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WALES

Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board



Meeting Date	23rd May 2018		Agenda Item	2g
Report Title	Medical Locum Caps			
Report Author	Sharon Vickery, Head of HR Delivery Units and Medical HR			
Report Sponsor	Hamish Laing, Executive Medical Director, Hazel Robinson, Director of Workforce and OD, Lynne Hamilton, Director of Finance and Chris White, Interim C.O.O.			
Presented by	Hazel Robinson , Director of Workforce and OD			
Freedom of Information	Open			
Purpose of the Report	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. .			
Key Issues	This report sets out the positive progress, challenges and follow up actions required to improve implementation of the all Wales agency caps.			
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance	Approval
			✓	
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • Note the content of the Welsh Government submission and give retrospective approval to the documentation • Note the progress and challenges outlined • Note the follow up actions. 			

MEDICAL LOCUM CAPS

1. INTRODUCTION

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.

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. April data was submitted to Welsh Government on 17th May 2018.

2. BACKGROUND

The medical locum cap was introduced across all Health Boards in Wales in November 2017. Please note that the term agency doctor is used to denote external agency cover and ad hoc locum denotes internal doctors providing cover. Key areas of progress, performance and ongoing challenges are summarised below:

2.1 Positive Progress

1. At the March Finance and Performance Committee it was reported 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 remains timelier and includes performance and analysis of the previous month's data (April 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 April data has improved once again in terms of both completion and accuracy.
4. Agency – positive progress is reported for April 2018. The percentage of agency doctors paid at or below the capped rates in terms of the number of assignments is set out as follows:-

February 2018	March 2018	April 2018
40.38%	47.2%	56.25%

Further analysis has taken place and from April 2018 onwards the percentage compliance will also include hours. The percentage of agency doctors paid at or below the capped rates based on hours is 41.5%.

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 is set out as follows :-

February 2018	March 2018	April 2018
60%	77%	81%

Once again further analysis has taken place and from April 2018 onwards the percentage compliance will also include hours. The percentage of agency doctors paid at or below the capped rates based on hours is 86%.

6. Attached at Appendix 3 (Please see section 2.4 for details of the order of appendices) is comparative data presented by Medacs for the Health Boards who participate in the managed service. The data sets out by Grade and Health Board the average rates paid by Health Boards as recorded via booked data and actual averages when the doctors are paid. The data illustrates that ABMU compares favourably with other Health Boards. Please refer to Appendix 3 for the full details, but below is a table setting out the highest hourly rates by Grade and by Health Board:-

Agency Locums: Planned Rates When Booked

Grade	Health Board	Average Hourly Rate (£)
Consultant	Hywel Dda	134.84
Consultant	Cardiff and Vale	104.55
(Consultant	ABMU	111.55) for information
SAS	Cwm Taff	79.12
SAS	ABMU	66.43
ST3+	Cardiff and Vale	92.99
ST3+	ABMU	72.47
ST1	Cwm Taff	63.74
ST1	ABMU	46.89

Agency Locums: Actual Rates When Paid

Grade	Health Board	Average Hourly Rate (£)
Consultant	Hywel Dda	115.94
Consultant	ABMU	101.29
SAS	Cardiff and Vale	76.98
SAS	ABMU	63.00
ST3+	ABMU	73.72
ST3+	Hywel Dda	66.43
ST1	Cwm Taff	56.42
ST1	ABMU	50.59

7. The Health Board had provided Welsh Government with estimated agency/locum monthly spend of £1,377k per month for 16/17. For April the estimated spend is based on actual spend in 17/18. Expenditure was as follows:-

February 2018	March 2018	April 2018
Ant. Spend £1,377k per month	Ant. Spend £1,377k per month	Ant. Spend £1,231 per month
£1,026K	£1,243K	£1,079K

It is positive to note that each month the spend was lower than anticipated.

2.2 Challenges and Areas of Further Activity

1. Although compliance with the monitoring and approval process increased again in April, 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. The main issue appears to be with multiple bookings. The Delivery Units argue there is insufficient capacity to complete forms for each locum shift. We are exploring a pragmatic solution to try to be able to capture all the information on one form which will then ensure that all shifts have received Executive approval.

During this month's reporting it has also become apparent that some areas are reporting locums booked or worked in previous months. The breakdown is indicated below. This will be addressed with the various areas concerned:-

Unit	Bookings	Hours	Total Cost
MH&LD	2	16	£672.80
Morrison	3	103.94	£5,009.91
Princess of Wales	1	4	£220.00
Singleton*	10	231.56	£15,940.11

*Singleton includes a 130 hour booking for the period 5/2/18 – 4/3/18 amounting to £10,400.00.

- Attached as Appendices 4 and 5 (Please refer to section 2.4 for the order of appendices) is data reflecting the highest utilisation of locum shifts by Delivery Units and Specialty. It should be noted that there is little correlation between the March and April graphs for Agency staff suggesting the pressures are sometimes fairly fluid depending on where the gaps appear. However for internal ad hoc cover it seems that Surgery, General Medicine and Anaesthetics in Morrison for example are consistently seeking large amounts of cover suggesting they are heavily reliant on locum cover. This would suggest these areas have high levels of vacancies. Appendix 1 shows that Anaesthetics in Morrison are consistently the highest paid locums in the Health Board. The Consultants are being paid waiting list initiative rates as an incentive to work at weekends to provide core cover. This is a difficult position to resolve as this is due to the constraints of the Amended Consultant Contract. 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.
- The Princess of Wales Hospital was the only Delivery Unit that did not meet its anticipated savings targets in April 2018 which was also the case in March. 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.
- 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.
- The Performance and Finance Committee again will note that 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.

2.3 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 none have been reported this month. This is kept under constant review.
2. Further training and re-training is being offered to support the Delivery Units and appears to be an ongoing need as illustrated in section 3.2.1.
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.

2.4 Welsh Government Submission

Please refer to the following Appendices for details of the April 2018 submission:-

Appendix 1: April WG Report

Appendix 2: April Finance Assessment

Appendix 3: Medacs comparative data by Grade and Health Board

Appendix 4: April Agency Top Five Specialties by DU and Utilisation

Appendix 5: April Internal Ad Hoc Locum Top Five Specialties by DU and Utilisation.

Please note in terms of the WG submission the Committee should note that following a query from last month's meeting where it was reported that Mental Health had booked 4 agency shifts at a cost of £107,613K, further clarity has been provided. The report should have explained that 4 assignments had been booked which involved 1,640 hours at a cost of £107,613. This issue has been amended and will appear as assignments booked in this and in future reports.

3. GOVERNANCE AND RISK ISSUES

The main risk with this work lies in the overall supply of doctors. These factors are covered in section 2 and sets out the interface with the work associated with the Recovery and Sustainability Programme.

4. FINANCIAL IMPLICATIONS

The financial details are set out in section 2 and in Appendix 2.

5. RECOMMENDATION

That the Performance and Finance Committee note:

- The content of the Welsh Government submission and give retrospective approval to the documentation
- The progress and challenges outlined above
- The follow up actions.

