



<b>Meeting Date</b>	<b>10<sup>th</sup> August 2021</b>	<b>Agenda Item</b>	<b>4.2</b>
<b>Report Title</b>	<b>Medical Agency and Locum Utilisation</b>		
<b>Report Author</b>	Sharon Vickery Assistant Director Workforce and OD		
<b>Report Sponsor</b>	Julian Quirk Acting Deputy Director Workforce and OD, Dr Richard Evans, Executive Medical Director		
<b>Presented by</b>	Sharon Vickery Assistant Director Workforce and OD		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	To set out for the Workforce and OD Committee salient information regarding the utilisation of agency and locum doctors during a defined period		
<b>Key Issues</b>	To report locum and agency utilisation during a defined period and to update the committee around planned work.		
<b>Specific Action Required</b> <i>(please choose one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Recommendations</b>	<p>Workforce and OD Committee are asked to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the metrics and associated costs including the early indications that utilisation and costs could possibly be falling</li> <li>• <b>Note</b> the continued plans for 2021.</li> </ul>		

# MEDICAL AGENCY AND LOCUM UTILISATION

## 1. INTRODUCTION

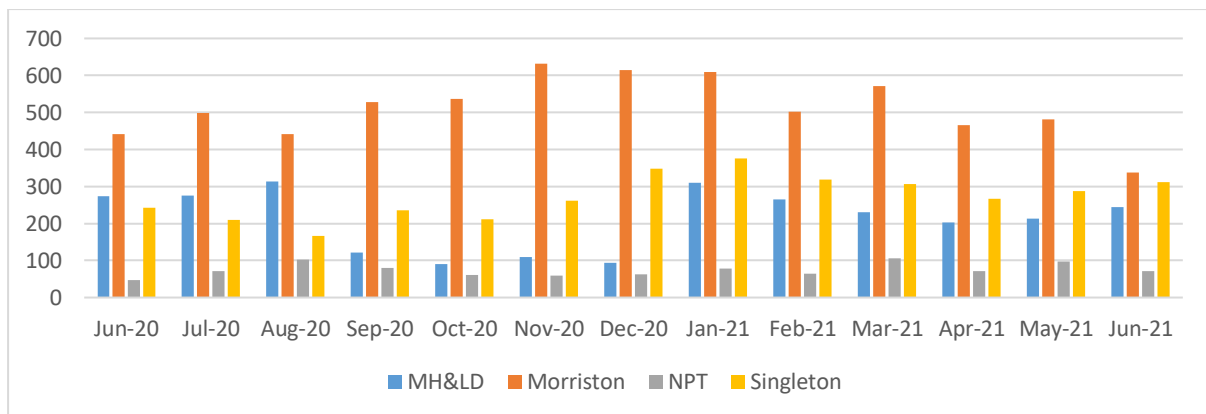
To set out for the Workforce and OD Committee (WOD) salient information regarding the utilisation of agency and locum doctors during defined periods and to update the WOD around planned work.

## 2. BACKGROUND

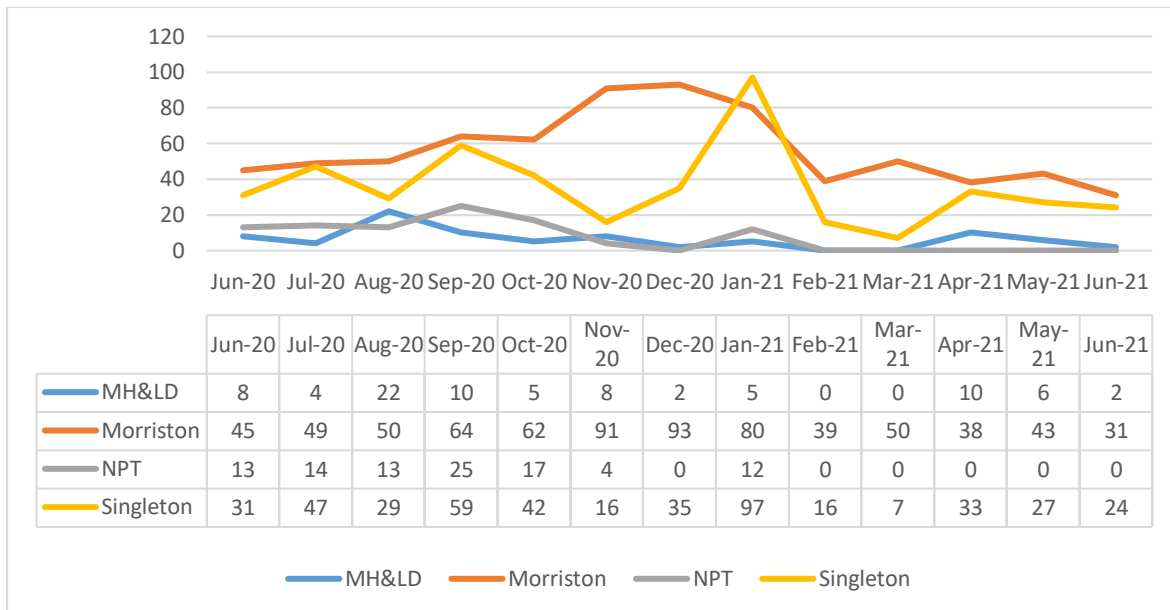
It has been usual practice to report medical agency and locum utilisation and expenditure to the WOD Committee. The Pandemic disrupted this reporting and the work associated with this. Below is a snapshot representing relevant periods tracking recent utilisation, expenditure, and planned work.

