



<b>Meeting Date</b>	<b>14<sup>th</sup> June 2022</b>	<b>Agenda Item</b>	<b>3.2</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>	Debbie Eyitayo, 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 (please choose one only)</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Recommendations</b>	Workforce and OD Committee are asked to: <ul style="list-style-type: none"> <li>• <b>Note</b> the metrics and associated costs.</li> <li>• <b>Note</b> the need to undertake further work to capture all agency costs through the locum management system.</li> <li>• <b>Note</b> the issues associated with the roll out of Medic on Duty.</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.

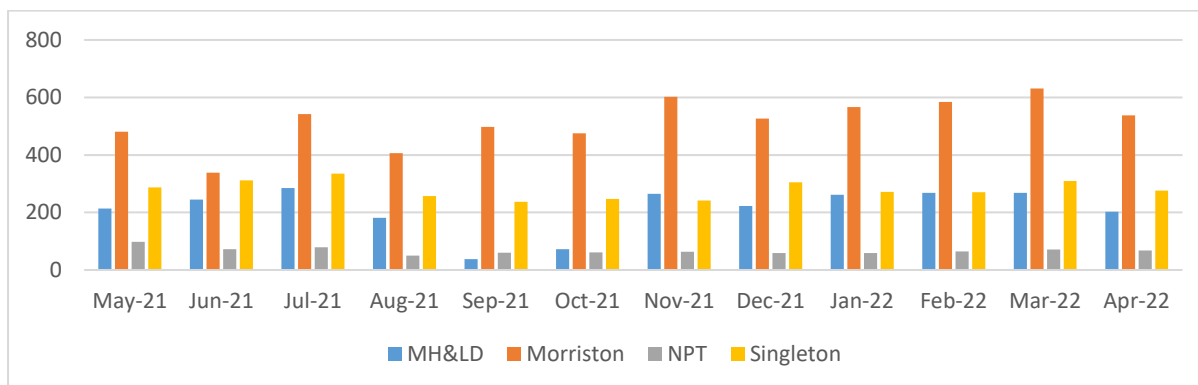
### 2. BACKGROUND

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.

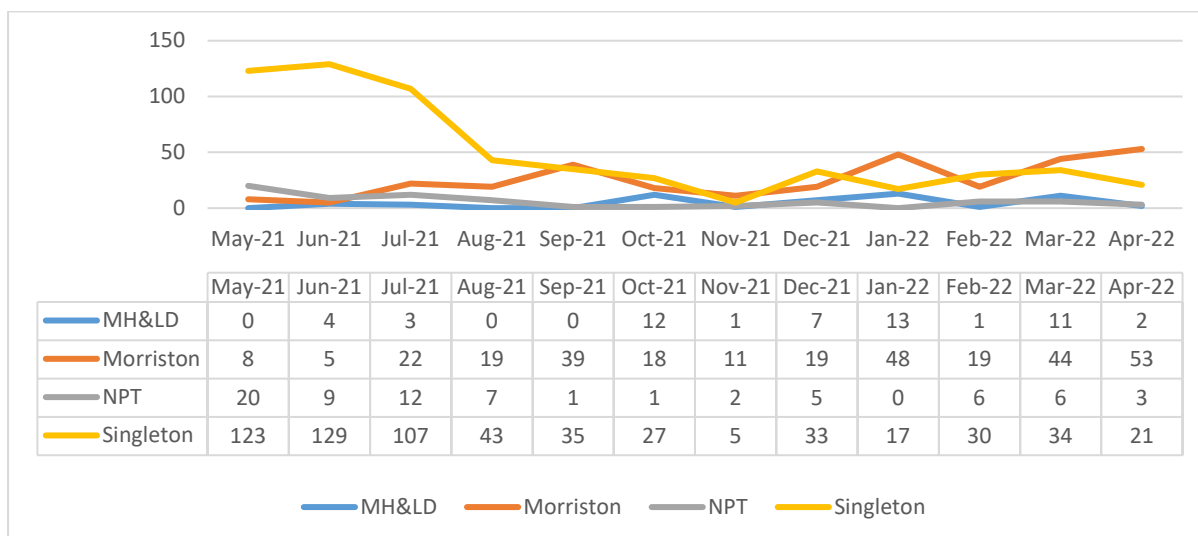
#### Agency and Locum Data

The Health Board continues to see high level of locum usage across the service groups. Whilst the pressures of COVID are reducing the demand for locums continue to be high. The Data is showing that gaps within the rota's remain a significant challenge and account for approximately 48% of locum duties.

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



The data is also showing a continued reduction in the number of COVID related locum usage.



#### Costs

On average the Health Board continues to spend approximately, £500K per month on internal locum spend.

The table below depicts total costs for. The data is showing that there has been a cost reduction which has been a consistent trend from September 21. However, it is noted that these costs only capture the locum work undertaken by internal and MEDACS Locums.

