



Meeting Date	9th August 2022	Agenda Item	4.2
Report Title	Medical Agency and Locum Utilisation		
Report Author	Sharon Vickery, Assistant Director Workforce and OD		
Report Sponsor	Debbie Eytayo, Director Workforce and OD Dr Richard Evans, Executive Medical Director		
Presented by	Sharon Vickery, Assistant Director Workforce and OD		
Freedom of Information	Open		
Purpose of the Report	To set out for the Workforce and OD Committee salient information regarding the utilisation of agency and locum doctors during a defined period		
Key Issues	To report locum and agency utilisation during a defined period and to update the committee around planned work.		
Specific Action Required <i>(please choose one only)</i>	Information	Discussion	Assurance
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommendations	Workforce and OD Committee are asked to: <ul style="list-style-type: none"> • Note the metrics and associated costs. • Note the need to undertake further work to capture all agency costs through the locum management system. • Note the issues associated with the roll out of Medic on Duty. 		

MEDICAL AGENCY AND LOCUM UTILISATION

1. INTRODUCTION

To set out for the Workforce and OD Committee (WOD) salient information regarding the utilisation of agency and locum doctors during defined periods.

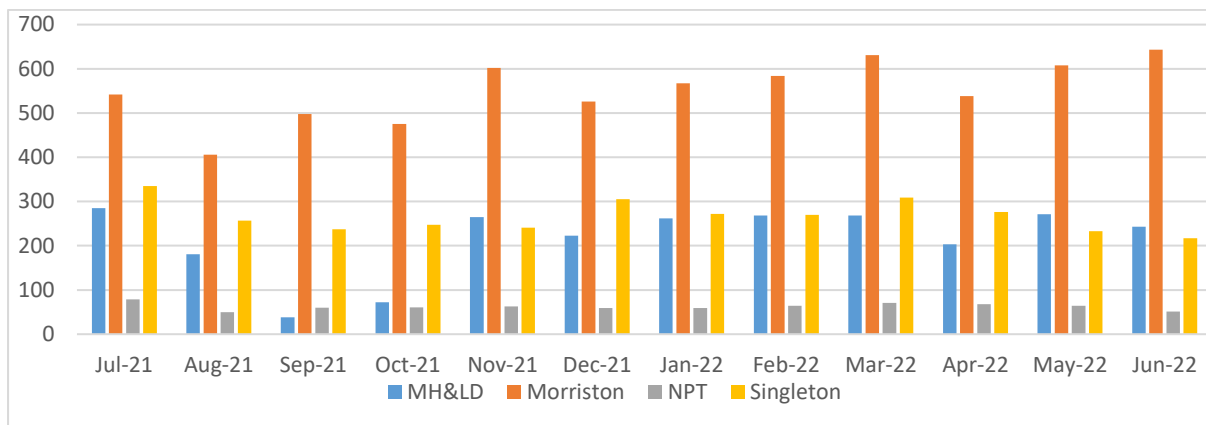
2. BACKGROUND

It has been usual practice to report medical agency and locum utilisation and expenditure to the WOD Committee. Below is a snapshot representing relevant periods tracking recent utilisation, expenditure, and costs during the months of May and June 2022.