Governance and Assurance							
Link to corporate objectives (please ✓)	Promoting and enabling healthier communities		Delivering excellent patient outcomes, experience and access		Demonstrating value and sustainability		Securing a fully engaged skilled workforce
					✓		✓
Link to Health and Care Standards (please ✓)	Staying Healthy	Safe Care	Effective Care	Dignified Care	Timely Care	Individual Care	Staff and Resources
			✓				✓
Quality, Safety and Patient Experience							
Whilst there are significant recruitment difficulties the supply of locum doctors is vital to safe patient care.							
Financial Implications							
Securing these doctors at appropriate rates is also key to the recovery and sustainability of the Health Board							
Legal Implications (including equality and diversity assessment)							
Not applicable.							
Staffing Implications							
None other than the need to improve the supply of the medical workforce							
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)							
Not applicable							
Report History	A similar report is presented to the Committee monthly to scrutinise the WG submission which is submitted in line with their timetable.						
Appendices	Appendix 1: April WG Report Appendix 2: April Finance Assessment Appendix 3: Medacs comparative data by Grade and Health Board Appendix 4: April Agency Top Five Specialties by DU and Utilisation Appendix 5: April Internal Ad Hoc Locum Top Five Specialties by DU and Utilisation						

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 April to 30th April 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 April 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 not the same confidence in the internal ad hoc locum data as the process and systems used are still bedding in. The data this month however has continued to improve 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.
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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	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 (01.04.18 to 30.04.18)	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 April 2018 and (rates agreed after the 13.11.17) who are above the cap

Number (from highest to lowest paid)	Hours Booked (01.04.18 to 30.04.18)	Specialty	% variance to price cap
1	60	Radiology	+44%
2	84	Radiology	+44%
3	37.5	Urology	+14%

5.3 New assignments sourced at cap since 13.11.17 have included:

5.4 Summary of hours booked in April 2018

Hours booked at Cap	1,863.50
Hours booked above Cap	2,621.50
Extensions to bookings made prior to 13.11.17 above Cap	4

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 (01.04.18 to 30.04.18)	Specialty	Length of current assignment	Expenditure
1	£117.85	189.44	Oncology	Mar '18 – Jun '18	£22,326
2	£117.85	26.72	Oncology	Mar '18 – Jun '18	£3,149
3	£110.27	63.12	Urology	Apr '18 – May '18	£6,960
4	£97.59	59.15	Urology	Apr '18 – Jun '18	£5,772
5	£97.22	124.53	Haematology	Apr '18 – Jun '18	£12,107
6	£80.52	85.93	Urology	Mar '18 – Jun '18	£6,919
7	£60.00	121.93	Adult Psychiatry	Mar '18 – Jul '18	£7,316
8	£52.07	114	General Medicine	Apr '18 – Jun '18	£5,936
9	£45.76	221.31	Adult Psychiatry	Apr '18 – May '18	£10,127
10	£45.76	137.02	General Medicine	Mar '18 – May '18	£6,270

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	General Medicine	3,047.02	Mar '18 – Jul '18
2	Oncology	2,711.93	Mar '18 – Jun '18
3	General Medicine	2,231.00	Feb '18 – Jun '18
4	General Surgery	841.50	Apr '18 – May '18
5	Adult Psychiatry	544.04	Apr '18 – Jun '18
6	General Medicine	397.50	Mar '18 – Jun '18
7	Urology	383.13	Mar '18 – Jul '18
8	Adult Psychiatry	368.85	Mar '18 – Jun '18
9	Urology	289.50	Apr '18 – May '18
10	Adult Psychiatry	272.85	Mar '18 – Jun '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	12	150	6%
	Anaesthetics	58	396.75	39%
	Emergency	31	282.50	22%
	Medicine	21	270.00	23%
No	Surgery	190	2586.00	94%
	Anaesthetics	90	919.10	61%
	Emergency	105	948.00	73%
	Medicine	69	1603.65	77%
	Obstetrics	1	4.00	100%
	Paediatrics	10	241.50	100%
	Mental Health	68	721.75	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.

However, during this month's reporting it has highlighted that some areas are reporting locums booked/worked in previous months and the breakdown is indicated below and this will be picked up with the various areas concerned:

Unit	Bookings	Hours	Total Cost
MH&LD	2	16	£672.80
Morrison	3	103.94	£5,009.91
Princess of Wales	1	4	£220.00
Singleton*	10	231.56	£15,940.11

*Singleton includes a 130 hour booking for the period 5/2/18 – 4/3/18 amounting to £10,400.00

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	Anaesthetics	Consultant	POW Unit	30	159.13	4,773.90
2	Anaesthetics	Consultant	POW Unit	45	159.13	7,160.85
3	Anaesthetics	Consultant	POW Unit	15	159.13	2,386.95
4	Anaesthetics	Consultant	Morrison	33.75	154.40	5,211.00
5	Anaesthetics	Consultant	Morrison	18.75	154.40	2,895.00
6	Anaesthetics	Consultant	Morrison	3.75	154.40	579.00
7	Anaesthetics	Consultant	Morrison	18.75	154.40	2,895.00
8	Anaesthetics	Consultant	Morrison	15	154.40	2,316.00
9	Anaesthetics	Consultant	Morrison	3.75	154.40	579.00
10	Anaesthetics	Consultant	Morrison	3.75	154.40	579.00
11	Anaesthetics	Consultant	Morrison	3.75	154.40	579.00
12	Anaesthetics	Consultant	Morrison	18.75	154.40	2,895.00
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	18.75	154.40	2,895.00
18	Anaesthetics	Consultant	Morrison	18.75	154.40	2,895.00
19	Anaesthetics	Consultant	Morrison	11.25	154.40	1,737.00
20	Anaesthetics	Consultant	Morrison	3.75	154.40	579.00
21	Anaesthetics	Consultant	Morrison	3.75	154.40	579.00
22	Anaesthetics	Consultant	Morrison	7.5	154.40	1,158.00
23	Anaesthetics	Consultant	Morrison	18.75	154.40	2,895.00
24	Anaesthetics	Consultant	Morrison	11.25	154.40	1,737.00
25	Anaesthetics	Consultant	Morrison	18.75	154.40	2,895.00
26	Anaesthetics	Consultant	Morrison	3.75	154.40	579.00
27	Anaesthetics	Consultant	Morrison	3.75	154.40	579.00
28	Anaesthetics	Consultant	Morrison	3.75	154.40	579.00
29	Emergency Medicine	Consultant	POW Unit	18.00	154.40	2,779.00
30	Emergency Medicine	Consultant	POW Unit	18.00	154.40	2,779.00
31	Emergency Medicine	Consultant	Morrison	12	154.40	1,852.80

The capped rate for consultant is £97.22. Again, Anaesthetics Morrison showing to be the highest paid consultants.

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	159.13	30	Anaesthetics	Ad Hoc	N/A
2	159.13	45	Anaesthetics	Ad Hoc	N/A
3	159.13	15	Anaesthetics	Ad Hoc	N/A
4	154.40	33.75	Anaesthetics	Ad Hoc	N/A
5	154.40	18.75	Anaesthetics	Ad Hoc	N/A
6	154.40	3.75	Anaesthetics	Ad Hoc	N/A
7	154.40	18.75	Anaesthetics	Ad Hoc	N/A
8	154.40	15	Anaesthetics	Ad Hoc	N/A
9	154.40	3.75	Anaesthetics	Ad Hoc	N/A
10	154.40	3.75	Anaesthetics	Ad Hoc	N/A
11	154.40	3.75	Anaesthetics	Ad Hoc	N/A
12	154.40	18.75	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	18.75	Anaesthetics	Ad Hoc	N/A
18	154.40	18.75	Anaesthetics	Ad Hoc	N/A
19	154.40	11.25	Anaesthetics	Ad Hoc	N/A
20	154.40	3.75	Anaesthetics	Ad Hoc	N/A
21	154.40	3.75	Anaesthetics	Ad Hoc	N/A
22	154.40	7.5	Anaesthetics	Ad Hoc	N/A
23	154.40	18.75	Anaesthetics	Ad Hoc	N/A
24	154.40	11.25	Anaesthetics	Ad Hoc	N/A
25	154.40	18.75	Anaesthetics	Ad Hoc	N/A
26	154.40	3.75	Anaesthetics	Ad Hoc	N/A
27	154.40	3.75	Anaesthetics	Ad Hoc	N/A
28	154.40	3.75	Anaesthetics	Ad Hoc	N/A
29	154.40	18.00	Emergency Medicine	Ad Hoc	N/A
30	154.40	18.00	Emergency Medicine	Ad Hoc	N/A
31	154.40	12	Emergency Medicine	Ad Hoc	N/A

The Capped rate for consultants is £97.22

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
27	21	5	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	23	60.53%
Refused to Lower	5	13.16%
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 directorates have to look for doctors who will breach the cap. With the shortage of the doctors who want to come to Wales available the rates appear to be increasing once more.

