



Meeting Date	12th October 2021	Agenda Item	3.2
Report Title	Medical Agency and Locum Utilisation		
Report Author	Sharon Vickery Assistant Director Workforce and OD		
Report Sponsor	Debbie Eyitayo, 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	<p>Workforce and OD Committee are asked to:</p> <ul style="list-style-type: none"> • Note the metrics and associated costs • Note the continued plans for 2021. • Note the issues that the rollout of Medic on Duty has revealed so far. 		

MEDICAL AGENCY AND LOCUM UTILISATION

1. INTRODUCTION

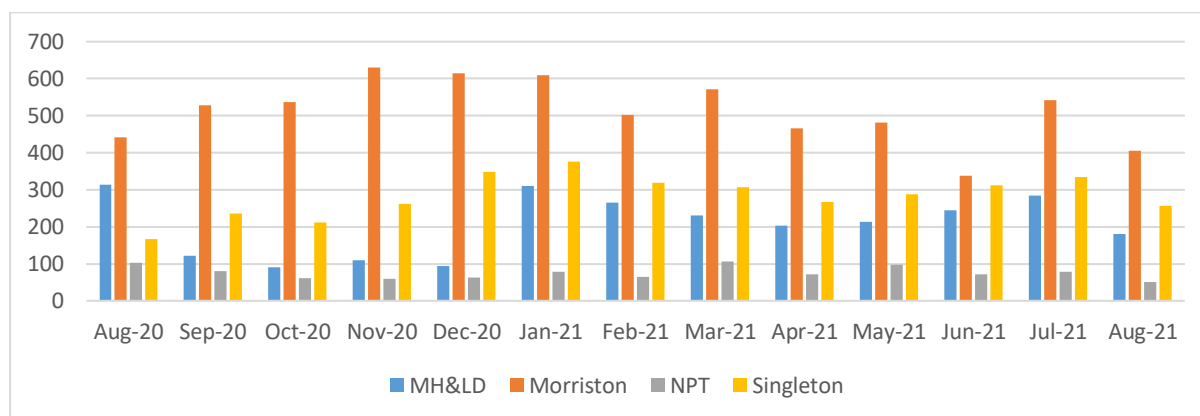
To set out for the Workforce and OD Committee (WOD) salient information regarding the utilisation of agency and locum doctors during defined periods and to update the WOD around planned work.

2. BACKGROUND

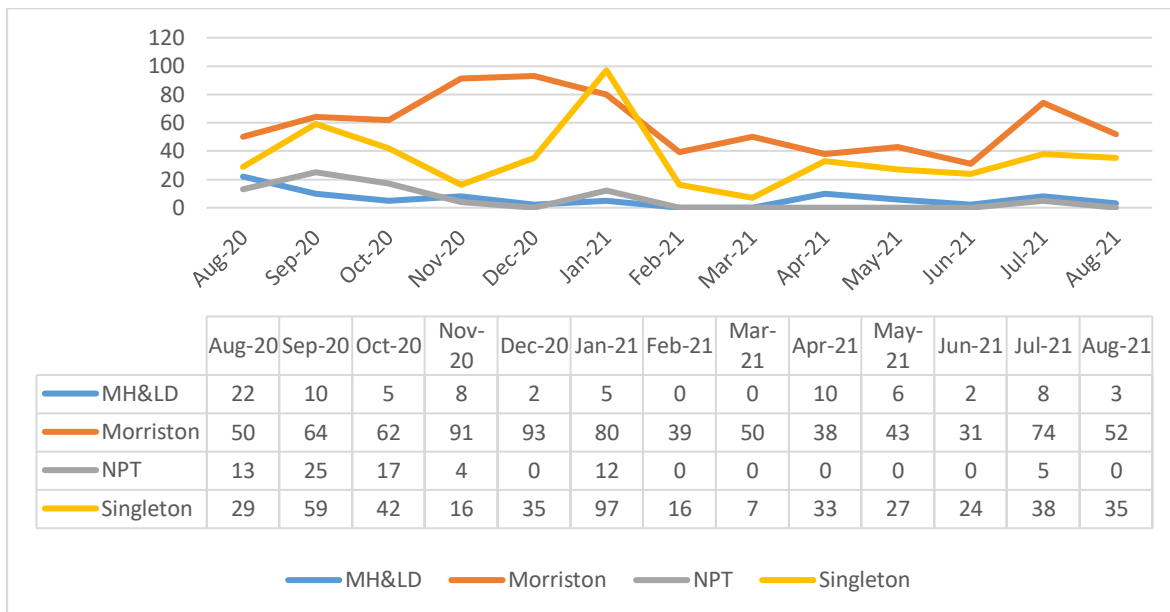
It has been usual practice to report medical agency and locum utilisation and expenditure to the WOD Committee. The Pandemic disrupted this reporting and the work associated with this. Below is a snapshot representing relevant periods tracking recent utilisation, expenditure, and planned work.