Service Group	March 2022		April 2022	
	Internal	Agency	Internal	Agency
Morrison	£268,014	£38,832	£311,950	£28,540
MH & LD	£147,448	£67,695	£25,777	£69,771
Singleton & NPT	£58,430	£140,023	£159,646	£106,414
PC & T	£2,615	£0.00	£5,922	£0.00
EMRTS	£0.00	£0.00	£0.00	£0.00
<b>Total</b>	£476,506	<b>£246,550</b>	£503,295	<b>£204,725</b>
<b>Total monthly Expenditure</b>	£723,056		£708,020	

### Compliance with the Welsh Government Capped Rates

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

The data shows that during the last 5 months there has been an overall reduction in locum shifts that were booked above capped rates although the data does show some variations. The data is also showing that for internal bank workers more than 60% are currently being worked and paid under the capped rates. More work is required to reduce the number of locum workers that are being paid an hourly rate that is above the capped rates.

	March 22	April 22
Individuals Booked	346	325
Individuals Booked At/Below Cap	218	208
<b>Individuals Booked At/Below Cap %</b>	63.00%	64.00%
Individuals Booked Above Cap	128	117
<b>Individuals Booked Above Cap %</b>	37.00%	36.00%
Hours Booked	10177.91	9539.42
Hours Booked At/Below Cap	6764.16	6479.84
<b>Hours Booked At/Below Cap %</b>	66.45%	67.92%
Hours Booked Above Cap	3413.75	3059.58
<b>Hours Booked Above Cap %</b>	33.55%	32.08%
Jobs Booked	1046	934
Jobs Booked At/Below Cap	668	585
<b>Jobs Booked At/Below Cap %</b>	63.86%	62.63%

Jobs Booked Above Cap	378	349
Jobs Booked Above Cap %	36.14%	37.37%

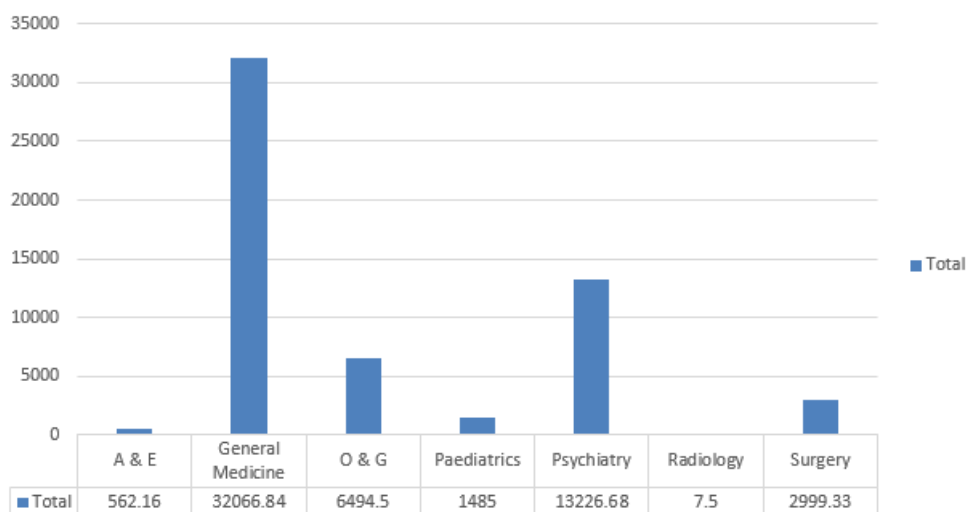
## Agency Information

The second table (below) shows the same data but for agency staff.

SBUHB	March 22	April 22
Individuals Booked	10	15
Individuals Booked At/Below Cap	1	0.00
<b>Individuals Booked At/Below Cap %</b>	10.00%	0.00%
Individuals Booked Above Cap	9	15
<b>Individuals Booked Above Cap %</b>	90.00%	100.00%
Hours Booked	3,283.00	4,455.50
Hours Booked At/Below Cap	220.00	0.00
<b>Hours Booked At/Below Cap %</b>	6.70%	0.00%
Hours Booked Above Cap	3,063.00	4,455.50
<b>Hours Booked Above Cap %</b>	93.30%	100.00%
Jobs Booked	11	17
Jobs Booked At/Below Cap	1	0.00
<b>Jobs Booked At/Below Cap %</b>	9.10%	0.00%
Jobs Booked Above Cap	10	17
<b>Jobs Booked Above Cap %</b>	90.90%	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.