13.0 Other useful Key Statistics

Agency

Attached as Appendix 2 is the spreadsheet relating to Agency shifts. The total number of external agency assignments booked in April was 48 including non Medacs shifts. 27 (56.25 %) of these were paid at the capped rate or below the cap. 83% of these assignments were booked to cover vacancies, with 17% to cover sickness absence. The cost attributed to engaging external agency doctors for April 2018 was £429,159. The Princess of Wales (POWH) has utilised the greatest number of agency doctors, booking 22 assignments at a cost of £186,067; Singleton utilised 6 assignments at a cost of £63,617; Morriston utilised 7 jobs at a cost of £90,551, whereas Neath booked 10 with a related cost of £24,482 and Mental Health only booked 3 assignments at a cost of £16,743.

Ad hoc Locums

Attached as Appendix 3 is the spreadsheet relating to internal ad locum shifts. In April 2018, of the 655 ad hoc locum assignments, 533 (81%) were paid at or below the capped rate. The value of internal ad hoc locum usage was £536,755. Morriston utilised the greatest number of bookings: 366 with 103 breaches of the cap. POWH booked 168 with 4 breaches. Singleton utilised 26 with 6 breaches of the cap. Mental Health booked 68 with no breaches and Neath booked 21 with 9 breaches of 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 has been undertaken to improve the quality of the internal ad hoc locum data. There is growing evidence that external supply is being affected due to market forces. It is also thought that the inability to pay accommodation and travel is having a negative impact on supply. It is critical therefore given that this is now the fifth 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 17.5.18



Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board

ABMU Finance Dept. WG Agency Cap Financial Summary

Month 01
FY 2018/2019

Summary Assumptions & Data Issues

1. Primary Data Source:

- 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 :

- At the end of each month Medac provide the Health Board is a report on the bookings made within that month. The bookings made in the month are then compared to the actual payments made via the payroll system for the same period. Where payments are outstanding an accrual is included based on the value of the bookings made using the data provided by Medacs.

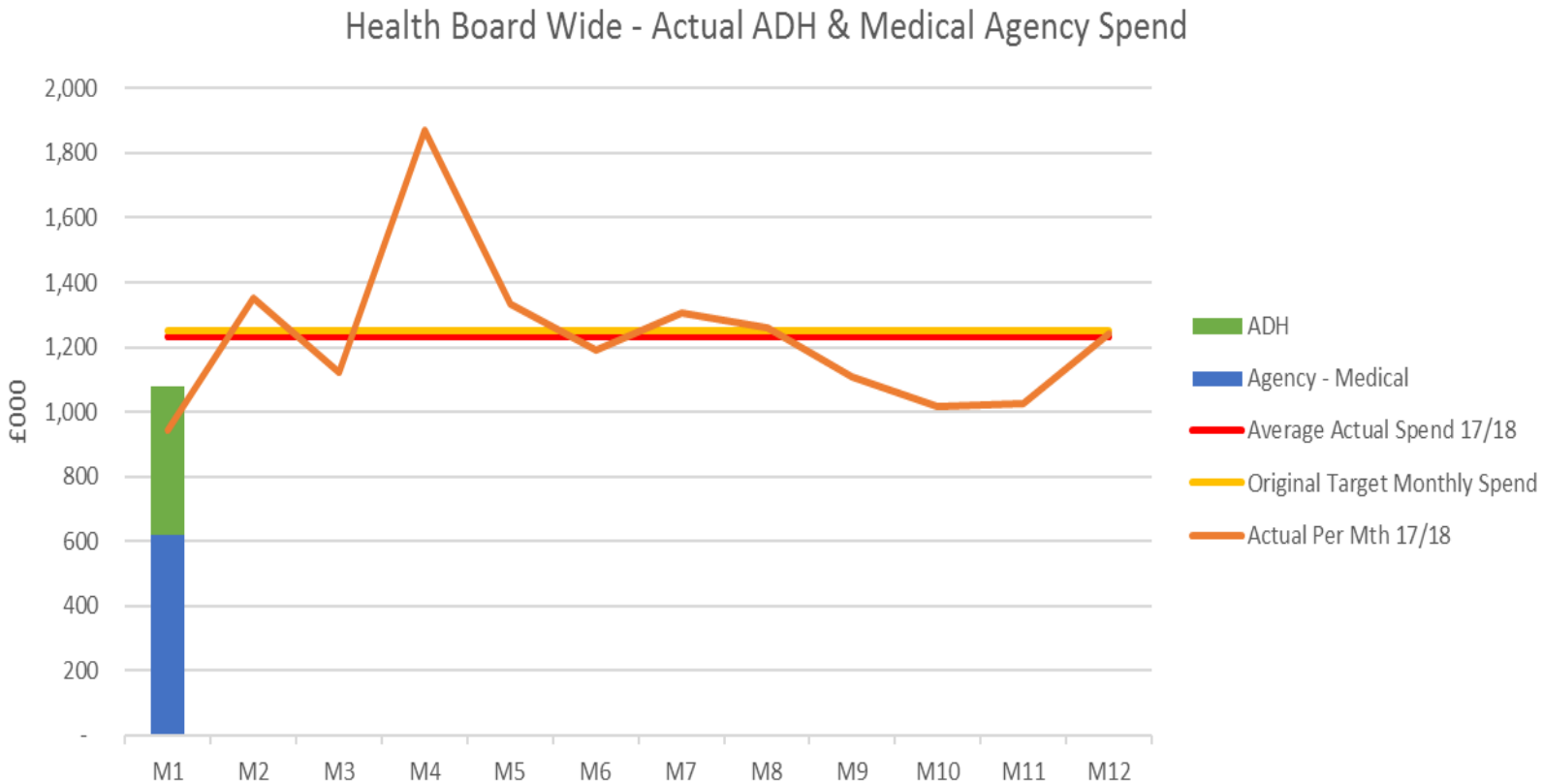
3. Source Data ADH Process:

- From 1st April 2018 the accrual is based on the booking information provided to Finance/Medical HR at the end of each month. Similar to the Medacs process, the bookings made in month are then compared to the the actual payments made via the payroll system for the same period. Where payments are outstanding an accrual is included based on the value of the bookings made using the data provided by Medacs.
- The accuracy of the financial position is dependent on the information submitted to Finance/Medical HR by the Units. Medical HR have provided training as well as issuing communication to those key individuals within the Units who are the holders of the ADH information.