Agency and Locum Data

During the last 18 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.



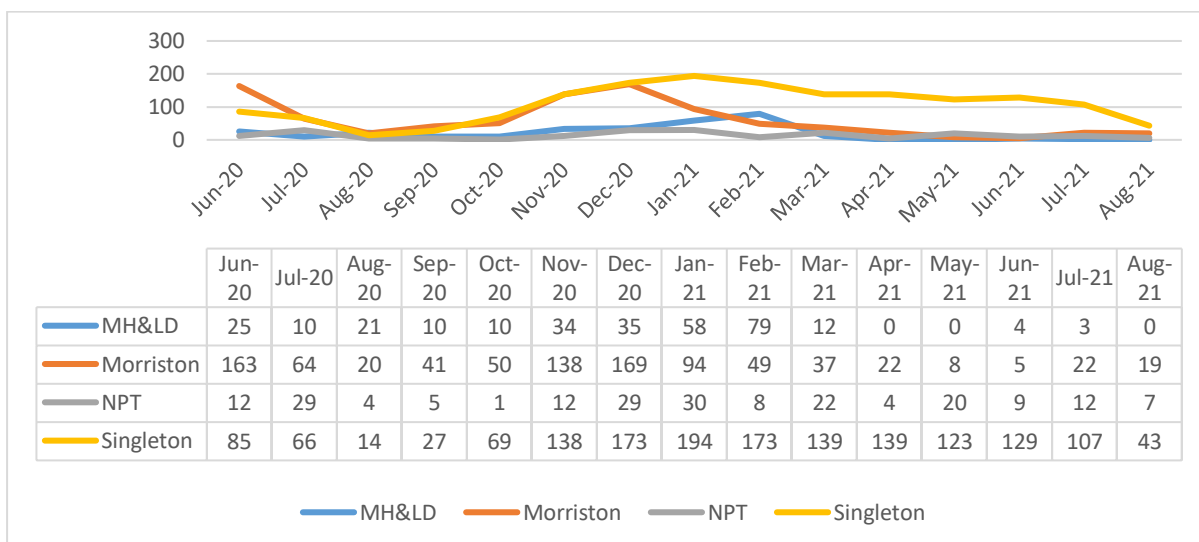
On average we continue to process around 1,000 shifts a month for agency and locum doctors and the main reasons for the locum usage can be identified as a result of Deanery gaps and vacancies. The data has however in August identified a reduction in locum usage. The internal locum usage has dropped to a reported 731 shifts booked in August 2021 compared to that of 874 which was reported in January 2020 (pre COVID 19). Whilst there has been a reduction in volume of locum shifts the costs of covering gaps are increasing. In August 2021 approximately 35% of shifts filled internally are being negotiated above the Welsh Government capped rate, this is the highest percentage since Locum on Duty was implemented in December 2019. This increase in cost can be attributed to shortages of doctors within certain specialties.



The graph illustrates that sickness levels have continued to decrease and are now nearing a level similar to that reported in early 2020. This graph depicts the number of shifts utilised by each Service Group due to sickness over this a 12 month period.

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 during 2021. The data shows that there has been a significant decline in the locum shifts being requested due to COVID.



Costs

On average the Health Board is spending approximately, £500K per month on internal locum spend. The table below depicts total costs for June, July & August 2021.

Service Group	June 2021		July 2021		August 2021	
	Internal	Agency	Internal	Agency	Internal	Agency
Morrison	£234,594	£27,854	£318,904	£132,113	£329,074	£100,088
MH & LD	£44,208	£18,680	£73,470	£99,124	£54,585	£101,392
Singleton & NPT	£130,602	£193,533	£141,094	£237,878	£134,749	£236,407
Total	£409,404	£318,816	£533,468	£469,115	£518,409	£437,887
Total monthly Expenditure	£728,220		£1,002,583		£956,296	

Compliance with the Welsh Government Capped Rates.

The first table below outlines the internal locum shifts from June to August 2021 that have been booked both below and above the capped rates. The data shows that during August 2021 there was a noticeable reduction in locum shifts. However, there has been an increase in the number of locum shifts that have been negotiated above the capped rates.

