

ABM University Health Board	
April 2018 Performance and Finance Committee Agenda item: 2j	
Subject	Medical Locum Cap
Prepared by	Sharon Vickery, Head of HR Delivery Units & Medical Staffing
Approved by	Hamish Laing, Executive Medical Director, Hazel Robinson, Director of Workforce & OD, Lynne Hamilton, Finance Director, Chris White, Interim Chief Operating Officer
Presented by	Hazel Robinson, Director of Workforce & OD

1.0 Situation

This report is submitted to the Performance and Finance Committee to provide an update on the implementation of the Medical Locum Cap within ABMU. The detailed progress reports attached to this report in the appendices are provided to Welsh Government on a monthly basis.

2.0 Background

Each month the Performance and Finance Committee receives and approves the information submitted to Welsh Government relating to organisational compliance of the medical locum cap.

February data was submitted to Welsh Government on 19th March 2018 and the March data was submitted on 17th April 2018.

3.0 Assessment

The medical locum cap was introduced across all Health Boards in Wales in November 2017. Key areas of progress, performance and ongoing challenges are summarised below:

3.1 Positive Progress

1. At the March Finance and Performance Committee it was agreed that the Health Board would continue to refine and improve its reporting arrangements to enhance the timeliness and accuracy of the data submitted. Previously the data provided had been two months 'late'. The data in this report is now timelier and includes performance and analysis of the previous month's data (March 2018).

2. Since the introduction of the cap, the Health Board has now implemented a new system to capture internal ad hoc locum utilisation. This provides additional intelligence which will begin to allow the Health Board to better understand and monitor usage which will in turn enable the better management of the use of ad hoc locums.
3. It is positive that following the provision of further focused training and additional support the March data has improved significantly in terms of both completion and accuracy.
4. Agency – positive progress is reported for March 2018. The percentage of agency doctors paid at or below the capped rates rose from 40.38% in February 2018 to 47.2% in March 2018. This shows a further improvement from January 2018 when the position was reported as 27.92%. The January information however is caveated as the system was very new to the Delivery Units at that point.
5. Internal ad hoc locums – again positive progress has been achieved. The percentage of the internal ad hoc locums paid at or below the cap rose from 60% in February to 77% in March. The January data showed 85 % of shifts paid at the cap or below. Once again the January data is caveated for the reasons outlined in point 4 above.
6. The Health Board had provided Welsh Government with estimated agency/locum monthly spend of £1,377k per month. In February this was reported at £1,026K and in March, £1,243K. For both months the Health Board spent less than anticipated on medical locums. Expenditure for January 2018 was reported at £1,017K. This suggests that the costs are rising however it is positive to note that each month the spend was lower than anticipated.

3.2 Challenges and Areas of Further Activity

1. Although compliance with the monitoring and approval process increased markedly in March, the Delivery Units are still not always forwarding the breach forms to the relevant Executive Director for sign off. Continued focus will be given to this issue to improve overall compliance with the agreed process.
2. Attached as Appendices 3, 4, 7 and 8 as referred to in the Welsh Government section below are graphs and pie charts reflecting the highest utilisation of locum shifts by Delivery Units and Specialty. This data shows that there are a number of specialties within the Delivery Units that are heavily reliant on locum cover. For example the Princess of Wales Delivery Unit sourced internal and agency locums for both months for emergency medicine, surgery, anaesthetics, trauma and orthopaedics, urology, and obstetrics and gynaecology. This would suggest these areas have high levels of vacancies. Increasing the supply of the medical

workforce is a strategic issue that needs to be addressed to sustainably reduce the reliance on the use of agency doctors.

3. The Princess of Wales Hospital was the only Delivery Unit that did not meet its anticipated savings targets in March 2018. They are, however, the biggest user in terms of external agency. The impact of this, however, was offset by other reductions in spend in the other Delivery Units.
4. There is increasing evidence that as the medical locum cap prevents the payment of accommodation or travel that this is having a negative effect on the supply of external agency staff.
5. Fundamentally, the underlying factors impacting on the compliance with the medical locum cap and agency usage more generally will only be resolved through both increasing the supply of medical staff and reviewing medical rotas. A review of medical rotas is underway but is not yet yielding any significant benefit due to the high number of vacancies and the opportunity to concentrate staff on fewer sites, which will be delivered through service reconfiguration. Unfortunately, none of these challenges will be resolved easily in the short term.