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



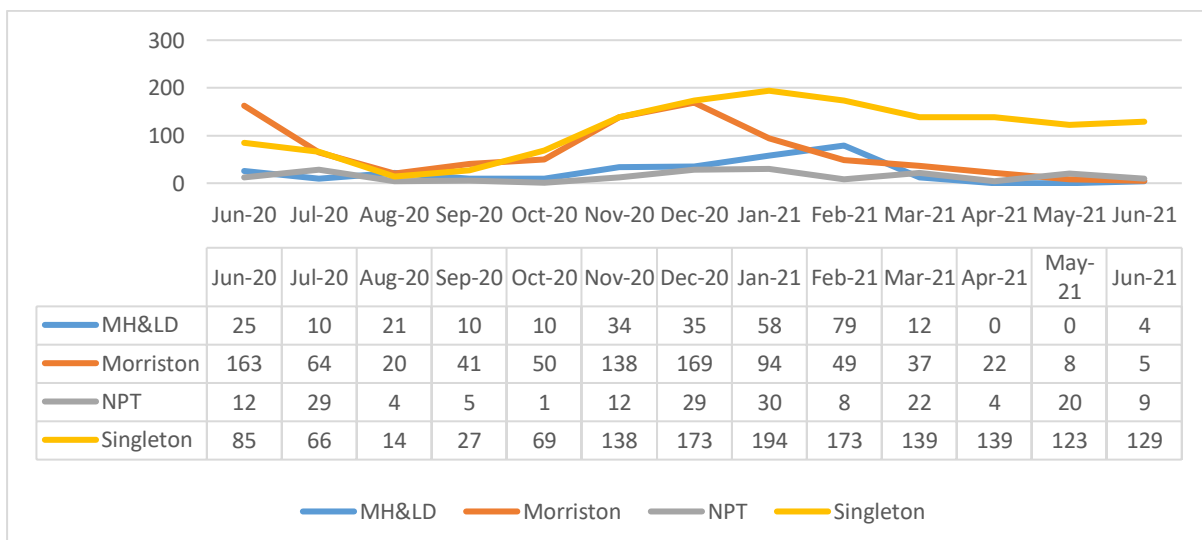
On average we continue to process around 1,000 shifts a month for agency and locum doctors and the main reasons for the locum usage can be identified as a result of Deanery gaps and vacancies. The data has however in June identified a reduction on locum usage. The internal locum usage has dropped to a reported 680 shifts booked in June 2021 compared to that of 874 which was reported in January 2020 (pre COVID 19).



The graph illustrates that sickness levels have continued to decrease and are now nearing a level similar to that reported in early 2020.

### COVID

During the last 14 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 February 2020 and April 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. Whilst the activity has reduced there remains a number of locum duties created due to COVID which may be a coding error.



## Costs

On average the Health Board is spending approximately, £500K per month on internal locum spend. However there has been a reduction in locum spend in June. Agency costs seem to have also reduced during May and June. The table below depicts costs for April, May and June 2021.

Service Group	April 2021		May 2021		June 2021	
	Internal	Agency	Internal	Agency	Internal	Agency
Morrison	318,987	195,956	369,886	76,025	234,594	27,854
MH & LD	47,746	157,495	46,247	28,941	44,208	18,680
Singleton & NPT	136,378	333,378	164,905	32,715	130,602	193,533
	503,111	686,829	581,038	137,681	409,404	318,816
<b>Total monthly Expenditure</b>	<b>1,189,940</b>		<b>718,719</b>		<b>728,220</b>	

## Compliance with the Welsh Government Capped Rates.

The first table below outlines the internal locum shifts from April to June 2021 that have been booked both below and above the capped rates. The data shows a reduction in the hours of locum shifts in June that are being filled. The data is also showing a reduction in the number of hours that are being worked above the capped rates which could be linked to the reduction of COVID activity.

