

### 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 May to 31st May 2019

#### 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. Swansea Bay University Health Board (the Health Board) nominated the Executive Medical Director as their Executive lead.

This report reflects the May 2019 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;

 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

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	Consider if the rate for the
	is paid to ad hoc locums.	grade of the vacancy is paid
	This is proving difficult as	however, no doctor should
	higher grade doctors not	receive less than the rate
	content to receive a lower	for their grade. This
	grade locum rate when	requires WG approval.
	sharing rotas	
SAS sharing rotas with	This is the same point as	If the proposal above is
trainees	above however this mix of	implemented it should be
	grades seems to prove more	monitored to establish if
	contentious as trainees	this also address issues for
	consider that all on a	Middle Grade rotas
	Middle Grade rota should	
	be paid the same rate	

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 during May 2019 and (rates agreed after the 13.11.17) who are above the cap

Number (from	Hours Booked	Specialty	% variance to price
highest to	(01.5.19 to 31.5.19)		сар
lowest paid)			
1	400.00	General Medicine	26.22%
2	260.00	General Medicine	38.68%
3	225.00	Adult Psychiatry	16.44%
4	160.00	General Medicine	24.21%
5	112.50	General Medicine	26.22%
6	112.50	General Surgery	13.79%
7	56.00	Obstetrics & Gynaecology	27.34%
8	24.00	Paediatrics & Neonates	7.58%
9	20.00	Cardiology	25.13%
10	20.00	Accident & Emergency	59.54%
11	22.00	Paediatrics & Neonates	41.42%
12	22.00	Paediatrics & Neonates	41.42%
13	19.00	Accident & Emergency	39.60%
14	19.00	Accident & Emergency	39.60%
15	23.00	General Medicine	38.68%
16	15.00	Accident & Emergency	39.60%
17	11.50	Anaesthetics	69.52%
18	20.00	General Surgery	13.13%
19	16.00	General Medicine	38.68%
20	10.00	Accident & Emergency	59.54%
21	15.00	Adult Psychiatry	23.27%
22	9.00	Accident & Emergency	39.60%
23	9.00	Accident & Emergency	39.60%

24	11.50	Adult Psychiatry	35.73%
25	12.00	General Medicine	26.22%
26	11.00	Adult Psychiatry	35.73%
27	11.00	Adult Psychiatry	35.73%
28	11.00	Adult Psychiatry	35.73%
29	8.50	Accident & Emergency	39.60%
30	8.00	Accident & Emergency	39.60%
31	11.00	Adult Psychiatry	23.27%
32	10.00	General Medicine	26.22%
33	9.00	General Medicine	38.66%
34	9.00	Accident & Emergency	23.27%
35	4.00	Adult Psychiatry	23.27%
36	4.00	Adult Psychiatry	23.27%

## 5.2 New assignments sourced at cap since 13.11.17 booked in May 2019 have included:

Number (from	Hours Booked	Specialty	% variance to price
highest to	(01.5.19 to 31.5.19)		сар
lowest paid)			

### No new hours booked at Capped rates

### 5.3 Summary of hours booked in May 2019

Hours booked at Cap	1,778.50	
Hours booked above Cap	1,720.50	

Hours Job Extensions - 2,432.50

Hours New Bookings - 1,066.50

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 booked, their specialty and length of current assignment with the organisation

Number (from highest to lowest paid)	Total Cost hourly rate	Hours Booked (01.5.19 to 31.5.19)	Specialty	Length of current assignment	Expenditure
1	£121.65	20.00	Cardiology	8 <sup>th</sup> June 19 – 10 <sup>th</sup> June 19	£2,433.00
2	£104.59	24.00	Paediatrics & Neonates	30 <sup>th</sup> May 19 – 31 <sup>st</sup> May 19	£2,510.16
3	£97.22	150.00	Adult Psychiatry	3 <sup>rd</sup> June 19 – 28 <sup>th</sup> June 19	£14,584.50
4	£96.71	11.50	Anaesthetics	9 <sup>th</sup> June 19	£1,112.17
5	£91.02	10.00	Accident & Emergency	17 <sup>th</sup> May 19	£910.20
6	£80.68	22.00	Paediatrics & Neonates	10 <sup>th</sup> August 19 – 11 <sup>th</sup> August 19	£1,774.96
7	£72.65	56.00	Obstetrics & Gynaecology	7 <sup>th</sup> May 19 – 17 <sup>th</sup> May 19	£4,068.40
8	£70.86	160.00	General Medicine	21st May 19 – 14th June 19	£11,337.60
9	£66.43	225.00	Adult Psychiatry	3 <sup>rd</sup> June 19 – 31 <sup>st</sup> July 19	£14,946.75
10	£66.43	560.00	Adult Psychiatry	20 <sup>th</sup> May 19 – 23 <sup>rd</sup> August 19	£37,200.80

