



Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	15th June 2021	Agenda Item	4.2
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	Workforce and OD Committee are asked to: <ul style="list-style-type: none"> • Note the metrics and associated costs • Note the plans for 2021, 		

MEDICAL AGENCY AND LOCUM UTILISATION

1. INTRODUCTION

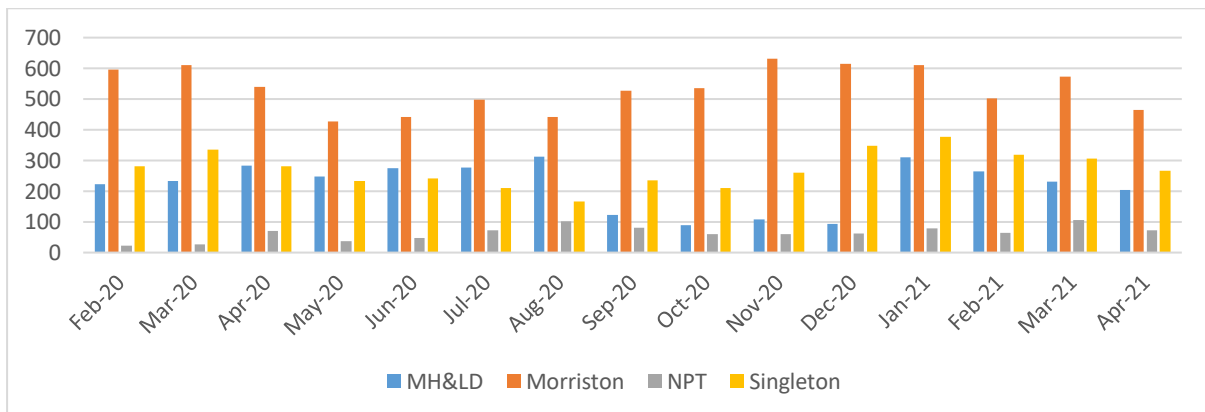
To set out for the Workforce and OD Committee (WOD) salient information regarding the utilisation of agency and locum doctors during defined periods and to update the WOD around planned work.

2. BACKGROUND

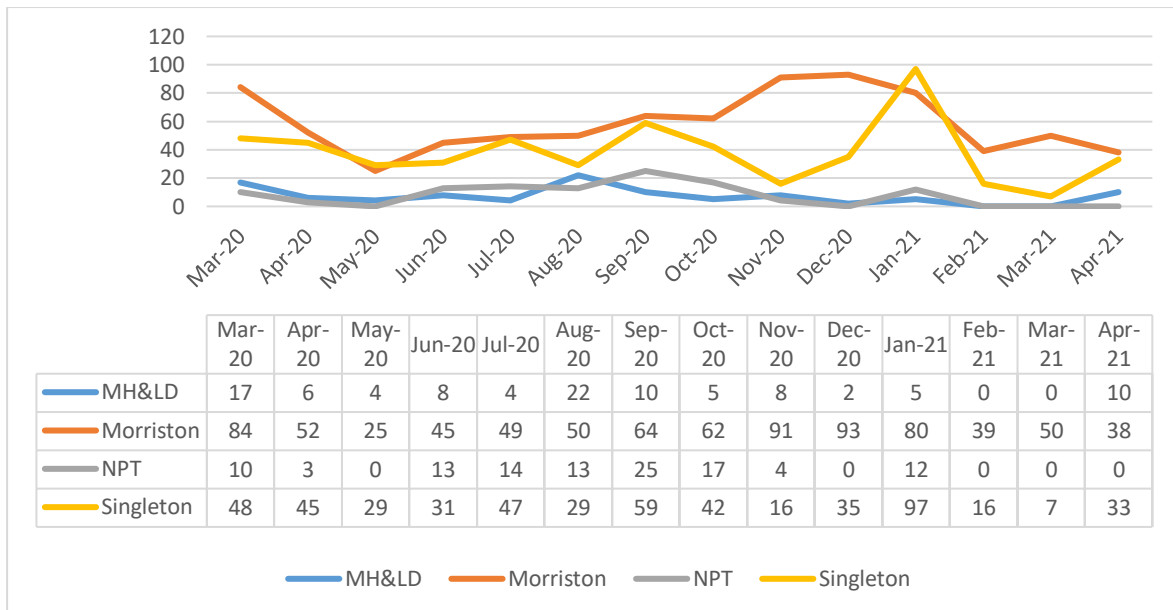
It has been usual practice to report medical agency and locum utilisation and expenditure to the WOD Committee. The Pandemic disrupted this reporting and the work associated with this. Below is a snapshot representing relevant periods tracking recent utilisation, expenditure and planned work.