	Apr-21	May-21	Jun-21
Individuals Booked	250	263	217
Individuals Booked At/Below Cap	169	172	146
<b>Individuals Booked At/Below Cap %</b>	<b>67.60%</b>	<b>65.40%</b>	<b>67.29%</b>
Individuals Booked Above Cap	81	91	71
<b>Individuals Booked Above Cap %</b>	<b>32.40%</b>	<b>34.60%</b>	<b>32.71%</b>
Hours Booked	8098.26	8846.97	6597.84
Hours Booked At/Below Cap	5800.6	6048.72	4598.01
<b>Hours Booked At/Below Cap %</b>	<b>71.63%</b>	<b>68.37%</b>	<b>69.69%</b>
Hours Booked Above Cap	2297.66	2798.25	1999.83
<b>Hours Booked Above Cap %</b>	<b>28.37%</b>	<b>31.63%</b>	<b>30.31%</b>
Jobs Booked	795	863	680
Jobs Booked At/Below Cap	560	589	470
<b>Jobs Booked At/Below Cap %</b>	<b>70.44%</b>	<b>68.25%</b>	<b>69.12%</b>
Jobs Booked Above Cap	235	274	210
<b>Jobs Booked Above Cap %</b>	<b>29.56%</b>	<b>31.75%</b>	<b>30.88%</b>

## Agency Information

SBUHB	Apr 21	May 21	June 21
Individuals Booked	17	16	13
Individuals Booked At/Below Cap	1	2	4
<b>Individuals Booked At/Below Cap %</b>	<b>5.88%</b>	<b>12.50%</b>	<b>30.77%</b>
Individuals Booked Above Cap	16	14	9
<b>Individuals Booked Above Cap %</b>	<b>94.12%</b>	<b>87.50%</b>	<b>69.23%</b>
Hours Booked	5,946.50	2,159.00	3,899.00
Hours Booked At/Below Cap	8.50	450	1,015.00
<b>Hours Booked At/Below Cap %</b>	<b>0.14%</b>	<b>20.85%</b>	<b>26.04%</b>
Hours Booked Above Cap	5,938.00	1,709.00	2,884.00
<b>Hours Booked Above Cap %</b>	<b>99.86%</b>	<b>79.15%</b>	<b>73.96%</b>
Jobs Booked	26	19	21
Jobs Booked At/Below Cap	1	2	4
<b>Jobs Booked At/Below Cap %</b>	<b>3.85%</b>	<b>10.53%</b>	<b>19.05%</b>
Jobs Booked Above Cap	25	17	17
<b>Jobs Booked Above Cap %</b>	<b>96.15%</b>	<b>89.47%</b>	<b>80.95%</b>

The second table shows the same data but for agency staff. For the first time for several months the table is showing some improvement in terms of securing agency staff at a slightly lower rate. Overall compliance with Welsh government caps however is at a much lower rate than with the internal locum spend.

## Hours and Costs

Rarely is there a linear relationship between the different months in terms of costs and utilisation but there are early indications that usage and costs are beginning to drop as highlighted in the following table:-

Hours Internal	April	May	June
Internal	8098.26	8846.97	6597.84
Agency	5946.50	2159.00	3899.00
<b>Total hours</b>	<b>14,045</b>	<b>11,005.97</b>	<b>10,496.83</b>
<b>Costs</b>	<b>£1,189,940</b>	<b>£718,719</b>	<b>£728,220</b>

## **Locum monitoring**

As reported last month the Executive Medical Director has established an ambitious medical efficiency programme aimed at: -

- Recruiting to all vacant posts.
- To explore innovative and creative ways to avoid unnecessary locum and agency costs particularly with the junior staff.
- To sharpen controls around the booking of agency and internal bank workers
- To develop more stringent controls around leave including annual leave, sick leave, study leave and professional leave. The roll out of the Allocate Medic on Duty modules will help in this respect but further controls are required prior to the digital processes being in place .

## **Medic on Duty**

As part of the medical efficiency programme the Health Board is rolling out the Allocate Medic on Duty system. The programme is commencing with Medicine in Morriston which should be complete by the end of August 2021. This will be followed by Medicine in Singleton, meaning that both Medicine departments will be complete by the end of October. This will also support some of the strategic changes within the annual plan. An implementation plan has been developed and it is anticipated that it could take up to two years to complete the full roll out.

### **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 including the early indications that utilisation and costs could possibly be falling
- **Note** the continued plans for 2021.

<b>Governance and Assurance</b>		
<b>Link to Enabling Objectives</b> <i>(please choose)</i>	<b>Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities</b>	
	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"/>
	<b>Deliver better care through excellent health and care services achieving the outcomes that matter most to people</b>	
	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"/>
<b>Health and Care Standards</b>		
<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"/>
<b>Quality, Safety and Patient Experience</b>		
Whilst there are significant recruitment difficulties the supply of locum doctors is vital to safe patient care		
<b>Financial Implications</b>		
Securing these doctors at appropriate rates is also key to the recovery and sustainability of the Health Board		
<b>Legal Implications (including equality and diversity assessment)</b>		
Not applicable.		
<b>Staffing Implications</b>		
None other than the need to improve the supply of the medical workforce.		
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>		
Not applicable		
<b>Report History</b>	This is the 13 <sup>th</sup> Report	
<b>Appendices</b>	None	