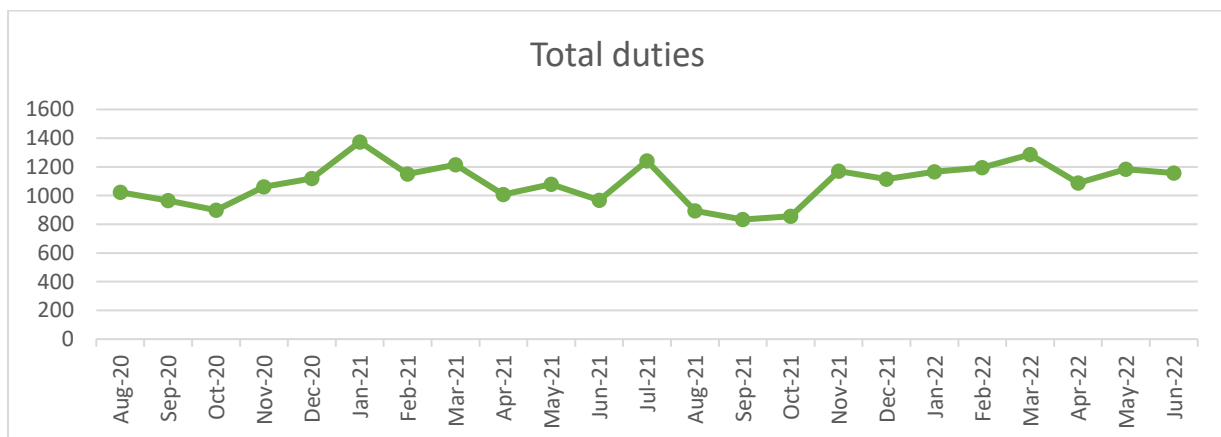
Agency and Locum Data

The Health Board continues to see high level of locum usage across the service groups. During recent months it has been reported that the usage and costs were slowly reducing, however, during May and June the Health Board have seen an increase in Locum usage. The Data is showing that gaps within the rotas remain a significant challenge and account for approximately 49% of locum duties.

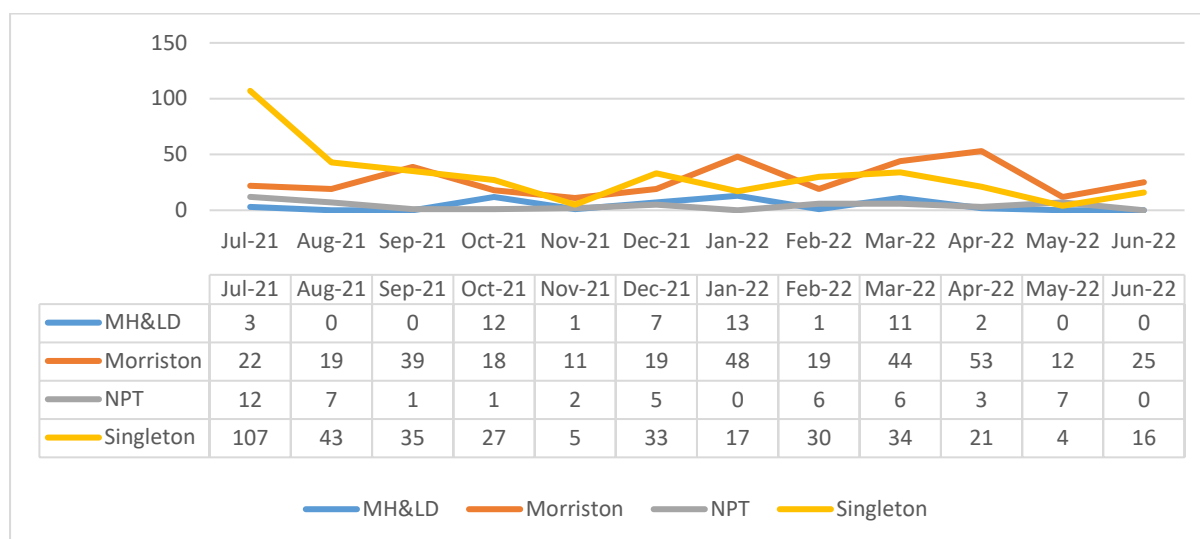
The graph below depicts the usage across the service groups during the last 12 months.



The data is showing that the locum usage across the Health Board is still fluctuating on a monthly basis. The line graph below shows the total usage during the last 23 months and it is possible to correlate the peaks in usage with COVID.



Despite a small increase in June the data is also showing a reduction in the number of COVID related locum usage.



Costs

The table below depicts total costs for May and June 2022 and shows that the Health Board has seen an increase associated with the internal spend for locum staff.

However, it is noted that these costs only capture the locum work undertaken by internal and MEDACS Locums and therefore does not include the off framework agencies which are picked up by the financial ledger.

Service Group	May-22		Jun-22	
	Ad hoc locum spend	Agency	Ad hoc locum spend	Agency
Morriston	£299,808.88	£58,559	£522,895.52	£31,969
MH & LD	£27,407.73	£93,553	£32,588.76	£72,001
Singleton & NPT	£89,330.03	£158,164	£149,390.19	£137,762
PC & T	£13,772.93	£0.00	£2,257.71	£0.00
EMRTS	£0.00	£0.00	£0.00	£0.00
Total	£430,319.57	£310,276.00	£707,132.18	£241,732.00
Total monthly Expenditure	£740,595.57		£948,864.18	

Please note that work is ongoing regarding the financial recording of internal spend.

