| | Average Actual Spend Per Mth Oct 16 - Sept 17 £000 | Actual Spend 17/18 | | | | | | | | | | | |
|-------------------------------|---|--------------------|------------|------------|------------|------------|------------|------------|------------|------------|-------------|-------------|-------------|
| | | M1 £000 | M2 £000 | M3 £000 | M4 £000 | M5 £000 | M6 £000 | M7 £000 | M8 £000 | M9 £000 | M10 £000 | M11 £000 | M12 £000 |
| Agency - Medical | 224 | 140 | 185 | 262 | 266 | 253 | 171 | 92 | 182 | 229 | 162 | 159 | 280 |
| ADH | 127 | 145 | 161 | 67 | 210 | 111 | 97 | 157 | 94 | 190 | 79 | 104 | 96 |
| Total Agency & ADH | 351 | 285 | 346 | 329 | 476 | 364 | 269 | 250 | 276 | 419 | 241 | 262 | 375 |

Singleton SDU

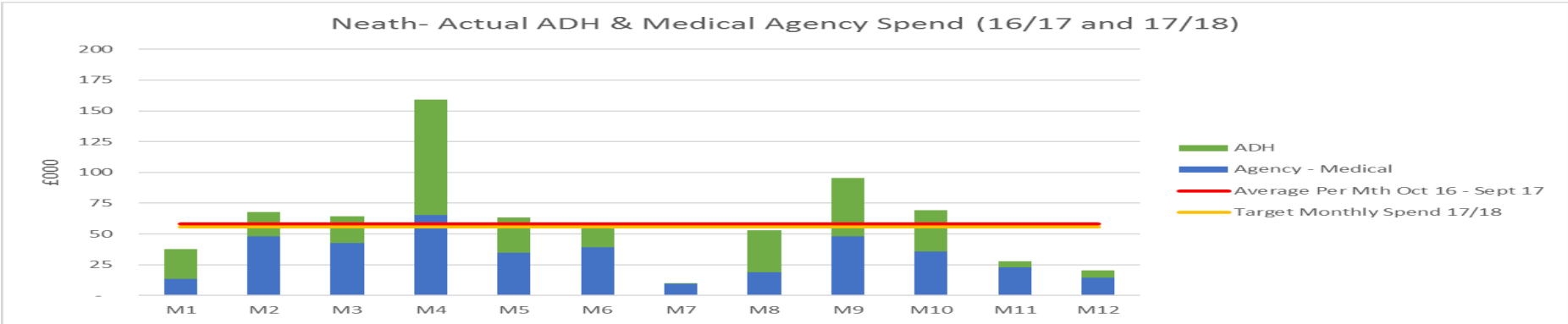
Singleton- Actual ADH & Medical Agency Spend (16/17 and 17/18)



| | Average Actual Spend Per Mth Oct 16 - Sept 17 £000 | Actual Spend 17/18 | | | | | | | | | | | |
|-------------------------------|---|--------------------|------------|------------|------------|------------|------------|------------|------------|------------|-------------|-------------|-------------|
| | | M1 £000 | M2 £000 | M3 £000 | M4 £000 | M5 £000 | M6 £000 | M7 £000 | M8 £000 | M9 £000 | M10 £000 | M11 £000 | M12 £000 |
| Agency - Medical | 161 | 58 | 139 | 146 | 166 | 250 | 160 | 129 | 151 | 72 | 162 | 158 | 106 |
| ADH | 117 | 71 | 110 | 67 | 222 | 99 | 139 | 126 | 182 | 105 | 92 | 66 | 162 |
| Total Agency & ADH | 279 | 129 | 248 | 214 | 388 | 349 | 299 | 256 | 333 | 177 | 254 | 224 | 269 |

