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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	13th April 2021	Agenda Item	5.2
Report Title	Medical Agency and Locum Utilisation		
Report Author	Sharon Vickery Assistant Director Workforce and OD		
Report Sponsor	Kathryn Jones Workforce and OD Director (interim) 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	<p>Workforce and OD Committee are asked to :</p> <ul style="list-style-type: none"> • Note the metrics and associated costs • Note the development of the Internal Medical Bank with over 1,200 doctors registered so far. • Note the details of the case study in Medicine in Morriston to understand the scope of what digitalisation can mean for the management of the medical workforce. • Note the plans for 2021, some of which are dependent on further investment 		

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 and to update the WOD around planned work.

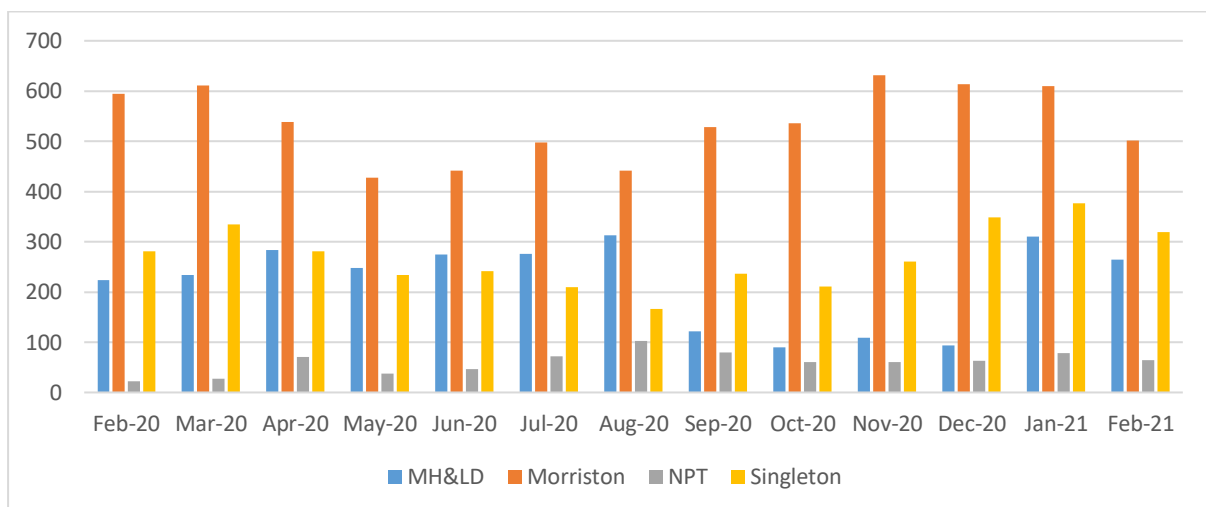
2. BACKGROUND

It has been usual practice to report medical agency and locum utilisation and expenditure to the WOD Committee. The Pandemic disrupted this reporting and the work associated with this. Below is a snapshot representing relevant periods tracking recent utilisation, expenditure and planned work.