Compliance with the Welsh Government Capped Rates

The first table below outlines the internal locum shifts during May and June 2022 that have been booked both below and above the capped rates.

The data shows that during the last 7 months there had been an overall reduction in locum shifts that were booked above capped rates, however, in June 2022 the number of shifts that were negotiated about the Welsh Government capped rates increased.

	May 22	Jun 22
Individuals Booked	309	309
Individuals Booked At/Below Cap	185	171
Individuals Booked At/Below Cap %	60.00%	55.33%
Individuals Booked Above Cap	124	138
Individuals Booked Above Cap %	40%	44.67%
Hours Booked	8784.36	9496.19
Hours Booked At/Below Cap	5948.45	5763.14
Hours Booked At/Below Cap %	67.71%	60.68%
Hours Booked Above Cap	2835.91	3733.05
Hours Booked Above Cap %	32.29%	39.32%
Jobs Booked	936	935
Jobs Booked At/Below Cap	588	528
Jobs Booked At/Below Cap %	62.83%	56.48%
Jobs Booked Above Cap	348	407
Jobs Booked Above Cap %	37.17%	43.52%

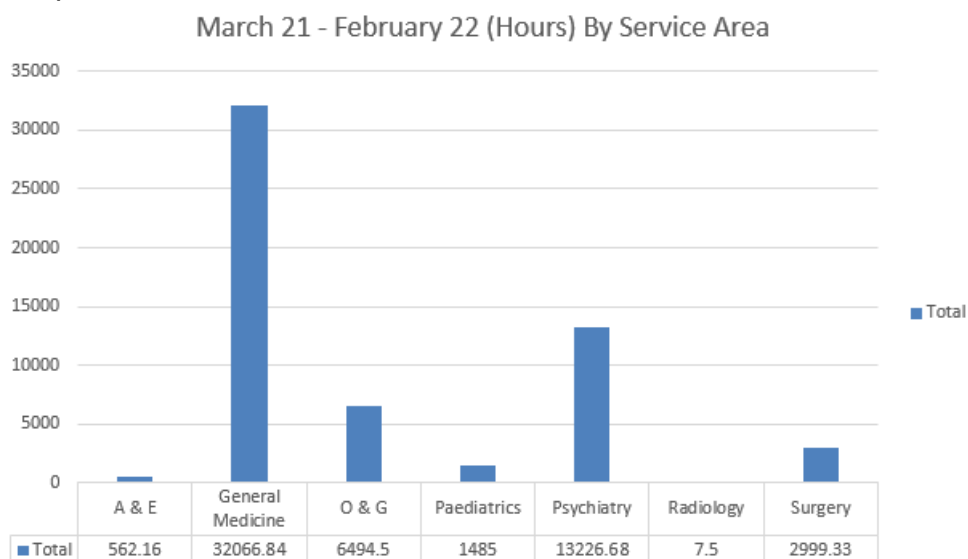
Agency Information

The second table (below) shows the same data but for agency staff with all being booked for both months above the capped rate.

SBUHB	May 22	June 22
Individuals Booked	9	13
Individuals Booked At/Below Cap	0.00	0.00
Individuals Booked At/Below Cap %	0.00%	0.00%
Individuals Booked Above Cap	9	13
Individuals Booked Above Cap %	100.00%	100.00%
Hours Booked	1,199.00	2,461.50
Hours Booked At/Below Cap	0.00	0.00
Hours Booked At/Below Cap %	0.00%	0.00%
Hours Booked Above Cap	1,199.00	2,461.50
Hours Booked Above Cap %	100.00%	100.00%
Jobs Booked	11	13
Jobs Booked At/Below Cap	0.00	0.00

Jobs Booked At/Below Cap %	0.00%	0.00%
Jobs Booked Above Cap	11	13
Jobs Booked Above Cap %	100.00%	100.00%

A further analysis (below) of the MEDACS data shows that most locum workers are being supplied to General Medicine and Mental Health & Learning Disabilities Service Groups.



All Wales Agency Information

The tables below highlight the MEDACS agency usage across Swansea Bay, Hywel Dda, Cardiff & Vale and Betsi for March & April 2021. Again, the data is consistent in showing a reduction in the use of MEDACS.