Section 2: Service Delivery Units Summary

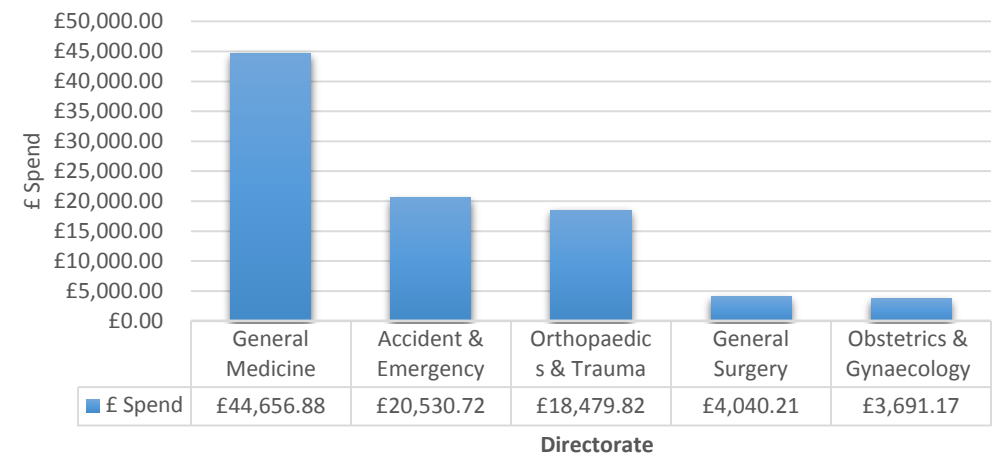
Neath SDU



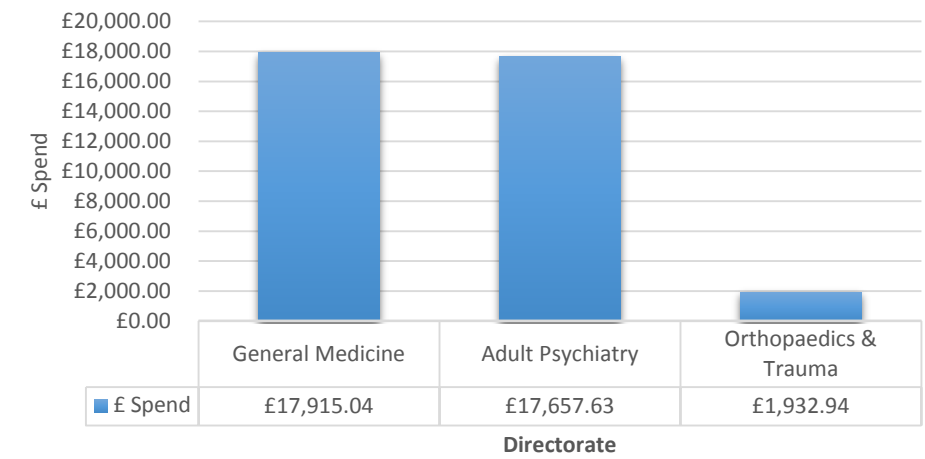
| | Average Actual Spend Per Mth Oct 16 - Sept 17 £000 | Actual Spend 17/18 | | | | | | | | | | | |
|--------------------|---|--------------------|------|------|------|------|------|------|------|------|------|------|------|
| | | M1 | M2 | M3 | M4 | M5 | M6 | M7 | M8 | M9 | M10 | M11 | M12 |
| | | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 |
| Agency - Medical | 31 | 13 | 48 | 43 | 65 | 35 | 39 | 9 | 19 | 48 | 36 | 23 | 15 |
| ADH | 27 | 24 | 20 | 22 | 94 | 29 | 20 | 1 | 34 | 48 | 33 | 5 | 6 |
| Total Agency & ADH | 58 | 38 | 68 | 64 | 159 | 63 | 59 | 10 | 53 | 96 | 69 | 28 | 20 |