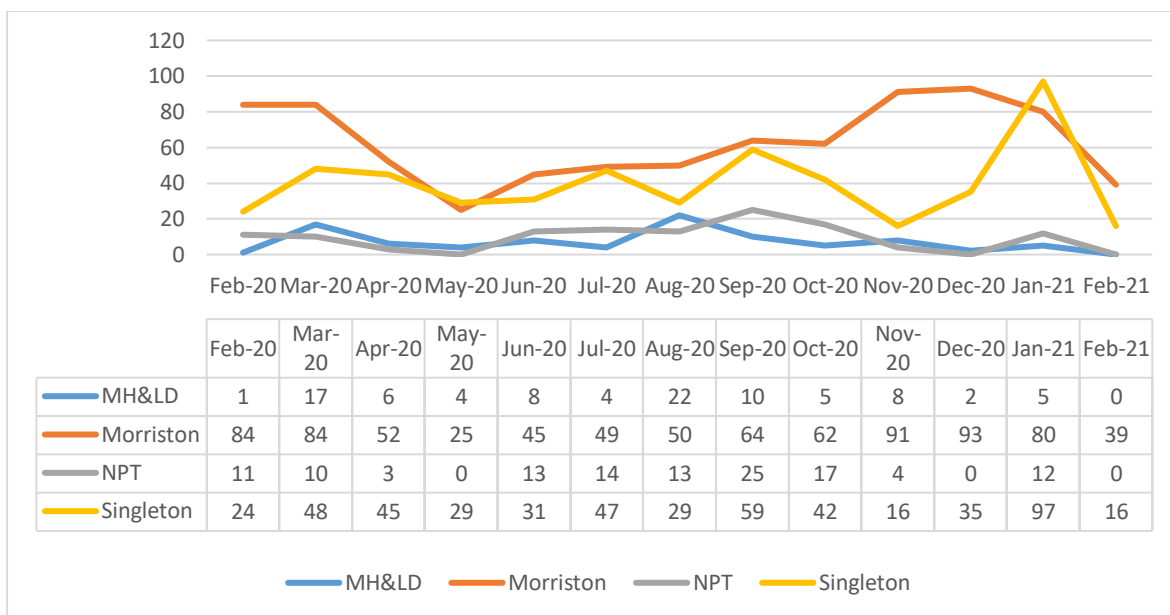
Agency and Locum Data

During the last 12 months, the Health Board has faced an unprecedented workforce demand due to the impact of COVID 19. During the last 12 months, the Health Board has utilised in excess of 141,000 hours of locum use, which equates to approximately 68 WTE. This figure excludes the long-term agency bookings, which equates to 6.5 WTE. In total nearly 13,000 locum hours are booked every month.

The graph below depicts the total locum usage during the last 12 months broken down by individual Service Groups.



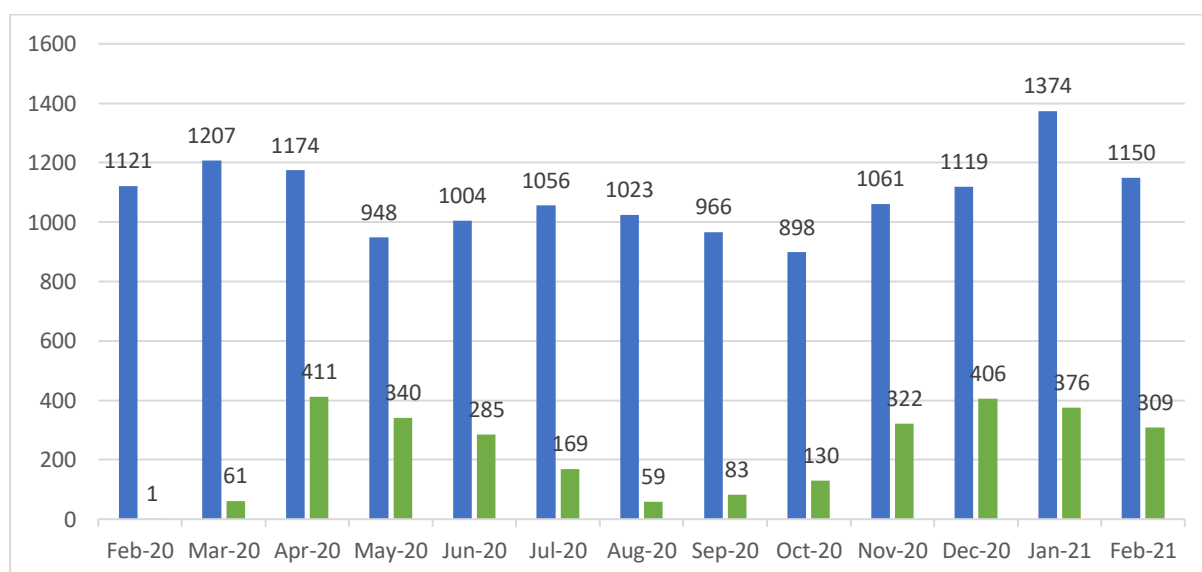
On average 1,200 shifts a month are being processed for agency and locum doctors and the main reasons for the locum usage can be identified as a result of Deanery gaps and vacancies. The data is also identifying the amount of locum cover that is being requested due to sickness. The axis on the left hand side are the number of shifts and the table also reflects the number of shifts booked per month due to sickness by Service Group:-



The graph illustrates that sickness levels have decreased by over 50% in February 21 compared to February 20.