May -22	Hywel Dda	SBUHB	Cardiff & Vale	Betsi
Individuals Booked	16	9	38	19
Individuals Booked At/Below Cap	1	0.00	7.00	0
Individuals Booked At/Below Cap %	6.25%	0.00%	18.42%	0.00%
Individuals Booked Above Cap	15	9	31.00	19
Individuals Booked Above Cap %	93.75%	100.00%	81.58%	100.00%
Hours Booked	3,709.00	1,199.00	4,145.00	6,148.00
Hours Booked At/Below Cap	225	0.00	377.50	0.00
Hours Booked At/Below Cap %	6.06%	0.00%	9.11%	0.00%
Hours Booked Above Cap	3,484.00	1,199.00	3,767.50	6,148.00
Hours Booked Above Cap %	93.93%	100.00%	90.89%	100.00%
Jobs Booked	20	11	114	51
Jobs Booked At/Below Cap	1	0.00	7.00	0
Jobs Booked At/Below Cap %	5.00%	0.00%	6.14%	0.00%
Jobs Booked Above Cap	19	11	107.00	51
Jobs Booked Above Cap %	95.00%	100.00%	93.86%	100.00%

June-22	Hywel Dda	SBUHB	Cardiff & Vale	Betsi
Individuals Booked	9	13	30	11
Individuals Booked At/Below Cap	0	0.00	6.00	2
Individuals Booked At/Below Cap %	0.00%	0.00%	20.00%	18.18%
Individuals Booked Above Cap	9	13	24	9
Individuals Booked Above Cap %	100.00%	100.00%	80.00%	81.82%
Hours Booked	4,350.50	2,461.50	4,575.50	4,766.00
Hours Booked At/Below Cap	0.00	0.00	886.00	18.00
Hours Booked At/Below Cap %	0.00%	0.00%	19.36%	0.38%
Hours Booked Above Cap	4,350.50	2,461.50	3,689.50	4,748.00
Hours Booked Above Cap %	100.00%	100.00%	80.64%	99.62%
Jobs Booked	12	13	53	36
Jobs Booked At/Below Cap	0.00	0.00	7.00	2
Jobs Booked At/Below Cap %	0.00%	0.00%	13.21%	5.56%
Jobs Booked Above Cap	12	13	46.00	34
Jobs Booked Above Cap %	100.00%	100.00%	86.79%	94.44%

The data demonstrates that the challenges experienced within the Health Board are largely mirrored across Wales.

The Health Board has begun work which is being undertaken in conjunction with MEDACS and the Service Groups to re-launch the MEDACS direct engagement model to limit the use of other agencies. Each service will have a meeting that focusses on their locum use to identify where reductions can take place, part of these conversations will also include a replacement strategy for long term locums.

Medic on Duty Update

During recent months the Medic on Duty team has recruited and is now fully established.

The Learning Disabilities service is now live using the full functionality of Medic on Duty which includes activity manager and the leave modules. Work will be ongoing with the service to ensure that the use of Medic on Duty will support their operational reporting and decision making.

Due to complexities with the re-design of services and job plans, work is ongoing with the Service Groups to revise the implementation plan for Medic on Duty.

3. GOVERNANCE AND RISK ISSUES

Greater governance has been achieved through the introduction of Locum on Duty due to the increased reporting resulting in greater transparency.

4. FINANCIAL IMPLICATIONS

There are financial implications associated with the provision of locum and agency staff. Many however fill vacant posts although usually at premium rates.

5. RECOMMENDATIONS

The Workforce and OD Committee are asked to:

- **Note** the metrics and associated costs.
- **Note** the need to undertake further work to capture all agency costs through the locum management system.
- **Note** the issues associated with the roll out of Medic on Duty.

Governance and Assurance		
Link to Enabling Objectives <i>(please choose)</i>	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
Health and Care Standards		
<i>(please choose)</i>	Staying Healthy	<input type="checkbox"/>
	Safe Care	<input type="checkbox"/>
	Effective Care	<input type="checkbox"/>
	Dignified Care	<input type="checkbox"/>
	Timely Care	<input type="checkbox"/>
	Individual Care	<input type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
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	This is the 19 th Report	
Appendices	None	