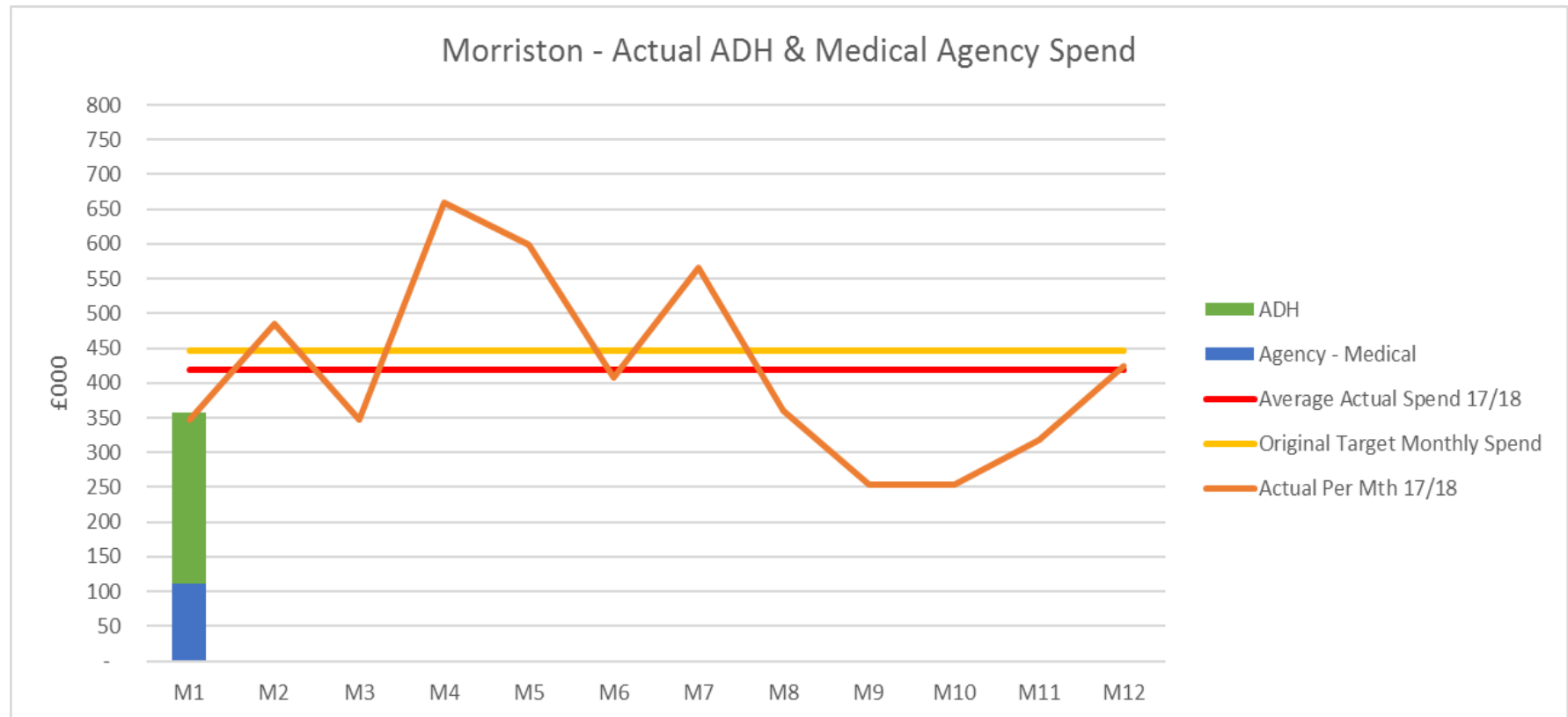
4. Modelling & Savings Target

- 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.
- Based on the modelling work undertake the Health Bard had a monthly target of average monthly spend from 2016/2017 less impact of the savings derived from the modelling work. This target is depicted in the graphs as a yellow line.
- To assist the reader a red line has been added to the graphs to depict the average monthly spend from 2017/2018 and an orange line added to reflect the actual spend each month from 2017/2018.
- *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.*