3.3 Further Action

1. Each month a compliance report is produced and shared with the Delivery Units' Senior Teams and Senior Human Resource Managers. This information is being used to drive up compliance with the system, in particular the issue around breach forms. Persistent problems are being tracked and next month if compliance problems are still being reported repeatedly, these areas will be highlighted in the next report to the Performance and Finance Committee.
2. Further training and re-training is being offered to support the Delivery Units.
3. Working with the Interim Chief Operating Officer, medical locum caps will feature as part of the informal Performance Reviews conducted with the Delivery Units' Senior Teams. Specific issues affecting their Unit will be highlighted to allow the teams to explore and investigate the issues and agreed further action.
4. Through the Recovery and Sustainability workstream there is a recommendation to develop and implement recruitment strategies for key staff groups which will include the medical workforce.

3.4 Welsh Government Submissions

Please refer to the following Appendices for details of the February 2018 and March 2108 submissions:-

Appendix 1: February WG Report

Appendix 2: February Finance Assessment

Appendix 3: February Agency Top Five Specialties by DU and Utilisation
Appendix 4: February Internal Ad Hoc Locum Top Five Specialties by DU and Utilisation
Appendix 5: March WG Report
Appendix 6: March Finance Assessment
Appendix 7: March Agency Top Five Specialties by DU and Utilisation
Appendix 8: March Internal Ad Hoc Locum Top Five Specialties by DU and Utilisation

4.0 Recommendation

That the Performance and Finance Committee:

1. Note the content of the Welsh Government submission and give retrospective approval to the documentation
2. Note the progress and challenges outlined above
3. Agree the follow up actions proposed.

APPENDIX 1

Addressing the impact of NHS Wales Medical and Dental Agency and Locum deployment in Wales – WHC/2017/042

PROGRESS REPORT to reflect the activity during the period of

1st February to 28th February 2018

1.0 Introduction

Welsh Government (WG) issued a Welsh Health Circular WHC/2017/042 on 23rd October 2017 “Addressing the impact of NHS Wales Medical and Dental Agency and Locum deployment in Wales”.

The Circular required Health Boards to nominate an Executive Director lead to prepare monthly progress reports for Board level scrutiny, which are subsequently forwarded to WG for information. Abertawe Bro Morgannwg University Health Board (the Health Board) nominated the Medical Director as their Executive lead.

This report is the third of a full month’s activity following implementation of the capped rates.

The Circular required Health Boards to report on the progress of the implementation plan for capped rates, and specifically required information on the following:

1. An assessment of the effectiveness of the control framework and information about whether any changes have been made as a result of lessons learned during operation;
2. An updated risk assessment incorporating lessons learned from any practical issues which have arisen during implementation, and the ways the risks will be mitigated or managed;
3. A comparison of the actual savings compared to the projected savings and an assessment of the confidence in the accuracy of the data;
4. An anonymised list of the number of agency workers paid (later confirmed by WG to be ‘booked’) above the capped rates, including details of the number of hours/sessions they have delivered and their specialty;
5. An anonymised summary which sets out the expenditure made to each of the ten highest paid (i.e. those paid the highest hourly rate) agency workers including details of the hours/shifts worked, their specialty and length of current assignment with the organisation;
6. An anonymised summary of the longest serving agency workers i.e. those working for the longest consecutive period, including their specialty, details of the hours/shifts worked and length of assignment;

7. An anonymised summary of the number of exceptions that have been authorised for Internal Ad Hoc Locum Cover in excess of the agreed cap including the number of hours/sessions they have delivered and their specialty;
8. An anonymised summary which sets out the expenditure made to each of the ten highest paid ad hoc locum workers including details of the hours/shifts worked;
9. An anonymised summary of any individual paid more than £120 per hour or more including their specialty, details of hours/shifts worked, whether they are providing Internal Ad Hoc Locum Cover or supplied by an Agency and length of assignment for agency staff.

The Health Board (HB) is confident that the data presented for agency workers by Medacs Healthcare is accurate. There is less confidence in the internal ad hoc locum data as the process and systems used are new. The Health Board will continue to review processes and systems and where necessary make changes to work towards 100% accurate recording of ad hoc locum data. The Health Board is continuing to provide training on the capped rate processes and requirements and holds regular lessons learned sessions.

2.0 An assessment of the effectiveness of the control framework and information about whether any changes have been made as a result of lessons learned during operation.

The Agency Cap Task and Finish Group (the Group) continue to meet to undertake a review of progress made with implementation of the capped rates, and also agree changes to the process and systems if necessary. The Group agree both further training requirements for Directorate Management and which front line staff would benefit from one to one training. Recently changes have been made to the data set for capturing data in line with WG reporting requirements which will increase the HB's ability to report ad hoc locum information more accurately.

