

## 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

1<sup>st</sup> October to 31<sup>st</sup> October 2018

#### 1.0 Introduction

Welsh Government (WG) issued a Welsh Health Circular WHC/2017/042 on 23<sup>rd</sup> 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 Executive Medical Director as their Executive lead.

This report reflects the October 2018 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 was not the same confidence in the internal ad hoc locum data as the process and systems used were bedding in. The data however has continued to improve in terms of completeness, accuracy and quality giving us now a reasonable level of confidence in its accuracy. The Health Board continues to review processes and systems and where necessary make changes to work towards 100% accurate recording of ad hoc locum data.

## **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 Units within the HB are holding weekly local scrutiny panels to consider shifts that breach before escalation to the appropriate Executive Director. There is evidence that the work of these panels is maturing.

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**

<b>Nature of risk</b>	<b>Description</b>	<b>Mitigating actions</b>
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 (01.10.18 to 31.10.18)	Specialty	% variance to price cap
1	160.00	Oncology	+21%
2	187.50	Mental Health	0%
3	187.50	Mental Health	0%
4	185.00	Paediatrics	+50%
5	187.50	Obs & Gynae	+39%
6	187.50	Obs & Gynae	+31%
7	187.50	Mental Health	-6%
8	187.50	T&O	0%

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

Number (from highest to lowest paid)	Hours Booked (01.10.18 to 31.10.18)	Specialty	% variance to price cap
1	78	Obs & Gynae	+19%
2	32	Paeds & Neonates	+13%
3	52	Anaesthetics	+12%

**5.3 New assignments sourced at cap since 13.11.17 have included:**

**5.4 Summary of hours booked in October 2018**

Hours booked at Cap	1,822.00
Hours booked above Cap	7,968.50
Extensions to bookings made prior to 13.11.17 above Cap	2

Job Extensions- 24

New Bookings - 104

**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 (01.10.18 to 31.10.18)	Specialty	Length of current assignment	Expenditure
1	£107.85	178.00	Accident & Emergency	Oct – Nov 2018	£19,197
2	£78.34	205.26	Obstetrics & Gynaecology	Oct '18 – Feb '19	£16,080
3	£97.22	156.74	Haematology	Sep – Dec 2018	£15,238
4	£97.22	156.00	Adult Psychiatry	Nov '18 – Jan '19	£15,166
5	£99.98	147.62	Orthopaedics & Trauma	Sep '18 – Feb '19	£14,759
6	£80.52	182.35	Ear Nose & Throat	Sep '18 – Nov '18	£14,683
7	£107.85	132.86	Obstetrics & Gynaecology	Sep '18 – Nov '18	£14,329
8	£61.39	227.44	General Medicine	Oct '18 – Nov '18	£13,963

**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	Paediatrics & Neonates	6,919.08	Aug '14 – Jan '19
2	Rehabilitation	6,888.71	May '15 – Jan '19
3	Obstetrics & Gynaecology	5,405.26	Jun '17 – Feb '19
4	Orthopaedics & Trauma	3,179.89	Sep '17 – Aug '19
5	Orthopaedics & Trauma	2,764.04	Feb '16 – Dec '18
6	Accident & Emergency	1,719.38	Feb '18 – Nov 2018
7	Obstetrics & Gynaecology	15,387.50	May '18 – Jan '19
8	Haematology	1,151.53	Apr '18 – Dec '18
9	Adult Psychiatry	1,067.50	May '18 – Nov 2018
10	General Medicine	987.50	Apr '18 – Dec 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*
<b>Yes</b>	Accident & Emergency	11	89.00	14%
	Anaesthetics	92	588.00	46%
	Medicine	8	124.00	12%
	Surgery	5	99.50	8%
<b>No</b>	Accident & Emergency	68	627.00	86%
	Anaesthetics	108	1134.50	54%
	Medicine	57	1070.75	88%
	Obstetrics	25	293.74	100%
	Paediatrics	12	134.42	100%
	Mental Health	63	624.50	100%
	Radiology	1	64.00	100%
	Surgery	58	952.62	92%
	Dental	46	821.37	100%

\*Percentage of the total returns in that specialty

The HB has growing 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, it is apparent that there are still some areas where Consultants are back-filling sessions and claiming WLI rates (not a true WLI), and this information is still not being recorded and again we may see an increase in spend when this is being addressed. We have asked Stuart Evans, WG for a true definition of a WLI, which can be circulated to departments when received.

**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	Cardiac	Consultant	Morrison	3.75	333.33	£1,249.99
2	Cardiac	Consultant	Morrison	7.50	333.33	£2,499.98
3	Cardiac	Consultant	Morrison	3.75	333.33	£1,249.99

There are 74 bookings amounting to 417 hours totalling £64,282.80 attributed to Anaesthetics across the Health Board with the rate varying between £153.60 and £154.40 per hour.

**Please note:**

In 2011 Welsh Government brought in an additional sessional payment guide for Orthopaedic Services and currently this stands at £585 per session and therefore although a breach of capped rate is in line with the T&Cs.

The Amendment to the National Consultant Contract in Wales paragraph 3.8 also states, *“In exceptional circumstances where a Consultant is requested and agrees to be immediately available i.e. resident on call, this will be remunerated at three times the sessional payment at Point 6 of the Consultant salary scale”*, this would equate to £555 a session giving an hourly rate of £148, this is a breach of the capped rate but in line with the T&Cs.

**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.**

Due to the numbers please refer to Appendix 4 attached for October 2018 data.

**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
50	50	0	0

ABOVE CAP – 45

AT / BELOW CAP – 5

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

Original RAG		
RAG STATUS	No	%
Finished	29	76.32%
Refused to Lower	4	10.53%
Lowered to Cap	5	13.16%
Total	38	100.00%

The number of doctors who have reduced their rates this month from the original establishment is one.

**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 October was 130. It has not been possible to chase the breach forms for doctors outside the Mastervend so this month the figures do not include this detail. 8 (6.15%) of these were paid at the capped rate or below the cap. 92% of these assignments were booked to cover vacancies, with only 8% to cover sickness absence. The cost attributed to engaging external agency doctors for October 2018 was £672,262. Morriston Hospital has utilised the greatest number of agency doctor bookings at 66 assignments and the highest cost £245,260. Singleton utilised 7 assignments at a cost of £87,697; Princess of Wales Hospital utilised 36 assignments at a cost of £209,792, whereas Neath booked 5 with a related cost of £8,717.00 and Mental Health booked 16 assignments with a related cost of £120,772.

## **Ad hoc Locums**

Attached as Appendix 3 is the spreadsheet relating to internal ad hoc locum shifts. In October 2018, of the 554 ad hoc locum assignments, (79%) were paid at or below the capped rate. The value of internal ad hoc locum usage was £419,660.62 (includes on costs). Morriston utilised the greatest number of bookings: 271 with 71 breaches of the cap. POWH booked 116 with 27 breaches (this includes Anaesthetics at NPTH). Singleton utilised 94 with 16 breaches of the cap, of which 13 breaches were attributed to Anaesthetics Morriston. Mental Health booked 63 with no breaches and Neath Port Talbot booked 13 with no breaches of the cap.

### **13.0 Conclusion**

The HB continues to work hard in embedding the process. There is high confidence in the Medacs data. 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 ninth 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.

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**(Executive Director Lead for WHC/2017/042) 17<sup>th</sup> November 2018**