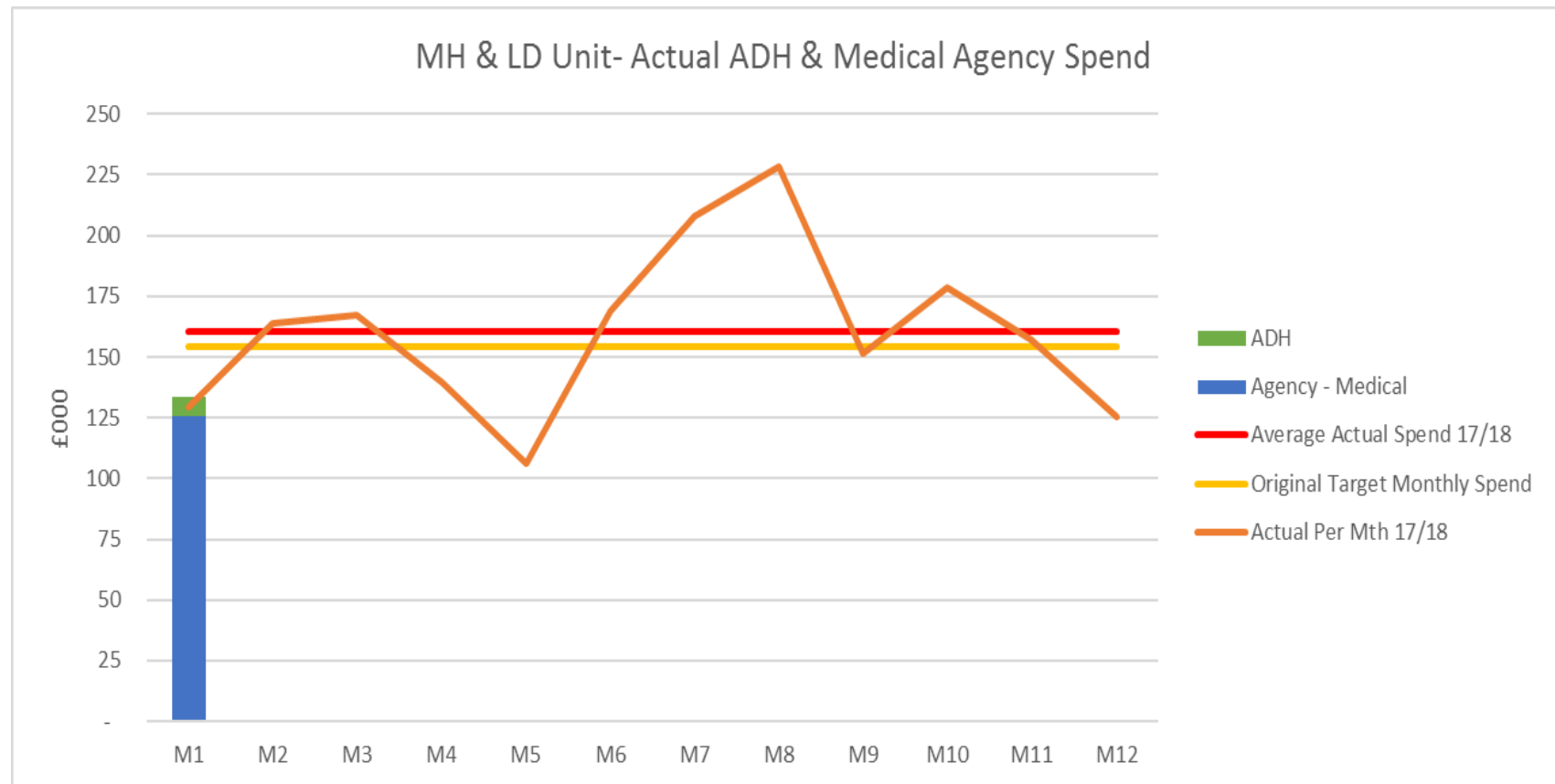
Section 1: Health Board Wide Summary

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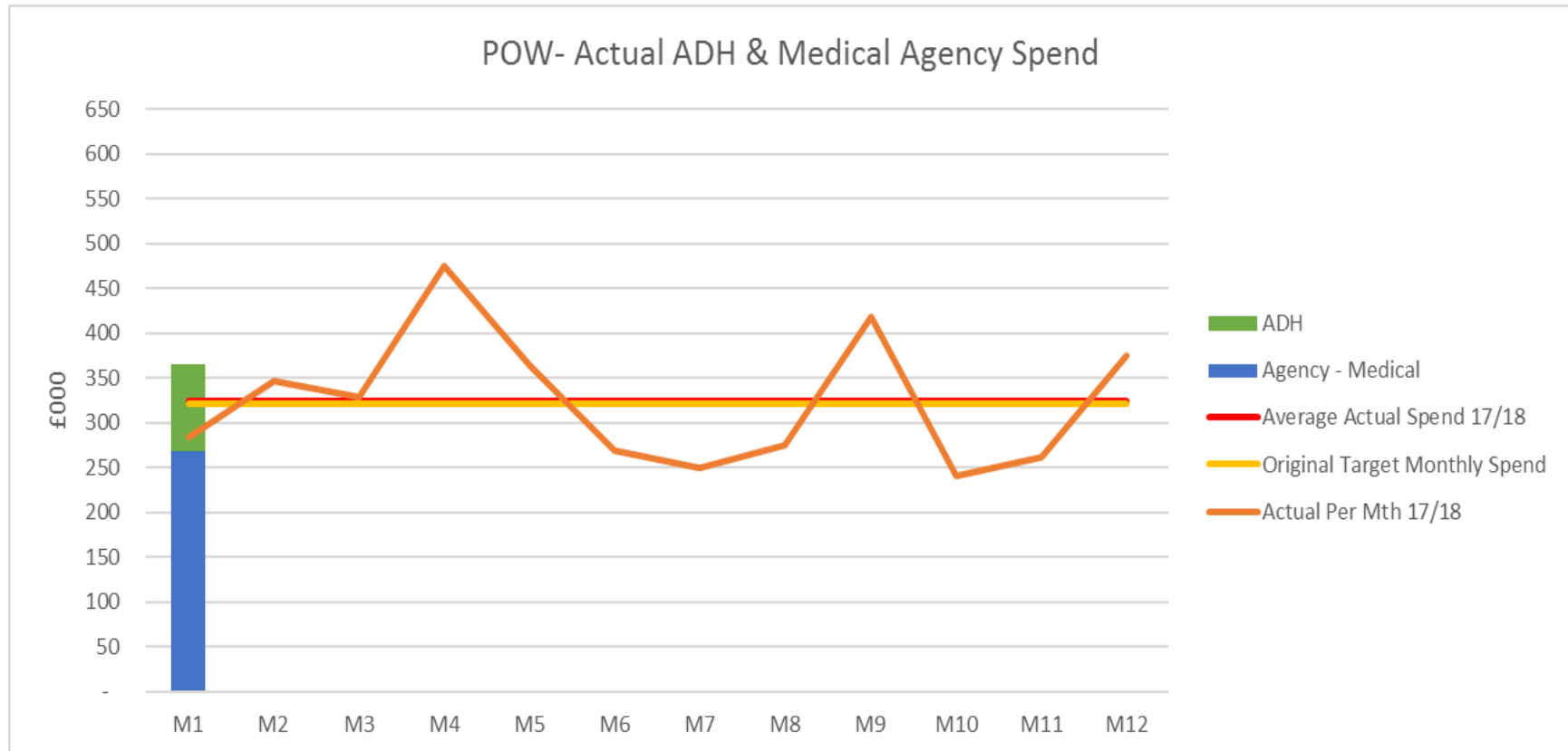
Morriston SDU

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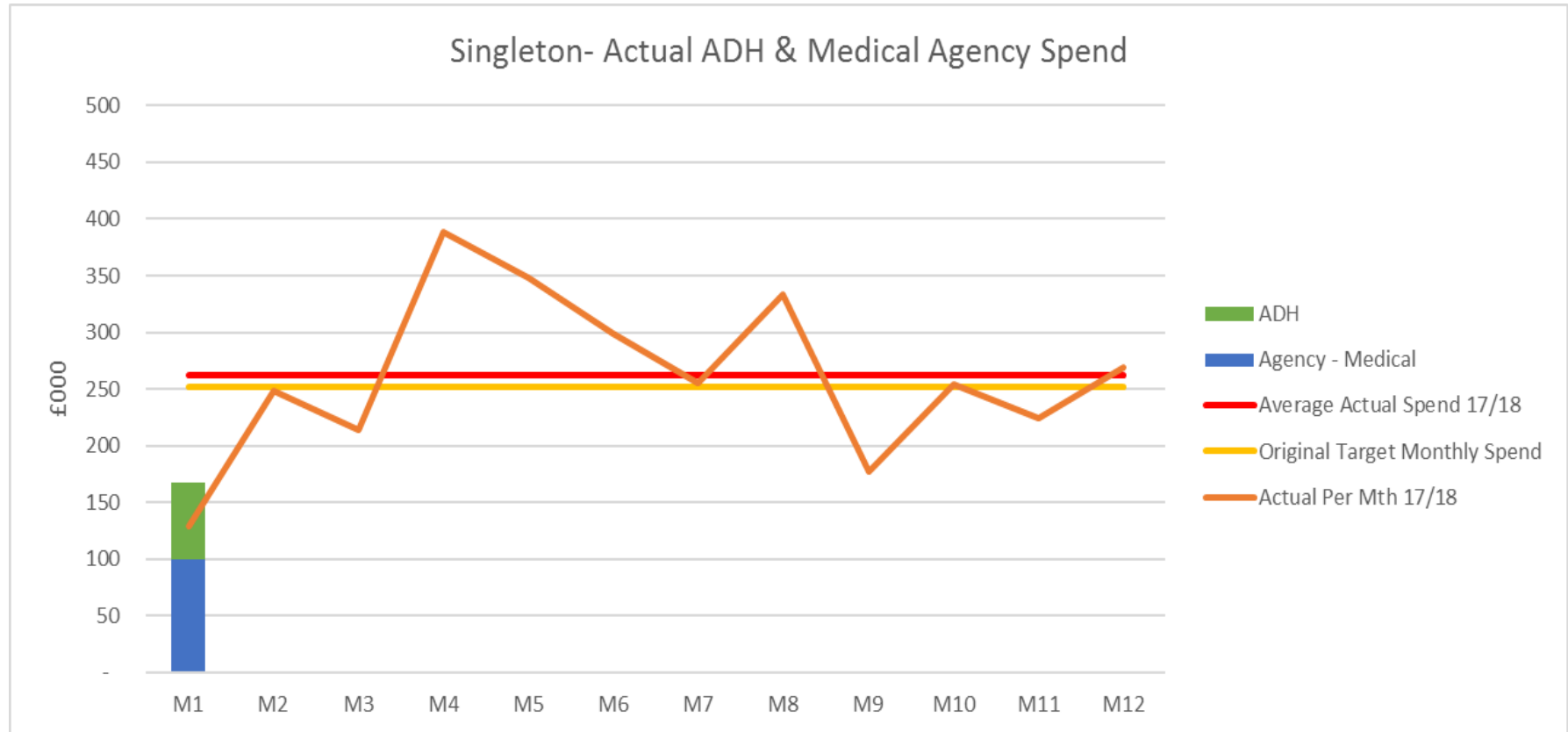
MH/LD SDU