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 14 months.



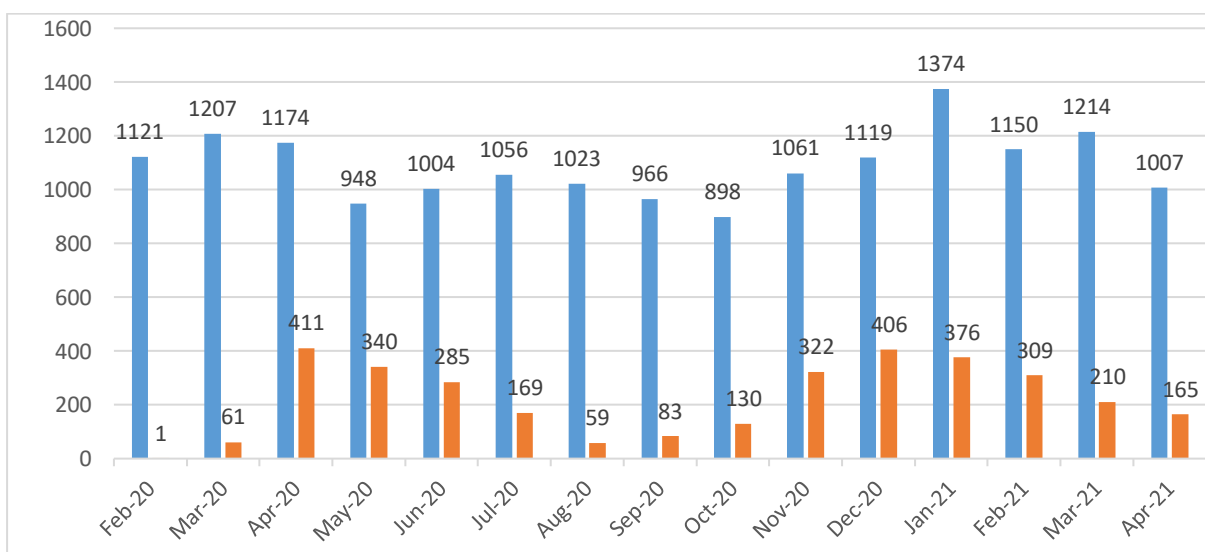
On average we continue to process 1,200 shifts a month for agency and locum doctors and the main reasons for the locum usage can be identified as a result of Deanery gaps and vacancies. The data is also identifying the amount of locum cover that is being requested due to sickness as shown below.



The graph illustrates that sickness levels have decreased by over 50% in March 21 compared to March 20. Both Singleton and Mental health service groups are reporting an increase in sickness activity during March and April 21.

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.



Internal Locums

Costs

On average the Health Board is spending approximately, £500K per month on internal locum spend. Since February 2021 there has been a month on month reduction of locum spend. The table below tracks March to April 21.

Service Group	March 21		April 21	
	Internal	Agency	Internal	Agency
Singleton	96,954	308,452	101,809	305,805
Morrison	314,944	395,874	318,987	37,944
MH & LD	41,275	225,776	47,746	159,592
Neath	50,913	60,920	34,569	29,296
Totals	504,085	991,065	503,111	532,636
Total monthly Expenditure	1,495,150		1,035,747	

There has been a reduction in agency spend between March and April as reporting had been shifted to hours worked in month as opposed to booked in month. We need to monitor costs from April 21 onwards to identify any trends with this.

Compliance with the Welsh Government Capped Rates.

The first table below outlines the internal locum shifts from February – April 2021 that have been booked both below and above the capped rates. The data shows a reduction in the hours of locum shifts 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.

