Princess of Wales Hospital

With respect to the long term locums listed in the spreadsheet:-

1) Paediatrics ST3+
   This post has been recently been appointed to and a start date is awaited.

2) Orthopaedics & Trauma ST3+ (9 months in post)
   This doctor is a Medacs locum who has been appointed to a substantive post and for whom we are waiting on a start date.

3) General Surgery JCF x 4 (10 months in post)
   These posts are actually T&O posts which have been appointed to via BAPIO. One appointee is due to start at the end of March, a second appointee is in discussion with the GMC about registration. The other two appointees unfortunately failed their IELTS and have been rejected. There are other candidates in this year's India visit but earliest start dates would be September 2019. Gaps are being filled by Medacs locums, previous non-Medacs locums were given notice.

4) Obstetrics & Gynaecology Consultant (9 months in post)
   Long term locum cover for sickness absence, phased return to work and vacancy in the consultant body. One consultant is on phased return to work and on full return to work is likely to seek reduced sessions without on-call cover. Another consultant is back to work but only providing day time cover. There is also significant middle grade shortage with only one of five StRs currently working. Two new consultant appointments recently, have helped, though we have one consultant leaving (for Singleton) and the requirement for labour ward cover means a locum requirement will continue. Job planning meetings are scheduled to establish sessions available to collate for new appointments with obstetric focus.

5) Radiology Consultant (10 months in post)
   We currently have two long-serving locums in Radiology – the one on the spreadsheet would appear to be a Medacs locum. There is another through Athona Recruitment. We have, as everywhere, significant ongoing shortages in Radiology: it would seem that quality of Medacs locums available reflects that it is such a shortage specialty, though the directorate are using Medacs locums including the long term locum mentioned above.

Management of locum requests and agreement of rates:

The local scrutiny of all agency and ad hoc locum requests that exceed the cap is near real-time rather than via a panel: each request form is authorised by the UMD or SD in consultation when both present. We also discuss medical locum usage at the weekly Unit Vacancy Control panel meetings. These meetings are attended by the Service Director, Unit Nurse Director, and UMD, with Finance and HR colleagues.

Process for internal ad hoc and locum agency bookings:

The directorate management teams with their rota co-ordinators are responsible for organising internal ad hoc and agency locum bookings.

Medical Specialties: the rota co-ordinator books locums. There are internally agreed rates for our own staff covering locum shifts within the directorate. When unable to find internal locum cover, agency cover is sought. Every effort is made to avoid a gap at registrar level – this is due to the key role of the Medical Registrar both during the day and (particularly) at night. If gaps arise it is because of failure to find a suitable locum, not a limit on the rate. Sometimes gaps are left at CT or F2 level when unable to source suitable locum at an acceptable rate, though sometimes an F2 locum is brought in when there is a CT gap. When consultants are required to be resident due to the absence of a registrar overnight, the Welsh Consultant Contract rates are paid i.e. three times the maximum of the salary per hour.

Surgical Specialties: the rota co-ordinators book locums. There are internally agreed rates for our own staff.

	Resident	**Non-resident**
Consultant	**£97.22**	**£58.33**
Registrar (ST3+) and SHO	**£57.05**	**£34.23**

Every effort is made to avoid a gap at registrar level. Middle grade gaps are not covered by consultants in general surgery, T&O and ENT. In Obs & Gynae, if unable to secure middle grade cover (which would only be due to availability rather than cost), the consultant on-call remains resident and another consultant would be on-call from home. The Urology consultant locum's rate is £112 per hour. Agency locum costs for juniors are in the region of £69 per hour.

Anaesthetics/ITU: the rota co-ordinator books locums. There are internally agreed rates for internal locums at different grades.

	Breach	**In hours**	**Out of hours**
SAS	**£57.05**	£40.00	£50.00
STs (Middle grade)	**£57.05**	£40.00	£45.00
CTs (First tier)	**£45.76**	£35.00	£40.00

External locums are sought when unable to find cover internally; the rota co-ordinator reports that they use National Locums rather than Medacs as Medacs rarely find anyone. Gaps are not left uncovered though occasionally it has been necessary to negotiate enhanced internal rates – though remaining cheaper than agency rates. Christmas/Boxing Day have necessitated unpalatably high rates for external locums. Consultants required to cover in the absence of registrars are paid the equivalent of WLI rates, approximately - £576 per

session for evenings, overnight resident on-call 4 sessions @ £159.13 per session.