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	11,198	1 <sup>st</sup> April 19 – 1 <sup>st</sup> July 19
2	Rehabilitation	5,197	1 <sup>st</sup> May 19 – 31 <sup>st</sup> August 19
3	Orthopaedics & Trauma	4,472	31st December 18 – 2nd August 19
4	Paediatric & Neonates	4,002	4 <sup>th</sup> March 19 – 31 <sup>st</sup> August 19
5	Oncology	3,847	11 <sup>th</sup> February 19 – 28 <sup>th</sup> June 19
6	Adult Psychiatry	3,847	1 <sup>st</sup> April 19 – 28 <sup>th</sup> June 19
7	Adult Psychiatry	3,847	4 <sup>th</sup> February 19 – 25 <sup>th</sup> May 19
8	Haematology	2,347	18 <sup>th</sup> February 19 – 23 <sup>rd</sup> August 19
9	Adult Psychiatry	2,347	20 <sup>th</sup> May 19 – 23 <sup>rd</sup> August 19
10	General Medicine	760	1 <sup>st</sup> June 19 – 30 <sup>th</sup> September 19

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	10	83.50	26.32%
	Anaesthetics	47	381.25	37.90%
	General Medicine	42	599.00	53.16%
	Surgery	9	224.00	28.13%
No	Accident & Emergency	28	294.50	73.68%
	Anaesthetics	77	792.00	62.10%
	Dental	28	815.25	100%
	General Medicine	37	639.50	46.84%
	Paediatrics	28	379.59	100%
	Obstetrics	20	331.00	100%
	Psychiatry	32	364.00	100%
	Radiology	6	33.76	100%
	Surgery	23	352.00	71.87%

<sup>\*</sup>Percentage of the total returns in that specialty

# 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

					Avg Hourly	Sum of
No.	Specialty	Grade	Unit	Hrs Booked	Rate	<b>Total Cost</b>
1	Cardiac	Consultant	Morriston	7.50	£333.33	£2,499.98
2	Cardiac	Consultant	Morriston	7.50	£333.33	£2,499.98
3	Emergency	Consultant	Morristotn	20.00	£160.00	£3,200.00
	Medicine					

There were 13 Consultants with an hourly rate of £144.75 with a total cost of £29,854.64 attributed to Anaesthetics in Morriston/Singleton Hospitals.

#### 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.

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 May 2019 data.

### 11.0 Compliance with the CCS framework to procure agency workers

Number of Drs	Number Drs Booked	Number Drs	Number Drs booked
Booked	MasterVend	Booked outside	outside CCS
		MasterVend	Framework
25	25	0	0

ABOVE CAP - 18

AT / BELOW CAP - 7

### **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 May was 43. 7 (16%) of these were paid at the capped rate or below the cap with 36 (84%) booked above the capped rate. 100% of these assignments were booked to cover vacancies. The cost attributed to engaging external agency doctors for April 2019 was £219,367.83.

Mental Health & LD has utilised the greatest spend of agency doctors bookings at 13 assignments at a cost of £100,931. Singleton Hospital utilised 6 assignments at a cost of £39,554, followed by Morriston 21 assignments at a cost of £30,359 and Neath Port Talbot also booked 3 assignments with a related cost of £48,539.

#### Ad hoc Locums

Attached as Appendix 3 is the spreadsheet relating to internal ad hoc locum shifts. In May 2019, of the 387 ad hoc locum booked assignments, (72.09%) were paid at or below the capped rate. The value of internal ad hoc locum usage was £349,394.85(includes on costs).

Morriston utilised the greatest number of bookings: 230 with 82 breaches of the cap. Singleton utilised 113 with 26 breaches of the cap, Neath Port Talbot booked 12 with no breaches and Mental Health 32 bookings again with no breaches of the capped rate.

### 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 which will be improved even further with the roll out of Locum on Duty . 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. The HB would also welcome feedback from Welch Government on the data and reports submitted so far.

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