	Feb-21	Mar-21	Apr-21
Individuals Booked	237	232	228
Individuals Booked At/Below Cap	153	165	169
Individuals Booked At/Below Cap %	64.55%	71.12%	74.12%
Individuals Booked Above Cap	108	88	81
Individuals Booked Above Cap %	45.55%	28.88%	25.86%
Hours Booked	9126.08	9281.08	8098.26
Hours Booked At/Below Cap	5876.42	6485.16	5800.6
Hours Booked At/Below Cap %	64.40%	69.88%	71.63%
Hours Booked Above Cap	3249.66	2795.92	2297.66
Hours Booked Above Cap %	35.60%	30.12%	28.37%

Jobs Booked	942	975	795
Jobs Booked At/Below Cap	591	663	560
Jobs Booked At/Below Cap %	62.73%	68%	70.44%
Jobs Booked Above Cap	351	312	235
Jobs Booked Above Cap %	37.27%	32%	29.56%

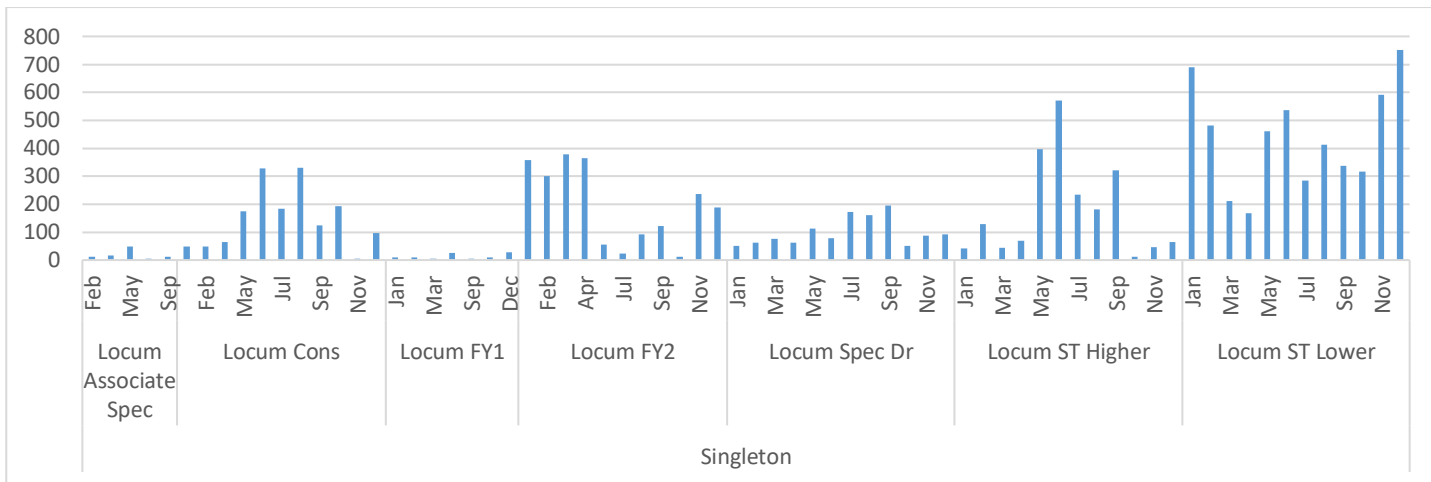
Agency Information

SBUHB	Feb - 21	Mar - 21	Apr - 21
Individuals Booked	17	18	17
Individuals Booked At/Below Cap	2	1	1
Individuals Booked At/Below Cap %	11.76%	5.55%	5.88%
Individuals Booked Above Cap	15	17	16
Individuals Booked Above Cap %	88.24%	94.45%	94.12%
Hours Booked	5,015.00	7,442.00	5,946.50
Hours Booked At/Below Cap	1,425.00	937.50	8.50
Hours Booked At/Below Cap %	28.42%	12.60%	0.14%
Hours Booked Above Cap	3,590.00	6,504.50	5,938.00
Hours Booked Above Cap %	71.58%	87.40%	99.86%
Jobs Booked	20	27	26
Jobs Booked At/Below Cap	2	2	1
Jobs Booked At/Below Cap %	10.00%	7.40%	3.85%
Jobs Booked Above Cap	18	25	25
Jobs Booked Above Cap %	90.00%	92.60%	96.15%

The second table shows the same data but for agency staff. The agency information highlights an increase in medical staff being secured at higher rates which currently is being applied to the majority of individuals being booked. This can be attributed to the shortage of medical staff being available and the current demand across the NHS.