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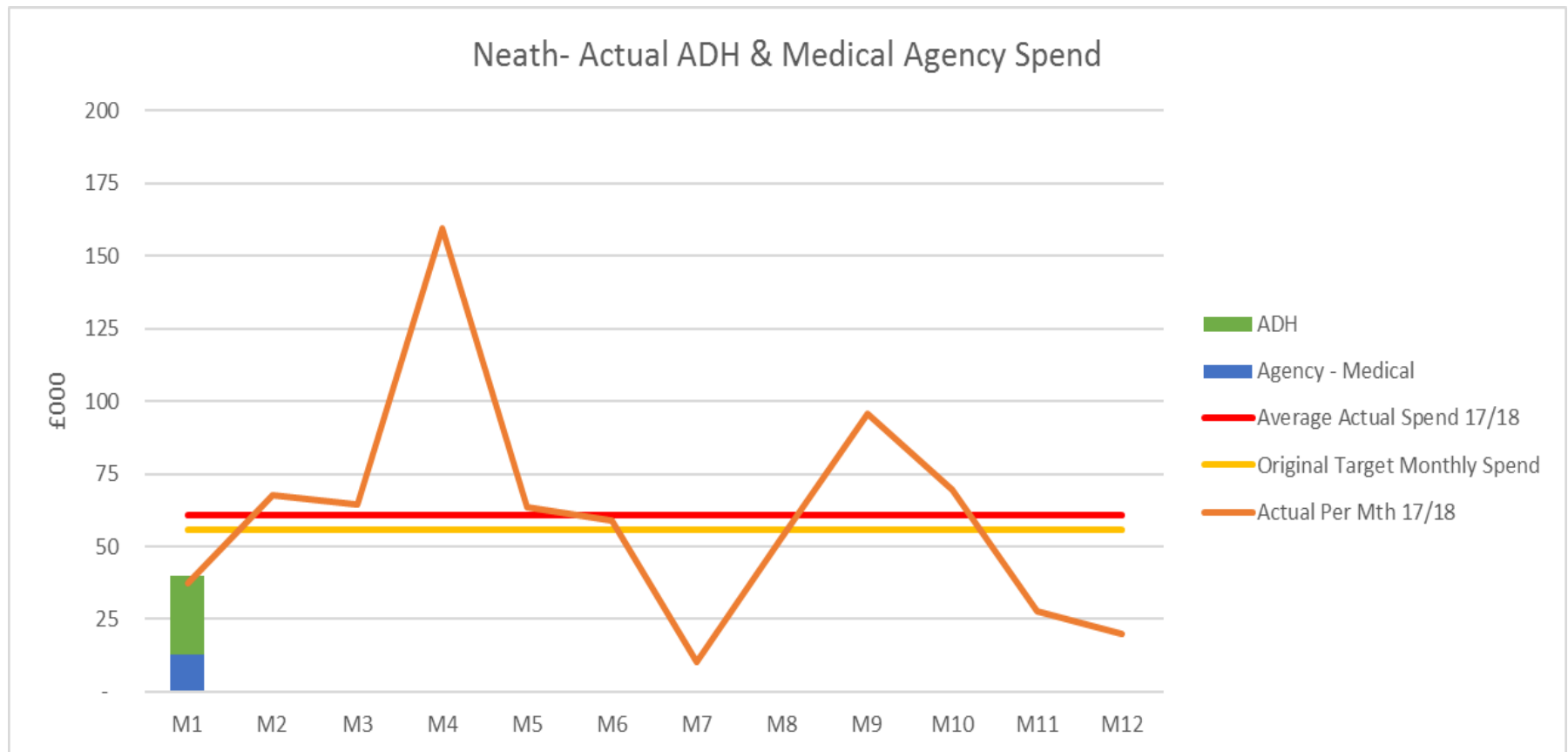
POW SDU

[illegible]

Singleton SDU

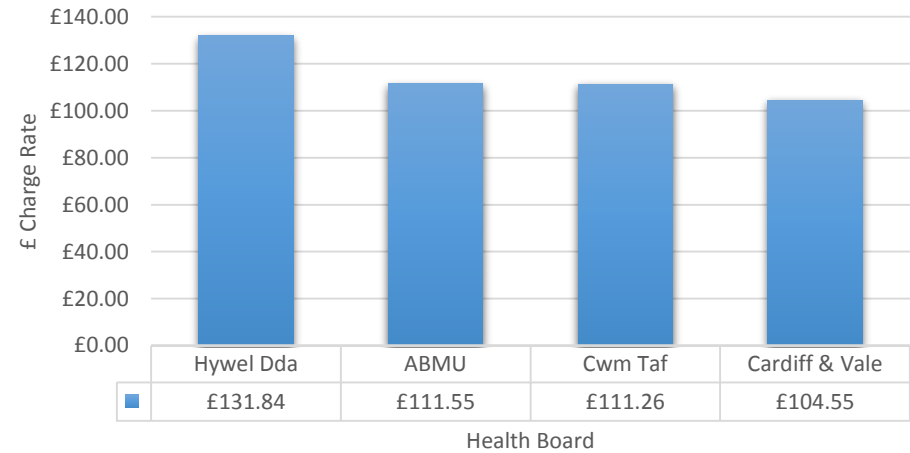
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Neath SDU

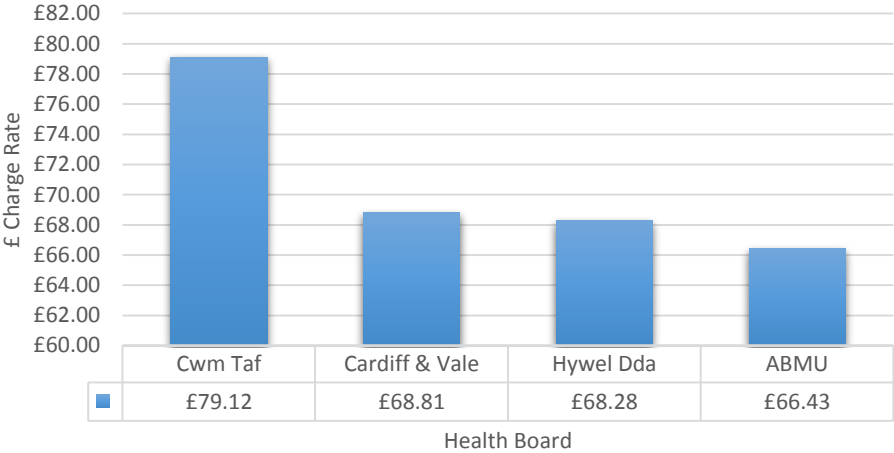
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BOOKED – MARCH 2018

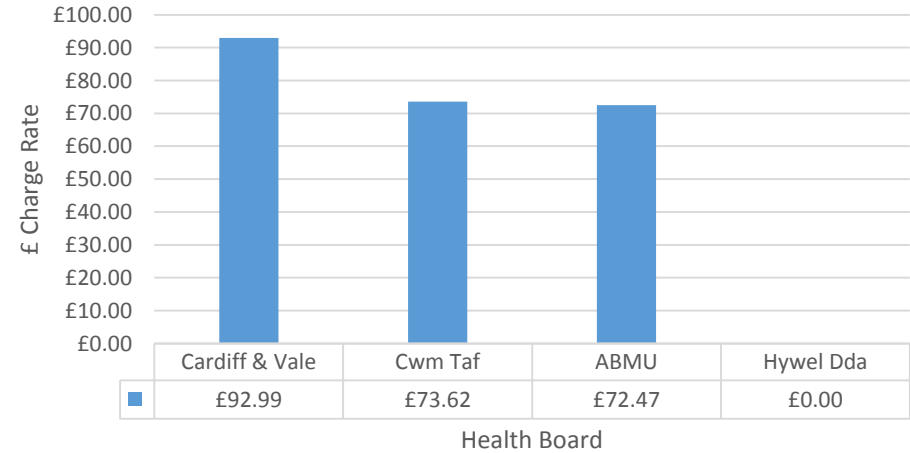
CONSULTANT - MARCH 2018 (BOOKED)



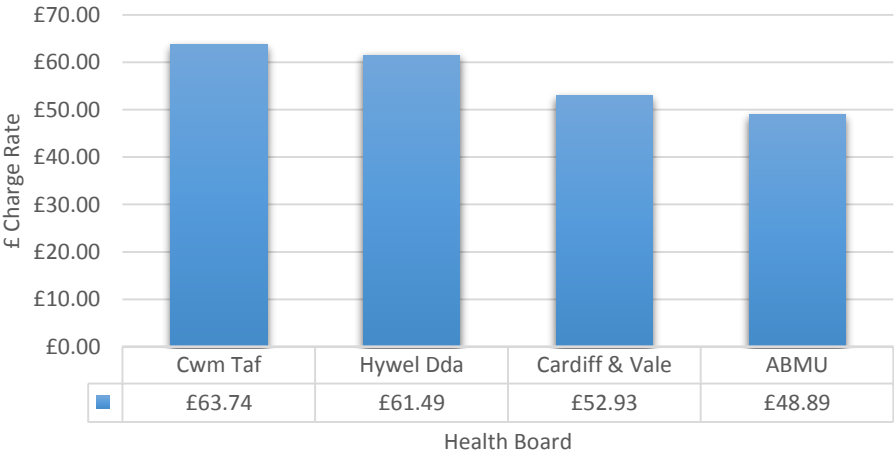
SPECIALTY DOCTOR - MARCH 2018 (BOOKED)