APPENDIX 7

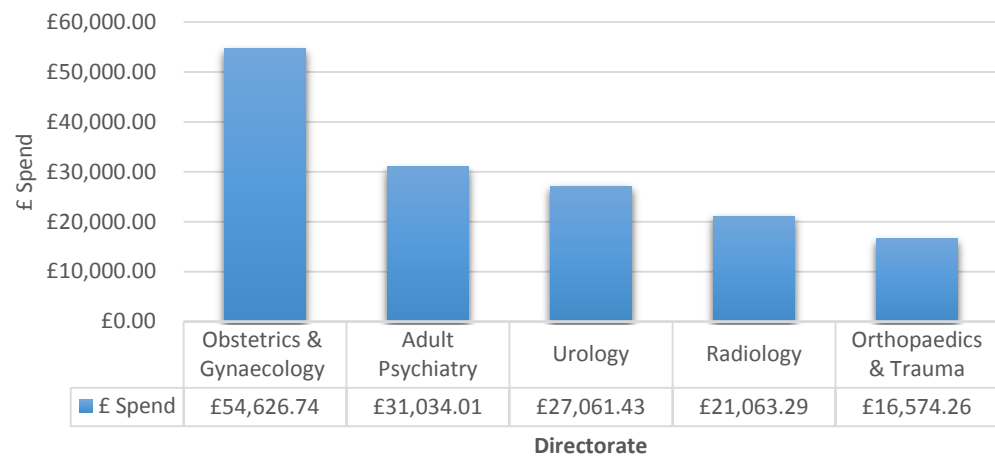
Delivery Unit - Morriston



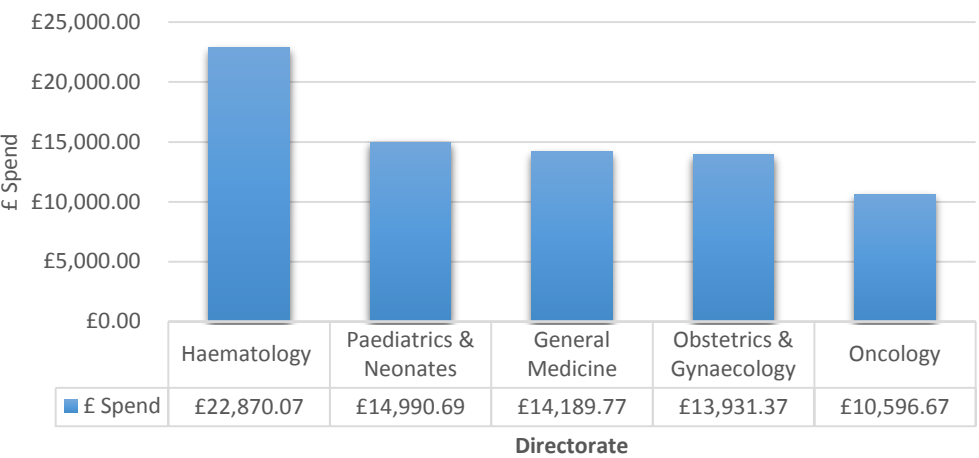
Delivery Unit - Neath Port Talbot



Delivery Unit - Princess Of Wales



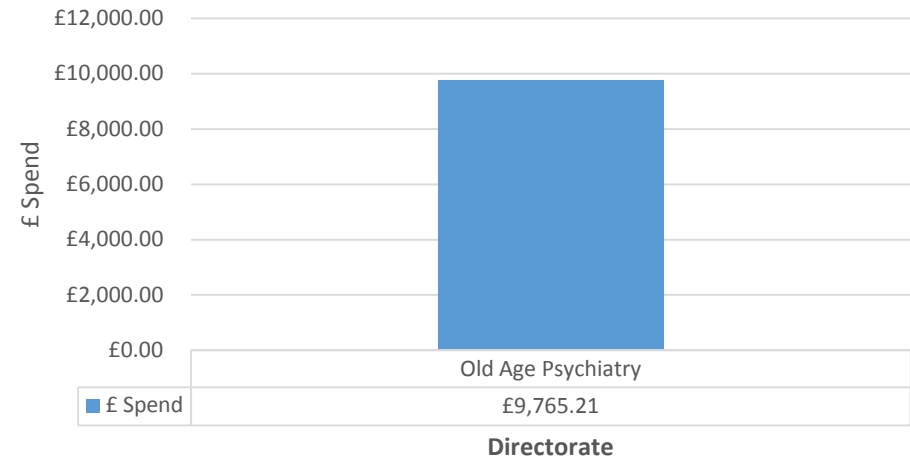
Delivery Unit - Singleton



Delivery Unit - Cefn Coed



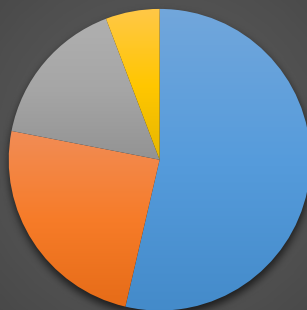
Delivery Unit - Tonna Hospital



Morriston Top 4 Hours Booked

| Base | Service | Hours Booked |
|---------------|------------------|--------------|
| Morriston - A | Surgical | 1553.5 |
| Morriston | General Medicine | 707 |
| Morriston | Anaesthetics | 468 |
| Morriston | Paediatrics | 167.5 |

Morriston Top 4 Hours Booked Hours Booked

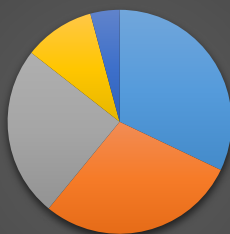


■ Morriston - APPENDIX 8 Surgical
 ■ Morriston General Medicine
 ■ Morriston Anaesthetics
 ■ Morriston Paediatrics

POW Top 5 Hours booked

| Base | Service | Hours Booked |
|------|----------------------|--------------|
| POW | Accident and Emergen | 428.25 |
| POW | Anaesthetics | 385 |
| POW | General Medicine | 329 |
| POW | Surgical | 136.5 |
| POW | Paediatrics | 56.25 |

POW Top 5 Hours booked Hours Booked

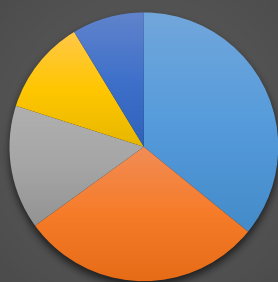


■ POW Accident and Emergency
 ■ POW Anaesthetics
 ■ POW General Medicine
 ■ POW Surgical
 ■ POW Paediatrics

Singleton Top 5 Hours booked

| Base | Service | Hours Booked |
|-----------|-----------------------|--------------|
| Singleton | General Medicine | 462.5 |
| Singleton | Paediatrics | 375.5 |
| Singleton | Anaesthetics | 192.25 |
| Singleton | Obstetrics and Gynaec | 146.73 |
| Singleton | Cancer Services | 111.87 |

Singleton Top 5 Hours booked Hours Booked



■ General Medicine

■ Paediatrics

■ Anaesthetics

■ Obstetrics and Gynaecology

■ Cancer Services