COVID

During the last 12 months, the impact of COVID has placed additional pressure to deliver services safely. The graph below demonstrates the total amount of shifts worked and the number attributed to COVID. Between April 2020 and February 2021, during the first and second waves of COVID, the data shows that approximately a third of locum shifts were created due to COVID activity:-



Internal Locums

To date there are 1,200 medical staff actively registered with the Locum on Duty system. The Health Board is continuing to see an increase in staff registering for the internal bank, which is assisting in reducing agency costs given the difference in compliance for internal and external locum staff.

Costs

On average the Health Board is spending approximately, £600K per month on internal locum spend. During the height of the second wave, the internal spend increased substantially to £800K. Since December 2020 there are been a month on month decrease.

Service Group	Internal November 20	Internal December 20	Internal January 21	Internal February 21
Singleton	144,759	209,119	167,996	128,766
Morrison	411,098	492,822	395,949	291,720
MH & LD	69,672	64,080	84,776	65,994
Neath	31,003	34,075	41,095	25,382
Total	656,533	800,096	689,815	511,862

Service Group	Agency November 20	Agency December 20	Agency January 21	Agency February 21
Singleton	197,340	185,211	334,394	23,702
Morrison	156,259	138,320	225,098	216,957
MH & LD	177,102	122,979	45,556	24,357
Neath	41,144	47,453	121,335	55,692
Total	571,845	493,963	726,386	320,708

Please note that the internal financial figures reflect actual spend in month whereas Agency spend is booked hours in month

Compliance with the Welsh Government Capped Rates.

The first table below outlines the locum shifts from November 2020 – February 2021 that have been booked both below and above the capped rates. The data shows that whilst there is relatively consistency in terms of the hours being booked there has been

an increase in the number of jobs and individuals that have been booked above the Welsh Government Agency cap, which may reflect pressure in the system.

INTERNAL LOCUM	Nov 20	Dec 20	Jan 21	Feb 21
Individuals Booked	327	357	262	237
Individuals Booked At/Below Cap	203	226	173	153
Individuals Booked At/Below Cap %	62.08%	63.30 %	66.03%	64.55%
Individuals Booked Above Cap	124	131	104	108
Individuals Booked Above Cap %	37.92%	36.70%	33.97%	35.45%
Hours Booked	10630.85	11526.61	11570.76	9126.08
Hours Booked At/Below Cap	6824.01	7889.6	8036.71	5876.42
Hours Booked At/Below Cap %	64.20%	68.44%	69.45%	64.40%
Hours Booked Above Cap	3806.84	3637.01	3534.05	3249.66
Hours Booked Above Cap %	35.80%	31.56%	30.54%	35.60%
Jobs Booked	1069	1119	1127	942
Jobs Booked At/Below Cap	660	723	773	591
Jobs Booked At/Below Cap %	61.73%	64.70%	68.58%	62.73%
Jobs Booked Above Cap	409	396	354	351
Jobs Booked Above Cap	32.27%	35.30%	31.42%	37.27%
EXTERNAL AGENCY	Nov 20	Dec 20	Jan 21	Feb 21
Individuals Booked	21	25	20	17
Individuals Booked At/Below Cap	1	2	0	2
Individuals Booked At/Below Cap %	4.76%	8%	0%	11.76%
Individuals Booked Above Cap	20	23	20	15
Individuals Booked Above Cap %	95.24%	92%	100%	88.23%
Hours Booked	7,091.00	6,741.00	10,793	5,015
Hours Booked At/Below Cap	450	762.00	0	1,425
Hours Booked At/Below Cap %	6.35%	11.30%	0%	28.41%
Hours Booked Above Cap	6,641.00	5,979.00	10,793	3,590
Hours Booked Above Cap %	93.65%	88.69%	100%	71.58%
Jobs Booked	54	32	35	20
Jobs Booked At/Below Cap	1	2	0	2

Jobs Booked At/Below Cap %	1.85%	6.25%	0%	10%
Jobs Booked Above Cap	53	30	35	18
Jobs Booked Above Cap %	98.15%	30	100%	90%

The second table shows the same data but for agency staff. The trends are the same however; compliance is much lower with Agency staff than with internal staff. This is the normal pattern, which unfortunately has deteriorated further during 2021. It should be noted that it is becoming increasingly difficult to source doctors in medicine due to the UK wide demands because of COVID. This is further increasing rates. So far, this challenge has not ceased.