March 21 - February 22 (Hours) By Service Area



## 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.

March-22	Hywel Dda	SBUHB	Cardiff & Vale	Betsi
Individuals Booked	18	10	32	20
Individuals Booked At/Below Cap	0.00	1	6	5
Individuals Booked At/Below Cap %	0.00%	10.00%	18.75%	25.00%
Individuals Booked Above Cap	18	9	26	15
Individuals Booked Above Cap %	100.00%	90.00%	81.25%	75.00%
Hours Booked	4,050.00	3,283.00	6,799.00	6,257.00
Hours Booked At/Below Cap	0.00	220.00	1,157.50	925.50
Hours Booked At/Below Cap %	0.00%	6.70%	17.02%	14.79%
Hours Booked Above Cap	4,050.00	3,063.00	5,641.50	5,331.50
Hours Booked Above Cap %	100.00%	93.30%	82.97%	85.20%
Jobs Booked	22	11	69	61
Jobs Booked At/Below Cap	0.00	1	8	6
Jobs Booked At/Below Cap %	0.00%	9.09%	11.59%	9.83%
Jobs Booked Above Cap	22	10	61	55
Jobs Booked Above Cap %	100.00%	90.90%	88.40%	90.16%

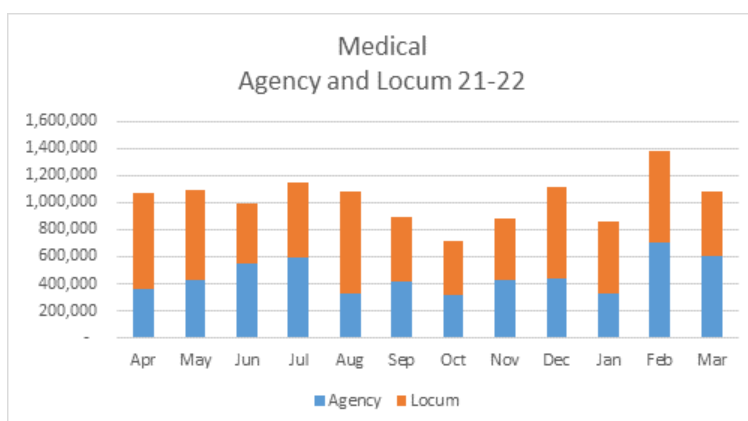
April-22	Hywel Dda	SBUHB	Cardiff & Vale	Betsi
Individuals Booked	17	15	30	12
Individuals Booked At/Below Cap	1	0.00	4	1
Individuals Booked At/Below Cap %	5.88%	0.00%	13.33%	8.33%
Individuals Booked Above Cap	16	15	26	11
Individuals Booked Above Cap %	94.11%	100.00%	86.66%	91.66%
Hours Booked	5,885.00	4,455.50	6,954.50	2,272.58
Hours Booked At/Below Cap	8.00	0.00	122.00	14
Hours Booked At/Below Cap %	0.13%	0.00%	1.75%	6.16%
Hours Booked Above Cap	5,877.00	4,455.50	6,832.50	2,258.58
Hours Booked Above Cap %	99.86%	100.00%	98.24%	99.38%
Jobs Booked	40	17	88	48
Jobs Booked At/Below Cap	1	0.00	6	3
Jobs Booked At/Below Cap %	2.50%	0.00%	6.81%	6.25%
Jobs Booked Above Cap	39	17	82	45
Jobs Booked Above Cap %	97.50%	100.00%	93.18%	93.75%

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

### Off framework agencies

It has previously been reported that some services are using off contract agencies to fill locum gaps. The table below illustrates the costs that have been processed for internal Locums and agencies during the last 12 months. There is a noticeable change in the amount of costs to agencies. These costs are hidden as these agencies are

being booked directly by the services and are bypassing the Locum on Duty system. Consequently, these costs only appear when they are processed via the ledger.



Work 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. Part of this process will also consider non MEDACS agencies and ensure that this activity is processed via Locum on Duty. This will ensure that all agency locum shifts will be reported consistently and are visible.

### Hours and Costs

Rarely is there a linear relationship between the different months in terms of costs and utilisation but there were early indications that usage and costs were beginning to drop as highlighted in the following table. Utilisation remains variable but at this stage, but costs appear to be slowly reducing and this has been maintained. The information for March & April 2022 is illustrated below.

Category	March 22	April 22
Internal	£476,506	£503,295
Agency	£246,550	£204,725
Total hours	13,460.91	13,994.92
Costs	<b>£723,056</b>	<b>£708,020</b>

### Medic on Duty Update

Work is slowly progressing to implement Medic on Duty. The resources within the team have now been made permanent. However, due to vacancies within the team the pace of rollout was reduced to complete ongoing work within Medicine (Singleton) and Mental Health & LD service group.

Medicine in Singleton has implemented the revised Annual Leave and Study Leave process. Positive feedback has been given by clinicians in terms of the improved visibility that they now have over their individual and team leave. Mental Health & LD will be live with the revised leave process at the end of June.

The use of Activity Manager has been more complicated due to the currency of job plans and the changes that took place in response to COVID.

### **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.

<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 18 <sup>th</sup> Report	
<b>Appendices</b>	None	