

## **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> April to 30<sup>th</sup> April 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 April 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;

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**

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 speciality

##### 5.1 Agency Workers who had assignments confirmed during April 2019 and (rates agreed after the 13.11.17) who are above the cap

Number (from highest to lowest paid)	Hours Booked (01.4.19 to 30.4.19)	Specialty	% variance to price cap
1	500.00	Obstetrics & Gynaecology	39.14%
2	63.00	Adult Psychiatry	11.32%
3	37.50	General Medicine	13.79%
4	37.50	Obstetrics & Gynaecology	35.73%
5	36.00	General Medicine	13.79%
6	34.00	Obstetrics & Gynaecology	37.32%
7	27.00	Accident & Emergency	23.27%
8	25.00	General Medicine	13.79%
9	23.00	Paediatrics & Neonates	41.42%
10	20.00	Paediatrics & Neonates	41.42%
11	19.00	Accident & Emergency	59.54%
12	13.00	Paediatrics & Neonates	9.68%
13	12.50	General Medicine	40.14%
14	12.00	General Medicine	40.14%
15	12.00	General Medicine	38.66%
16	12.00	General Medicine	38.66%
17	12.00	General Medicine	13.79%
18	12.00	General Medicine	63.53%
19	11.00	Adult Psychiatry	23.27%
20	10.00	Accident & Emergency	59.54%
21	10.00	Accident & Emergency	59.54%
22	10.00	Accident & Emergency	39.60%
23	10.00	Accident & Emergency	23.27%
24	10.00	Adult Psychiatry	23.27%
25	10.00	Adult Psychiatry	23.27%

26	10.00	Adult Psychiatry	23.27%
27	9.50	Accident & Emergency	39.60%
28	9.00	Accident & Emergency	23.27%
29	8.50	Accident & Emergency	39.60%
30	8.00	Accident & Emergency	38.90%
31	8.00	Accident & Emergency	38.90%
32	8.00	General Medicine	21.22%
33	8.00	Accident & Emergency	23.27%
34	4.00	Adult Psychiatry	23.27%

**5.2 New assignments sourced at cap since 13.11.17 booked in April 2019 have included:**

Number (from highest to lowest paid)	Hours Booked (01.4.19 to 30.4.19)	Specialty	% variance to price cap
1	675.00	Adult Psychiatry	0%
2	450.00	General Medicine	0%
3	450.00	Adult Psychiatry	0%
4	450.00	General Medicine	0%
5	320.00	General Medicine	0%
6	160.00	Adult Psychiatry	0%

**5.3 Summary of hours booked in April 2019**

Hours booked at Cap	2,505.00
Hours booked above Cap	1,051.50

Hours Job Extensions - 2,304.50

Hours New Bookings - 1,252.00

**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 (01.4.19 to 30.4.19)	Specialty	Length of current assignment	Expenditure
1	£97.22	450.00	Adult Psychiatry	7 <sup>th</sup> May 2019 – 9 <sup>th</sup> August 2019	£43,749.00
2	£91.02	19.00	Accident & Emergency	3 <sup>rd</sup> June 2019	£1,729.38
3	£80.68	20.00	Paediatrics & Neonates	13 <sup>th</sup> July 2019 – 14 <sup>th</sup> July 2019	£1,613.60
4	£79.95	12.50	General Medicine	12 <sup>th</sup> July 2019 – 13 <sup>th</sup> July 2019	£999.38
5	£79.38	500.00	Obstetrics & Gynaecology	1 <sup>st</sup> April 2019 – 1 <sup>st</sup> July 2019	£39,690.00
6	£78.34	34.00	Obstetrics & Gynaecology	19 <sup>th</sup> April 2019 – 21 <sup>st</sup> April 2019	£2,663.56
7	£74.83	12.00	General Medicine	3 <sup>rd</sup> February 2019 – 6 <sup>th</sup> August 2019	£897.96
8	£73.95	63.00	Adult Psychiatry	23 <sup>rd</sup> April 2019 – 3 <sup>rd</sup> May 2019	£4,658.85
9	£66.43	675.00	Adult Psychiatry	1 <sup>st</sup> May 2019 – 31 <sup>st</sup> August 2019	£44,840.25
10	£63.45	12.00	General Medicine	7 <sup>th</sup> May 2019	£761.40

**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	11,048	29.12.18 – 1.7.19
2	Haematology	2,197	18.2.19 – 23.8.19
3	Rehabilitation	5,047	1.2.19 – 31.8.19
4	Paediatrics & Neonates	3,852	4.3.19 – 31.8.19
5	Orthopaedics & Trauma	4,322	21.12.18 – 2.8.19
6	Oncology	3,697	11.2.19 – 28.6.19
7	Adult Psychiatry	3,697	4.6.19 – 28.6.19
8	Adult Psychiatry	3,697	1.2.19 – 28.6.19
9	Adult Psychiatry	2,197	8.10.18 – 12.4.19
10	General Medicine	610	1.6.19 – 30.9.19

**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*
<b>Yes</b>	Accident & Emergency	17	117.00	29.82%
	Anaesthetics	46	279.00	44.23%
	General Medicine	22	288.50	34.38%
	Surgery	12	150.00	9.92%
<b>No</b>	Accident & Emergency	40	402.50	70.18%
	Anaesthetics	58	626.75	55.77%
	Dental	42	841.00	100%
	General Medicine	42	1208.25	65.62%
	Paediatrics	38	452.51	100%
	Psychiatry	39	562.00	100%
	Surgery	109	1265.00	90.08%

\*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**

No.	Specialty	Grade	Unit	Hrs Booked	Avg Hourly Rate	Sum of Total Cost
1	Emergency Medicine	Consultant	Morrison	35	160.00	£5,600.00
2	Emergency Medicine	Consultant	Morrison	16	160.00	£2,560.00
3	General Medicine	Consultant	Neath Port Talbot	15	154.40	£2,316.00

There were 25 Consultants with an hourly rate of £144.75 with a total cost of £34,740.00 attributed to Anaesthetics in Morrison/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.

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 £566 a session giving an hourly rate of £151.15, 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 April 2019 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
19	19	0	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 40. 6 (15.60%) of these were paid at the capped rate or below the cap with 34 (85%) 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 £228,571.40.

Mental Health & LD has utilised the greatest spend of agency doctors bookings at 9 assignments at a cost of £103,110. Singleton Hospital utilised 6 assignments at a cost of £54,361, followed by Morriston 7 assignments at a cost of £35,868 and Neath Port Talbot also booked 2 assignments with a related cost of £35,235.

**Ad hoc Locums**

Attached as Appendix 3 is the spreadsheet relating to internal ad hoc locum shifts. In April 2019, of the 465 ad hoc locum booked assignments, (79.14%) were paid at or below the capped rate. The value of internal ad hoc locum usage was £391,089.97 (includes on costs).

Morrison utilised the greatest number of bookings: 380 with 89 breaches of the cap. Singleton utilised 39 with 7 breaches of the cap, Neath Port Talbot booked 7 with 1 breach of the capped rates and Mental Health 39 bookings 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. 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 Welsh Government on the data and reports submitted so far.

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**(Executive Director Lead for WHC/2017/042)**