Analysing medical efficiency

The data gathered on locum usage since the implementation of Locum on Duty has provided a key insight on the medical gaps within the Health Board. However, this only provides one aspect of managing the workforce effectively. The locum gaps are a by-product of service planning, job planning and absence management. In order to analyse efficient activity management for medical staff demand and capacity information needs to be considered.

As an illustrative example, the tables below focus locum use within the Medicine Services specialty in Morriston Hospital. The data is showing that locum usage peaked during the second wave of the COVID pandemic. There was a significant spike of medical locums within the ST 1-8 range where the WTE peaked at 23.9 per month compared to an average of 9 in the 18 months leading up to COVID. However, there is no information available regarding the unavailability of staff i.e. sickness, annual leave, professional leave etc. or around staff who may have been re-deployed to support the service. The Allocate Medic on Duty module will provide this additional information which will allow the triangulation of information to better understand how to manage and mitigate the impact of these issues going forward,. Please see below-

Consultants

	Feb 20	March 20	April 20	May 20	June 20	July 20	Aug 20	Sept 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21
Internal Locum hrs	149	89	108	8	0	4	0	51.25	159	94	144	123	53.5
Long Term Agency Locum hrs	281	139	87	126	142	123	98	0	190	194	114	0.00	116
WTE	2.7	1.4	1.2	0.8	0.9	0.8	0.6	0.3	2.2	1.8	1.6	0.8	1.1

ST1 - 8

	Feb 20	March 20	April 20	May 20	June 20	July 20	Aug 20	Sept 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21
Internal Locum hrs	973.5	881.5	1080	738.5	805.5	744.5	1391	1930	2181	2356	1731	1885	1705
Long Term Agency Locum hrs	570	600	484	466	519	575	540	1121	866	1334	1469	1933	1527
WTE	9.6	9.3	9.8	7.5	8.3	8.2	12.1	19.1	19.0	23.1	20.0	23.9	20.2

Specialty Doctor

	Feb 20	March 20	April 20	May 20	June 20	July 20	Aug 20	Sept 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21
Internal Locum hrs	24	70	136	13	26	13	48	40	46	41	31	105	61
Long Term Agency Locum hrs	0	0	0	0	0	0	0	0	0	0	0	0	0
WTE	0.2	0.4	0.9	0.08	0.2	0.08	0.3	0.25	0.28	0.25	0.19	0.7	0.4

Future Developments

Systems - In March 2020 the Health Board procured the final two elements of the Allocate modules; Medic on Duty & Activity Manager. Rollout dates are yet to be finalised, however, once implemented the Health Board will have complete oversight of the medical workforce and it will be possible to monitor efficiency as per example above.

Recruitment – As part of the business critical funding we have appointed a Recruitment & Retention Manager for the Medical Workforce. This post will work closely with the Service Groups and individual service areas to maximise the challenges faced with vacant posts and look at ways to effectively utilise the existing workforce to explore career progression, whilst always striving to retain the talent within SBUHB.

Long-term locum use – On review of the last 3 years, agency reliance to bolster rotas/vacancies has remained to be dominant at, on average, 30 WTE per month. The long-term locum information for Medicine demonstrates that improvements are required to ensure that locum gaps are kept to a minimum timescale. The example from Medicine illustrates that on average the service is using 3.5 WTE. The Health Board must assess if services that are routinely using long-term locums need to consider whether to recruit at risk to balance gaps and attrition.

Recruitment Process Optimisation (RPO) Models – There are a number of “hard to fill” vacancies that are resulting in the use of long-term locums. There are services from companies that offer the Recruitment Process Optimisation (RPO) Model. Such

schemes will recruit staff to fill long-term vacancies. The pricing structure is based on a gain share of savings. At the outset of the arrangement, the service provider and the Health Board will agree a savings figure, based on the current annualised agency expenditure, and on achievement of reaching the savings figure, calculated monthly, a percentage will be payable. Initiatives such as this may assist in filling hard to recruit vacancies that will reduce agency expenditure. This will require a careful cost benefit analysis

Targets – As part of the digitalisation agenda key performance metrics will be established to benchmark activity. Further developments will consist of identifying targets for each Service Group such as locum usage and annual leave management. These will need to be agreed with each area.

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 development of the Internal Medical Bank with over 1,200 doctors registered so far.
- **Note** the details of the case study in Medicine in Morriston to understand the scope of what digitalisation can mean for the management of the medical workforce.
- **Note** the plans for 2021, some of which are dependent on further investment

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 11 th Report	
Appendices	None	