ST3+ - MARCH 2018 (BOOKED)

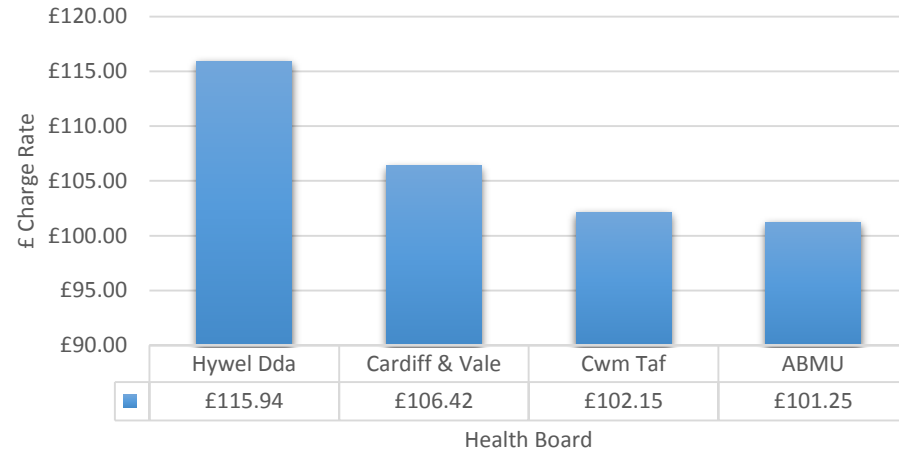


ST1 - MARCH 2018 (BOOKED)

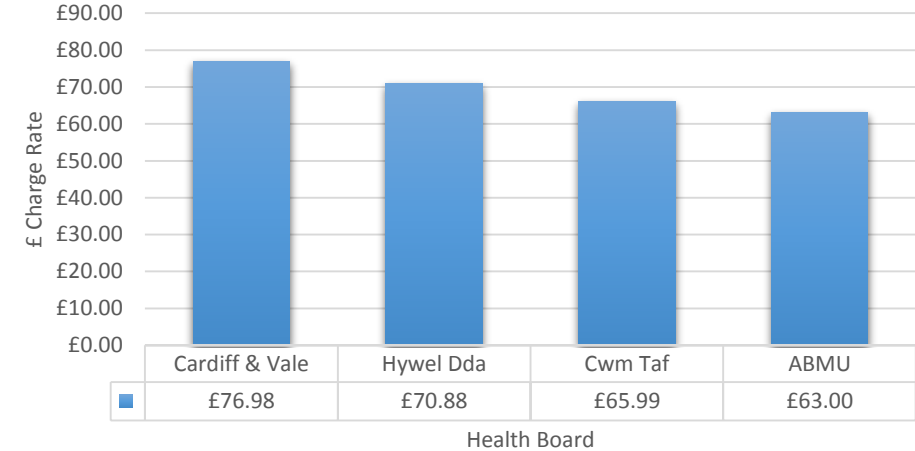


LIVE – MARCH 2018

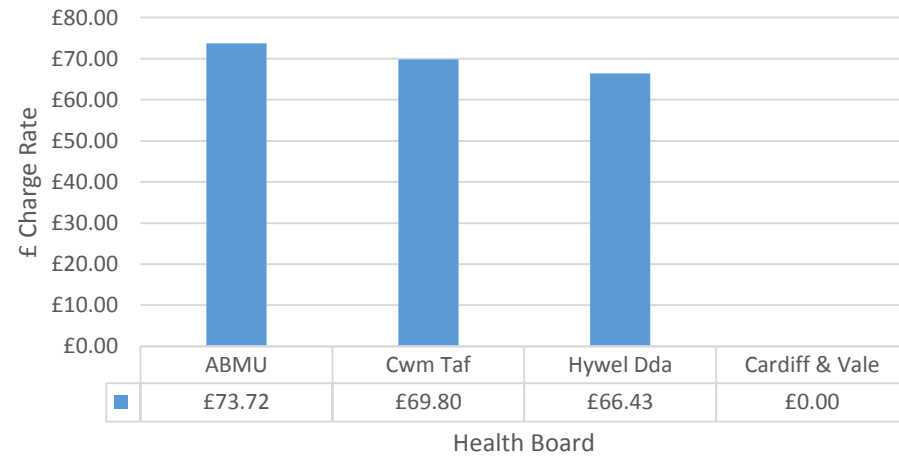
CONSULTANT - MARCH 2018 (LIVE)



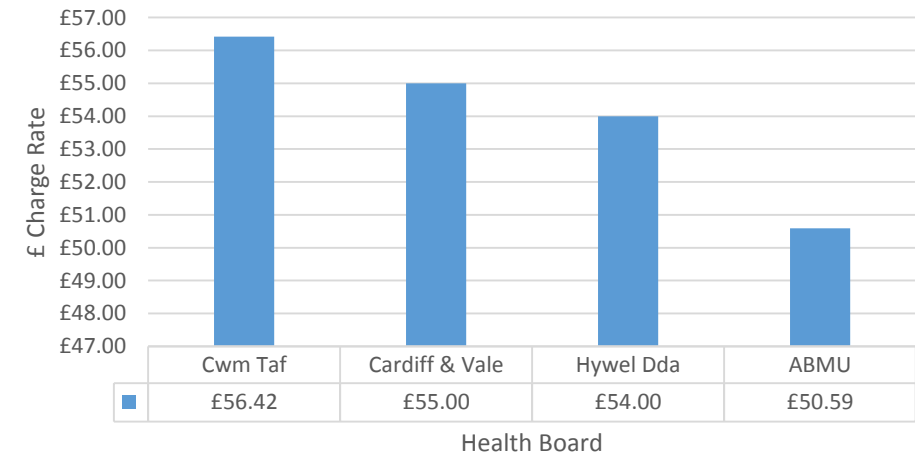
SPECIALTY DOCTOR - MARCH 2018 (LIVE)