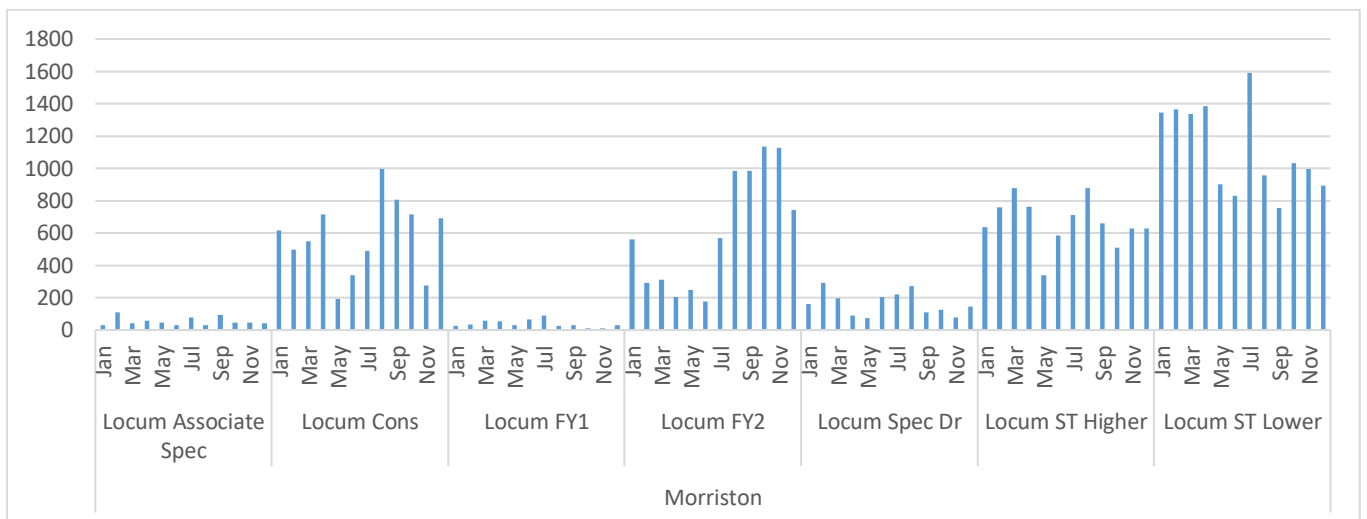
Analysis

The data gathered on locum usage since the implementation of Locum on Duty has supported the Health Board in identifying the reasons for the locum use. During the last 14 months there has been consistent data outlining that medical vacancies are having a significant impact on the ability to cover the service. The graph below demonstrates the trend during the last 14 months and includes reasons for vacancies and deanery gaps. The first graph is a summary across the HB.

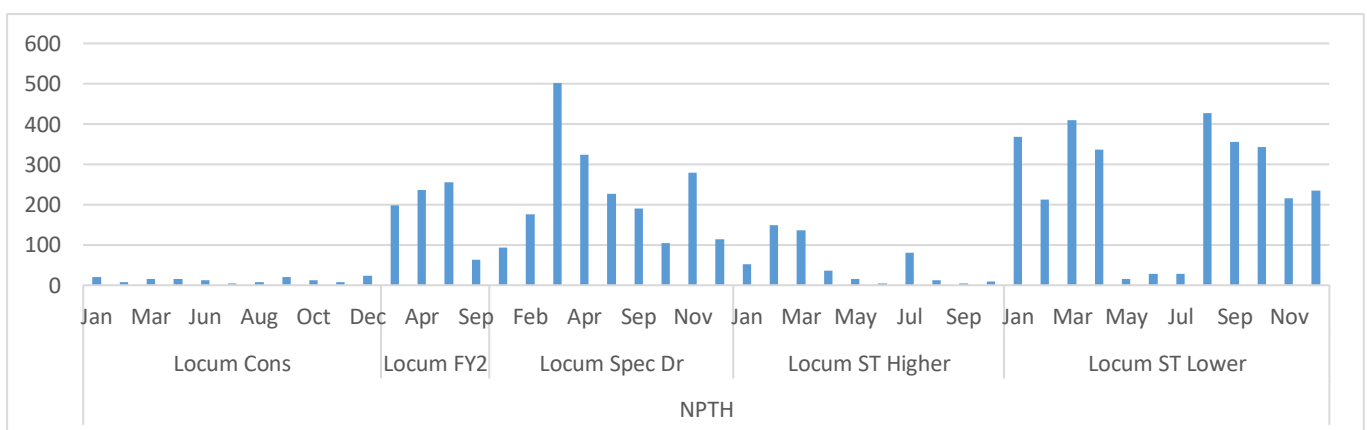


Please note that the information for locum associate specialist is more condensed due to the small number of shifts worked citing vacancy during the reference period.