	June 21	July 21	August 21
Individuals Booked	217	295	244
Individuals Booked At/Below Cap	146	198	165
Individuals Booked At/Below Cap %	67.29%	67.19%	67.62%
Individuals Booked Above Cap	71	97	79
Individuals Booked Above Cap %	32.71%	32.81%	33.38%
Hours Booked	6597.84	9271.92	7693.3
Hours Booked At/Below Cap	4598.01	6605.32	5215.3
Hours Booked At/Below Cap %	69.69%	71.24%	67.79%
Hours Booked Above Cap	1999.83	2666.6	2478
Hours Booked Above Cap %	30.31%	28.76%	32.21%
Jobs Booked	680	944	731
Jobs Booked At/Below Cap	470	663	472
Jobs Booked At/Below Cap %	69.12%	70.23%	64.57%

Jobs Booked Above Cap	210	281	259
Jobs Booked Above Cap %	30.88%	29.77%	35.43%

Agency Information

SBUHB	June 21	July 21	August 21
Individuals Booked	13	15	14
Individuals Booked At/Below Cap	4	0	0
Individuals Booked At/Below Cap %	30.77%	0.00%	0.00%
Individuals Booked Above Cap	9	15	14
Individuals Booked Above Cap %	69.23%	100.00%	100.00%
Hours Booked	3,899.00	5,304	4,564
Hours Booked At/Below Cap	1,015.00	0.00	0.00
Hours Booked At/Below Cap %	26.04%	0.00%	0.00%
Hours Booked Above Cap	2,884.00	5,304	4,564
Hours Booked Above Cap %	73.96%	100.00%	100.00%
Jobs Booked	21	18	17
Jobs Booked At/Below Cap	4	0	0
Jobs Booked At/Below Cap %	19.05%	0.00%	0.00%
Jobs Booked Above Cap	17	18	17
Jobs Booked Above Cap %	80.95%	100.00%	100.00%

The second table shows the same data but for agency staff. The table identifies that all shifts that were filled by MEDACS in July & August 2021 were above the Welsh government capped rates.

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. However given the variability it is still too soon to make this assumption and it is of concern how many shifts are now above the capped rates for locum and agency doctors. . The only solution here is to recruit substantively to vacancies.

Hours Internal	June 21	July 21	August 21
Internal	6597.84	£533,468	£518,409
Agency	3899.00	£469,115	£437,887

Total hours	10,496.83	14,576	12,257
Costs	£728,220	£1,002,583	£956,296

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.

Monitoring agency use

Whilst there is a significant amount of work being undertaken to monitor the MEDACS locum use it is acknowledged that there are specialties who approach agencies (framework and off framework) directly. Often, these agreements only become visible when issues present or via the financial ledger. The impact of contracting agencies directly include:

- Limited assurance regarding the compliance of agency staff.
- No oversight of spend/use
- High rates

It has been reported that from May to August 2021 the Health Board has engaged with 11 other agencies on 170 occasions which totals approximately £200,000. Further analysis shows that these agencies are being utilised to cover long term vacancies. There are plans to tackle this practice.

Medic on Duty

Implementation of Medic on Duty has begun. Medicine in Morriston was an early adopter of the system and is currently utilising it for junior medical staff. Work has begun with Paediatrics and Neonatal who will be rostering all medical staff on Medic on Duty. Albeit a challenging migration the system has been received positively by the specialties. To date challenges identified have included:

- Resources – there is disparity across the specialties in relation to the resources to support the management of medical staff. Whilst most rota co-ordinators focus on junior doctors the same arrangements do not always exist for SAS and consultant grades. Consequently, each service group has been advised that these arrangements need to be in place in time for the Medic on Duty rollout.
- Job planning – the job planning process is an integral part of the implementation of Medic on Duty as all SAS and consultant staff must have an up to date signed

off job plan that will feed into the system. It has been noted that the quality of job plans vary.

- Management of leave - There are a myriad of leave options being utilised for medical staff that are being recorded on intrepid. Cleansing work has been undertaken to rationalise the options available to ensure consistent reporting. It has also been identified that there are not always clear lines of accountability in terms of requesting/approving different types of leave.
- Rotational information – Junior doctors have specific rota patterns to ensure service delivery and quality of training experience. The management of the rotas is critical as it also influences the banding of the junior doctors. It has been identified that frequently rotas are changing and are not always being recorded appropriately. This carries significant financial risk for the HB.
- Additional resources – it has been noted that additional locum staff are being utilised generally and not for specific gaps in the rotas, over establishing the rotas with no formal approval and at high cost.

The continued roll out of Medic on Duty will identify further opportunities for improvements that can be made in the deployment of medical staff which will also support the medical efficiency programme.

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 continued plans for 2021.
- **Note** the issues that the roll out of Medic on Duty has revealed so far.

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 14 th Report	
Appendices	None	