The Units within the HB are holding weekly local scrutiny panels to consider shifts that breach before escalation to the appropriate Executive Director. Improving the work of the local scrutiny panels will inform the training required for Directorates and front line staff which the Agency Cap Task and Finish Group are taking forward.

A further scrutiny panel is held monthly which is attended by the Executive Directors. At these scrutiny panels the Executive Directors scrutinise the decisions taken by the Delivery Units to encourage greater challenge or to ratify their work and discuss how to improve compliance with the process.

3.0 An updated risk assessment incorporating lessons learned from any practical issues, which have arisen during implementation and the ways the risks will be mitigated or managed

Nature of risk	Description	Mitigating actions
Recording of the Internal Ad Hoc Locum shifts	Further data is required for accurate data.	Updated information recorded and one to one training arranged for front line staff
Breaches of Internal Ad Hoc Locum Price Caps	Some departments have high vacancies and have breached capped rates to secure locums Alternative is paying Consultants to be resident which has a much higher cost	Breaches scrutinised by each unit prior to Executive scrutiny panel. Review of recruitment options
Exclusion of GPs in the WHC	GP's approached to cover secondary locum shifts have declined as they can earn more as a locum GP.	May be beneficial to introduce a capped rate for GP's although it is accepted however that GP OOHs is very fragile at present. This requires WG approval.
Mixed Grades on Rotas	Currently grade of vacancy is paid to ad hoc locums. This is proving difficult as higher grade doctors not content to receive a lower grade locum rate when sharing rotas	Consider if the rate for the grade of the vacancy is paid however, no doctor should receive less than the rate for their grade. This requires WG approval.
SAS sharing rotas with trainees	This is the same point as above however this mix of grades seems to prove more contentious as trainees consider that all on a Middle Grade rota should be paid the same rate	If the proposal above is implemented it should be monitored to establish if this also address issues for Middle Grade rotas

4.0 A comparison of the actual savings compared to the projected savings and an assessment of the confidence in the accuracy of the data

Please refer to Appendix 1 attached.

5.0 An anonymised list of the number of agency workers paid above the capped rates, including details of the number of hours/sessions they have delivered and their speciality

5.1 Agency Workers who had assignments confirmed and rates agreed prior to 13.11.17 who are above the cap (please note that many of these will now have left, transferred to NHS, reduced to cap etc as in the set out in the Table above).

Number (from highest to lowest paid)	Hours Worked (01.02.18 to 28.02.18)	Specialty	% variance to price cap
1	166	Oncology	+21%
2	1,385	Mental Health	-7%
3	200	General Medicine	+50%
4	963	Mental Health	+21%
5	8,633	Obs & Gynae	+39%
6	750	Mental Health	+16%
7	4,197	General Medicine	+8%
8	284	General Medicine	+34%

5.2 Agency Workers who had assignments confirmed during February 2018 and (rates agreed after the 13.11.17) who are above the cap

Number (from highest to lowest paid)	Hours Booked (01.02.18 to 28.02.18)	Specialty	% variance to price cap
1	80	Radiology	+54%
2	40	Radiology	+24%
3	57	Oncology	+21%

5.3 New assignments sourced at cap since 13.11.17 have included:

5.4 Summary of hours booked in February 2018

Hours booked at Cap	3,267
Hours booked above Cap	4,306
Extensions to bookings made prior to 13.11.17 above Cap	3

6.0 An anonymised summary which sets out the expenditure made to each of the ten highest paid (i.e. those paid the highest hourly rate) agency workers including details of the hours/shifts worked, their specialty and length of current assignment with the organisation

Number (from highest to lowest paid)	Total Cost hourly rate	Hours worked (01.02.18 to 28.02.18)	Specialty	Length of current assignment	Expenditure
1.	£180.00 – 20% VAT Added as outside MasterVend	80	Radiology	Jan – Apr '18	£14,400
2.	£150.00 – 20% VAT Added as outside MasterVend	40	Radiology	Jan – Apr '18	£6,000
3.	£107.94	40	Obs & Gynae	Jan – Jul '18	£4,317.60
4.	£93.54	40	Obs & Gynae	Jan – Mar '18	£3,471.60
5.	£83.61	85	Haematology	Feb – Aug '18	£7,106.85
6.	£80.47	138	Mental Health	Feb – Mar '18	£11,141.88
7.	£79.38	158	Obs & Gynae	Feb – Mar '18	£12,562.68
8.	£78.34	40	Obs & Gynae	Jan – Mar '18	£3,133.60
9.	£74.83	42	Urology	Dec '17 – Mar '18	£3,118.17
10.	£71.94	150	Orthopaedics & Trauma	Jan – Mar '18	£10,791

7.0 An anonymised summary of the longest serving agency workers i.e. those working for the longest consecutive period, including their specialty, details of the hours/shifts worked and length of assignment

A list of the Top 10 have been presented.