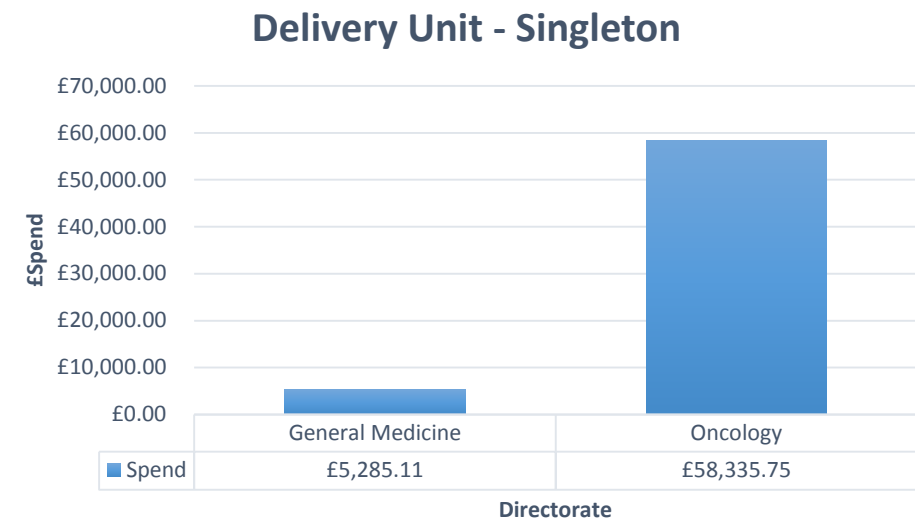
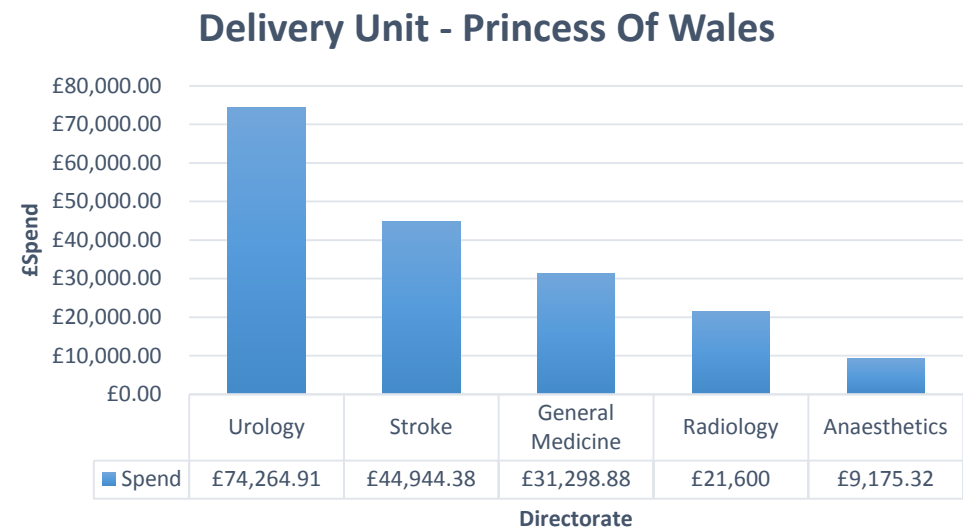
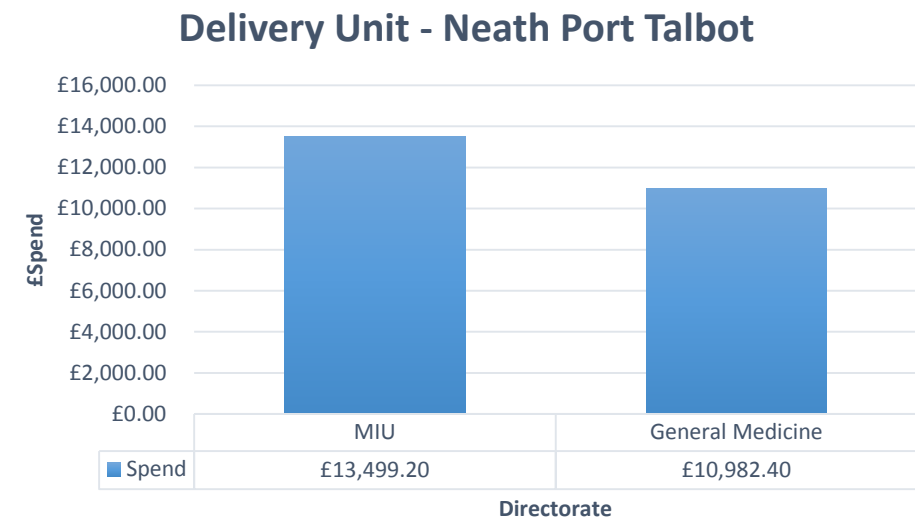
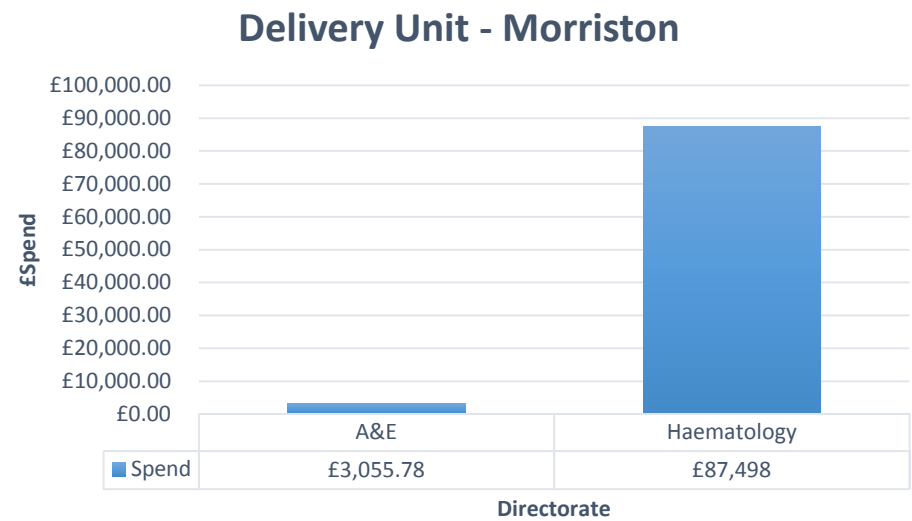
ST3+ - MARCH 2018 (LIVE)



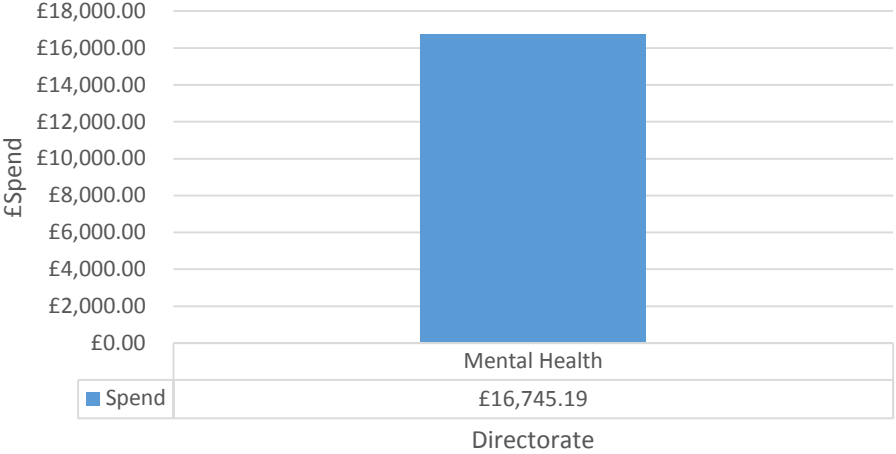
ST1 - MARCH 2018 (LIVE)



Agency Locums: Highest Utilisation by Specialty By Delivery Unit – April 2018 Report



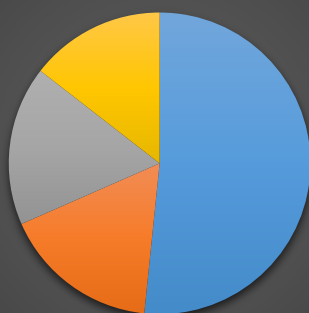
Delivery Unit - Mental Health



AD HOC LOCUM HIGHEST UTILISATION BY DELIVERY UNIT

Base	Service	Hours Booked
Morrison	Surgical	2232.5
Morrison	General Medicine	725.94
Morrison	Anaesthetics	739.35
Morrison	Emergency Med	626.5

Morrison: Highest Utilisation of Locums by Specialty by Hours



■ Morrison Surgical
 ■ Morrison General Medicine
 ■ Morrison Anaesthetics
 ■ Morrison Emergency Med

Base	Service	Hours Booked
POW	Emergency Medicine	604
POW	Anaesthetics	442.75
POW	General Medicine	245
POW	Surgical	431.5

POW: Highest Utilisation of Locums by Specialty by Hours



■ POW Emergency Medicine
 ■ POW Anaesthetics
 ■ POW General Medicine
 ■ POW Surgical

Base	Service	Hours Booked
Singleton	General Medicine	546.21
Singleton	Paediatrics	237.5

Singleton: Highest Utilisation of Locums by Specialty by Hours



■ General Medicine ■ Paediatrics