Paediatrics (whilst not managed by the unit, has had local Band 5 manager/rota co-ordinator since Oct 2018): capped internal and external rates are used and not exceeded. It is notable that paediatric locum staff are very difficult to find: Medacs have not put forward any since October, Total Assist has put forward one (last week). Local/previous junior staff willingness to provide internal locum cover is relied on. One current middle grade post is locum covered but has been appointed to and is awaiting a start date.

Emergency Care: the rota co-ordinator books locums. We have set hourly rates for internal and external locums which are anecdotally lower than neighbouring units.

	Breach	**Normal Day Rate**	**Escalated Day Rate**	**Normal Night Rate**	**Escalated Night Rate**
Middle Grade	**£57.05**	£50.00	£65.00	£50.00	£90.00
ACCS SHO and SHO	**£45.76**	£40.00	£50.00	£40.00	£55.00

The escalated rates are above cap: these are often paid for night shifts and for outstanding hard-to-cover shifts. All vacant shifts are circulated to internal locums three months in advance with weekly follow-up emails. Any longer term vacancies are also sent to Medacs and advertised via Trac/NHS jobs. Recently there has been an increase in internal locums registering with Medacs as they pay weekly and more quickly than ABM. For very good locums, the Medacs rate (higher than internal) remains optimum value. Workforce gaps are managed as flexibly and economically as possible, depending on skill mix, at the discretion of the duty Consultant. Consultants being asked to cover middle grade gaps is not supported by the CD, but has happened very occasionally.

Process for challenging individuals when they ask for rates exceeding the cap:

This is done by the rota co-ordinators who develop working relationships with regularly used locums, relying on good interpersonal skills to achieve cover at the best achievable rates. Locum cover is sought for essential shifts and in almost all areas demand outstrips supply. Extraordinary rates are challenged by rota co-ordinators. CDs are involved in approving locum requests and when rates exceed the cap, this is escalated to UMD.

Process for forwarding approval forms for authorisation:

When the authorisation forms are forwarded by the directorate teams to the senior management team for review and authorisation. At this stage, unusual escalated rates are explored further with the directorate management team. Once authorised they are forwarded to the Exec team for approval.

Reviewing performance on locum expenditure

This falls to the Unit Finance and Recovery Group meetings which are scheduled weekly.

The unit medical staffing is lean and the out of hours staffing level is for essential cover. The directorate management teams work closely with the rota co-ordinators and go to significant lengths to encourage internal locum cover (safer, known staff, cheaper than agency staff). It is concerning to note that internal locums are moving to Medacs (at higher rates than we pay internally) due to how payroll is administered.

The UMD has communicated with rota co-ordinators and directorate management teams to reiterate the need to manage locum costs as tightly as possible.

Singleton Hospital

Longest serving locums:

The two locum Consultants on the spreadsheet (oncology and Haematology) are in hard to recruit specialties and are vital to keep the service going. The Unit is trying to recruit to the posts and have trainees who are interested in joining in the not too distant future. The post in O&G at Singleton has been recruited into, the second O&G post is at POW and not with us. Both the Paediatric posts (one Singleton and one POW) have been recruited into. There are 5 gaps in the Paediatric middle grade rota as of this change over but the Unit are working to recruit to these.

The first port of call is always to look for internal locums and then to Medacs. On occasion there may be opportunities with other agencies but the Unit always go via Medacs in these situations as policy.

Assurance

The local scrutiny panel meets every Tuesday. Membership is Hospital Director, Medical Director, Nurse Director, Finance Business Partner, Senior HR representative.

The service groups will all pick up their internal and agency locums which are below the rate cap (which most are).

Most times that doctors ask for a rate above the cap it is because they are at very short notice or close to other shifts worked. We do challenge this but are often left with no other choice. The service groups do explore every possible avenue prior to this and I do challenge the process.

We do have locally agreed rates for shifts covered by internal juniors in O&G and Paediatrics, but sometimes increased rates are negotiated at difficult times e.g. Christmas.