Number (from longest consecutive period)	Specialty	Aggregate of Hours worked	Length of assignment
1.	Obs & Gynae	8,632.72	Jan – Jul '18
2.	General Medicine	4,196.67	Jan – Mar '18
3.	Orthopaedics & Trauma	1,476.56	Jan – Mar '18
4.	Mental Health	1,385	Nov '17 – May '18
5.	Mental Health	962.96	Aug '17 – Mar '18
6.	Mental Health	750	Dec '17 – Mar '18
7.	General Surgery	707.50	Feb – Mar '18
8.	General Medicine	283.87	Jan – Mar '18
9.	General Medicine	200	Jan – Jun '18
10.	Oncology	165.82	Nov '17 – Mar '18

8.0 An anonymised summary of the number of exceptions that have been authorised for Internal Ad Hoc Locum Cover in excess of the agreed cap including the number of hours/sessions they have delivered and their speciality

Breached capped Rate	Service	No. of Bookings	Hours Worked	Percentage of Compliance*
Yes	Surgery	25	465.37	24%
	Anaesthetics	67	453.50	58%
	Emergency	62	500.80	58%
	Medicine	21	491.00	28%
	Obstetrics	1	27.97	50%
	Radiology	8	37.50	100%
No	Surgery	79	1018.20	76%
	Anaesthetics	48	453.25	42%
	Emergency	45	242.55	42%
	Medicine	55	1398.47	72%
	Obstetrics	1	24.00	50%
	Paediatrics	8	87.01	100%
	Mental Health	57	476.00	100%
	Dental	15	190.00	100%

*Percentage of the total returns in that speciality

The HB has less confidence in the internal ad hoc locum data as the data capture and reporting systems are new, and we continue to work through some lessons learned in relation to recording 100% of the activity. We will continue to work through the key issues identified with the Directorates in readiness for improving the accuracy of recording and reporting for future reporting.

9.0 An anonymised summary, which sets out the expenditure made to each of the ten highest paid ad hoc locum workers including details of the hours/shifts worked

No.	Specialty	Grade	Unit	Hrs Booked	Avg Hourly Rate	Sum of Total Cost
1	Cardiac	Consultant	Morrison	22.5	333.33	7,500.00
2	Cardiac	Consultant	Morrison	3.75	333.33	1,250.00
3	Cardiac	Consultant	Morrison	7.0	333.33	2,500.00
4	Anaesthetics	Consultant	Morrison	11.25	154.40	1,737.00
5	Anaesthetics	Consultant	Morrison	11.25	154.40	1,737.00
6	Anaesthetics	Consultant	Morrison	15.0	154.40	2,316.00
7	Anaesthetics	Consultant	Morrison	7.5	154.40	1,158.00
8	Anaesthetics	Consultant	Morrison	7.5	154.40	1,158.00
9	Anaesthetics	Consultant	Morrison	7.5	154.40	1,158.00
10	Anaesthetics	Consultant	Morrison	22.5	154.40	3,474.00
11	Anaesthetics	Consultant	Morrison	7.5	154.40	1,158.00
12	Anaesthetics	Consultant	Morrison	7.5	154.40	1,158.00

Cardiac relates to Consultants covering annual leave, study leave and special leave and again the Anaesthetics sessions relate to weekend cover.

10.0 An anonymised summary of any individual paid more than £120 per hour or more including their specialty, details of hours/shifts worked, whether they are providing Internal Ad Hoc Locum Cover or supplied by and Agency and length of assignment for agency staff.

