

## **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> August to 31<sup>st</sup> August 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 August 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 (01.06.18 to 31.06.18)	Specialty	% variance to price cap
1	372.89	Palliative Care	+37%
2	259.00	Adult Psychiatry	+44%
3	257.38	Obstetrics & Gynaecology	+37%
4	240.00	General Medicine	+2%
5	209.78	Accident & Emergency	+11%
6	183.96	Paediatrics & Neonates	+50%
7	165.16	General Medicine	+38%
8	162.62	Oncology	+21%

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

Number (from highest to lowest paid)	Hours Booked (01.08.18 to 31.08.18)	Specialty	% variance to price cap
1	186	General Medicine	+24%
2	175	Obs & Gynae	+37%
3	190	Obs & Gynae	+8%

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

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

Hours booked at Cap	2,714.50
Hours booked above Cap	7,566.30
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 (01.08.18 to 31.08.18)	Specialty	Length of current assignment	Expenditure
1	£133.03	372.89	Palliative Care	Jul – Sep 2018	£49,606
2	£98.89	259.00	General Medicine	Aug – Oct 2018	£23,734
3	£107.85	257.38	Accident & Emergency	Aug – Sep 2018	£22,625
4	£78.34	240.00	Obstetrics & Gynaecology	Aug – Oct 2018	£20,163
5	£117.85	209.78	Oncology	Sep 2018	£19,165
6	£65.95	183.96	Adult Psychiatry	May – Sep 2018	£17,081
7	£85.34	165.16	Paediatrics & Neonates	Sep '18 – Feb '19	£15,699
8	£97.22	162.62	Adult Psychiatry	Aug – Oct 2018	£14,729

**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	9955.00	Aug – Dec 2018
2	Paediatrics & Neonates	7885.50	Jul – Sep 2018
3	Rehabilitation	7174.50	May – Oct 2018
4	Obstetrics & Gynaecology	4,384.50	Aug 2018
5	Adult Psychiatry	2937.50	Jun – Oct 2018
6	Orthopaedics & Trauma	2699.50	Jul – Dec 2018
7	Haematology	2587.50	Aug 2018 – Feb 2019
8	Orthopaedics & Trauma	2,573.50	Aug – Nov 2018
9	Oncology	2101.50	Aug 2018 – Feb 2019
10	Obstetrics & Gynaecology	1,371.50	Aug – Oct 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>	Surgery	13	274.50	17%
	Anaesthetics	157	1074.22	66%
	Emergency	2	18.00	5%
	Medicine	27	385.50	22%
	Obstetrics	1	3.75	5%
<b>No</b>	Surgery	64	1134.75	83%
	Anaesthetics	81	983.50	34%
	Emergency	41	392.55	95%
	Medicine	94	1365.00	78%
	Obstetrics	21	199.47	95%
	Paediatrics	43	754.86	100%
	Mental Health	72	780.00	100%
	Dental (OMFS)	45	865.00	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.

**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	7.50	333.33	£2,499.98
2	Cardiac	Consultant	Morrison	7.50	333.33	£2,499.98
3	T&O	Consultant	Morrison	3.75	156.00	£585.00
4	T&O	Consultant	Morrison	11.25	156.00	£1,755.00
5	T&O	Consultant	Morrison	7.50	156.00	£1,170.00
6	T&O	Consultant	Morrison	15.00	156.00	£2,340.00
7	T&O	Consultant	Morrison	22.50	156.00	£3,510.00
8	Emergency Medicine	Consultant	Princess of Wales	9.00	154.40	£1,389.60
9	Emergency Medicine	Consultant	Princess of Wales	9.00	154.40	£1,389.60

**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 the August 2018

### 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	40	0	0

ABOVE CAP – 25

AT / BELOW CAP – 11

### 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	27	71.05%
Refused to Lower	6	15.79%
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 August was 79. Due to staff absence, 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. 16 (20%) of these were paid at the capped rate or below the cap. 97% of these assignments were booked to cover vacancies, with only 3% to cover sickness absence. The cost attributed to engaging external agency doctors for August 2018 was £686,064. The Morriston Hospital has utilised the greatest number of agency doctors, booking 29 assignments at a cost of £173,561; Singleton utilised 13 assignments at a cost of £267,771; Princess of Wales Hospital utilised 22 assignments at a cost of £83,914, whereas Neath booked 4 with a related cost of £102,755 (2246 hours) and Mental Health booked 11 assignments at a cost of £58,461. Please note that not all the hours or expenditure were utilised in August.



## **Ad hoc Locums**

Attached as Appendix 3 is the spreadsheet relating to internal ad hoc locum shifts. In August 2018, of the 661 ad hoc locum assignments, (69%) were paid at or below the capped rate. The value of internal ad hoc locum usage was £555,383.59. Morriston utilised the greatest number of bookings: 341 with 161 breaches of the cap. POWH booked 127 with 24 breaches (this includes Anaesthetics at NPTH). Singleton utilised 98 with 4 breaches of the cap. Mental Health booked 72 with no breaches and Neath Port Talbot booked 23 with 11 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 eighth 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) Date 17/09/2018**