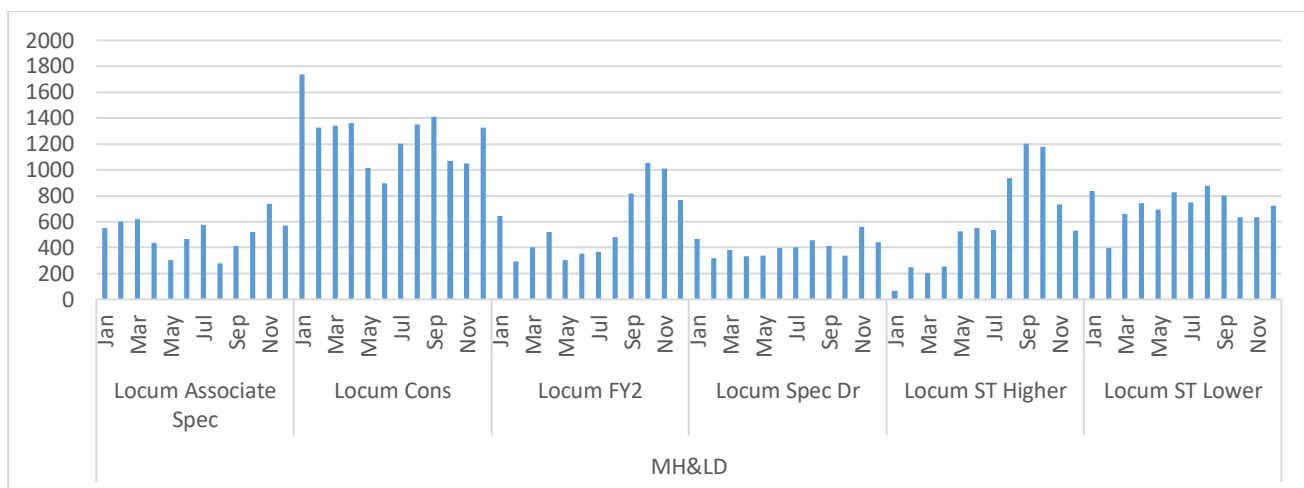
Singleton



Morriston



NPTH



The graphs are demonstrating that there are significant pressures within training grades across all Service Delivery Groups. Mental Health and Learning Disabilities have gaps across most grades.

Long term locums

Currently there are approximately 40 medical staff that are being supplied by an external agency who are working within the Health Board covering long term gaps. The analysis below identifies where these staff are being deployed and the reasons for their bookings.

Delivery Unit	Reason	Live agency Doctors	Total
Mental Health	Vacant Post	10	11
	Deanery Gap	1	
Singleton Hospital	Vacant Post	10	13
	Deanery Gap	3	
Morrison Hospital	Vacant Post	9	10
	Increased Capacity Needed	1	
Neath Port Talbot	Health & Safety (Covid)	1	6
	Secondments	2	
	Additional Capacity	1	
	Vacant Post	2	
Total		40	40

The data above demonstrates that certain specialties are experiencing significant challenges in recruiting which is leading to the use of long-term locums. The information from Locum on Duty highlights pressures at Consultant, FY2 and ST lower levels.

Given the number of “hard to fill” vacancies that are resulting in the reliance of long-term locums the health Board must consider alternative approaches to filling the gaps. As previously reported, there are services from companies that offer a 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.

Attached as Appendix A is the Medical Workforce Programme which sets out an ambitious plan to attempt to recruit in creative ways to recruit to provide a sustainable service with reduced bank and agency costs.

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 plans for 2021.

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 12 th Report	
Appendices	Medical Efficiency Programme	