The breach forms are escalated to the service group managers, or designated deputy in their absence, and then forwarded to either SD or UMD. This unsurprisingly often

happens at very short notice, particularly on a Friday afternoon and we are not always around to challenge or seek prospective approval.

This issue is a standing item on the agenda of the UMD's monthly medical workforce meeting which is attended by the clinical leads and directors, a representative service group manager in rotation and a representative from medical HR.

Morriston Hospital

How does your local scrutiny panel operate (membership, frequency of meeting)?

Meetings take place weekly (Monday 08:30hrs) with the Unit Directors (Service, Medical and Nursing), Associate Director of Finance and the Senior HR Manager for MHDU.

What is your process for picking up all internal ad hoc and locum agency bookings?

All internal ad hoc and locum agency bookings that exceed the cap are directed via e-mail to the Unit Medical Director. Those below the cap are managed within the local service. All bookings are collated by each specialty at the end of each month and submitted via the standard Excel Spreadsheet to the Finance Department.

What is your process for challenging individuals when they ask for a rate that exceeds the cap?

The Unit Medical Director keeps a record of all requests to seek rates above the cap. A challenge is made when the submission fails to make it clear what other options have been explored and when there is sufficient time to make a challenge. Individual judgement has to be made about safety and resilience of the service and when doubt exists, a second opinion is obtained from the Hospital Director or when time permits via the weekly workforce panel. All requests that are agreed are separately scrutinised (usually retrospectively) by the workforce panel.

Do you have any locally-agreed rates for shifts filled by internal juniors? If so, please provide these

Not formally agreed rates, but precedents have been set for different grades and different specialties which we endeavour not to exceed.

What is your process for forwarding approval forms for authorisation to Executive level and how are you assured that all applications are forwarded and the outcome of the Executive review documented and acted upon?

Following review by the workforce panel on a Monday morning, all forms are forwarded to the Executive by the Senior HR Manager.

How do you as a Unit team review your own performance on locum expenditure?

As part of our normal review of expenditure within our weekly Business Performance meetings, weekly Finance Recovery Group, weekly Clinical Cabinet and at our quarterly performance reviews with Executives.

Neath Port Talbot

How does your local scrutiny panel operate (membership, frequency of meeting)?

The SDU holds a Directors Working Lunch every Friday between 12:00 and 14:00, all requests for locums are discussed and considered in this forum. Present is the unit triumvirate, Finance BP and HR BP.

What is your process for picking up all internal ad hoc and locum agency bookings?

As above, however if urgent the request comes to one of the unit directors once Finance has confirmed. We very rarely have urgent ad hoc requests.
What is your process for challenging individuals when they ask for a rate that exceeds the cap?

We do not accept any locums above the cap, we work shorthanded rather than exceed the cap rate. NPT's acuity allows us to be more flexible and occasionally work short, however we usually can fill at the capped rates.

Do you have any locally-agreed rates for shifts filled by internal juniors? If so, please provide these

No

What is your process for forwarding approval forms for authorisation to Executive level and how are you assured that all applications are forwarded and the outcome of the Executive review documented and acted upon?

This hasn't been applicable as no locum rates above cap approved by SDU

How do you as a Unit team review your own performance on locum expenditure?

The SD holds monthly performance reviews with each element of the SDU of which financial performance, vacancy and recruitment forms a set part of the monthly review. Any variations are discussed and where required mitigation / plans developed.

Additionally see email thread below which details the Unit's current locums usage and rates and rationale.

- 2 Medacs doctors employed on the wards in Neath Port Talbot at ST1 level both on capped rate of £45.75.

  The reason for these locums is to enable us to release the substantive Specialty Doctors from the wards to cover the shift gaps of the 3 vacant Specialty Doctor posts (the establishment is 8 and we have 5 in post). These vacancies are long standing and to which we have unfortunately been able to recruit. We do

however have a doctor joining the Neath team from the BAPIO (Indian Recruitment) in approximately 6 months' time which will leave 2 vacancies.

- Internal doctors are paid at the capped rate of £45 to cover the shift gaps on the medical rota.

- 1 Medacs doctor in MIU (to cover nursing sickness). This is an ST3 doctor who is on the capped rate of £57.05.

Primary Care and Community

No locums are sourced.

Mental Health and Learning Disabilities

No response at this time