Number (from highest to lowest paid)	Total Cost hourly rate	Hours Booked in month	Specialty	Agency or Internal Ad Hoc Locum	Length of assignment
1.	333.33	22.5	Cardiac	Ad Hoc	N/A
2.	333.33	3.75	Cardiac	Ad Hoc	N/A
3.	333.33	7.0	Cardiac	Ad Hoc	N/A
4.	180.00	80	Radiology	Agency - Greenstaff Medical	Information not available
5.	154.40	11.25	Anaesthetics	Ad Hoc	N/A
6.	154.40	11.25	Anaesthetics	Ad Hoc	N/A
7.	154.40	15.0	Anaesthetics	Ad Hoc	N/A
8.	154.40	7.5	Anaesthetics	Ad Hoc	N/A
9.	154.40	7.5	Anaesthetics	Ad Hoc	N/A
10.	154.40	7.5	Anaesthetics	Ad Hoc	N/A
11.	154.40	22.5	Anaesthetics	Ad Hoc	N/A
12.	154.40	7.5	Anaesthetics	Ad Hoc	N/A
	154.40	7.5	Anaesthetics	Ad Hoc	N/A
13.	150.00	40	Radiology	Agency - Athona	Information not available

11.0 Compliance with the CCS framework to procure agency workers

Number of Drs Booked	Number Drs Booked MasterVend	Number Drs Booked outside MasterVend	Number Drs booked outside CCS Framework
52	47	4	1

Again reporting is showing that not all bookings are being made via the Medacs Managed Service Model and this is not limited to one specialty. Other agencies used during the month are, ID Medical, Interact Medical, Medacs Healthcare, Athona, Green staff Medical, and Total Assist.

12.0 Progress made in renegotiating rates of agency workers who had assignments booked prior to the 13th November 2017.

Original RAG		
RAG STATUS	No	%
Finished	20	52.63%
Refused to Lower	8	21.05%
Lowered to Cap	10	26.32%
Total	38	100.00%

More Doctors have finished from the original establishment (prior to November Cap Rate introduction). We are finding the pool of candidates is short of numbers who will work to cap rate. Some departments are being held to ransom over paying the escalated rate due to the risk being calculated and demand within the specialities.

13.0 Other useful Key Statistics

Agency

Attached as Appendix 2 is the spreadsheet relating to Agency shifts. The total number of external agency shifts booked in February was 52 including non Medacs shifts. 21 (40.38 %) of these were paid at the capped rate or below the cap. 69% of these shifts were booked to cover vacancies, with 16% to cover sickness absence. The cost attributed to engaging external agency doctors for February 2018 was £545,118. The Princess of Wales (POWH) has utilised the greatest number of agency doctors, booking 27 shifts at a cost of £144,668; Singleton utilised 9 shifts at a cost of £105,914; Morriston utilised 9 shifts at a cost of

£199,907, whereas Neath and Mental Health booked only 2 and 3 shifts respectively with a related cost of £31,994 and £32,738.

Ad hoc Locums

Attached as Appendix 3 is the spreadsheet relating to internal ad locum shifts. In February 2018, of 492 ad hoc locum shifts, 296 (60%) shifts that were paid at or below or the capped rate. The value of internal ad hoc locum usage was £357,079. Morriston utilised the greatest number of bookings: 255 with 133 breaches of the cap. POWH booked 111 shifts with 27 breaches. Singleton utilised 29 shifts with 9 breaches of the cap. Mental Health booked 47 shifts with no breaches. Neath booked 15 shifts all of which breached the cap.

13.0 Conclusion

The HB continues to work hard in embedding the new processes. There is high confidence in the Medacs data with the exception of ensuring that non CCS frameworks are reported via Medacs. A substantial amount of work is being undertaken to improve the quality of the internal ad hoc locum data. There is growing evidence that external supply is being affected and the number of breaches for Agency staff are increasing due to market forces. It is also thought that the inability to pay accommodation and travel is also having a negative impact on supply. It is critical therefore given that this is now the third report that the HB and NHS Wales begin to look for alternative solutions to improve the supply of doctors in a number of specialties to reduce the reliance on Agency or ad hoc locum doctors.

**Prepared by Professor Hamish Laing
(Executive Director Lead for WHC/2017/042)**

Date 19.2.18



Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board

APPENDIX 2

ABMU Finance Dept. WG Agency Cap Financial Summary

Month 11
FY 2017/2018

Summary Assumptions & Data Issues

1. Source Data:

- Information to produce the reports are taken from the Health Board's Financial Ledger system and report all costs allocated to Medical Agency and ADH codes.
- Information in the Ledger will include actual expenditure and accruals.

2. Source Data Medac Process :

- In November 2017 a review of the process to ensure the financial position in the ledger reflects the bookings made was undertaken and adjustments to the process implemented
- The financial position in the ledger is based on actual payments made and where payments are outstanding an accrual is included based on the value of the bookings made using the data provided by Medacs.

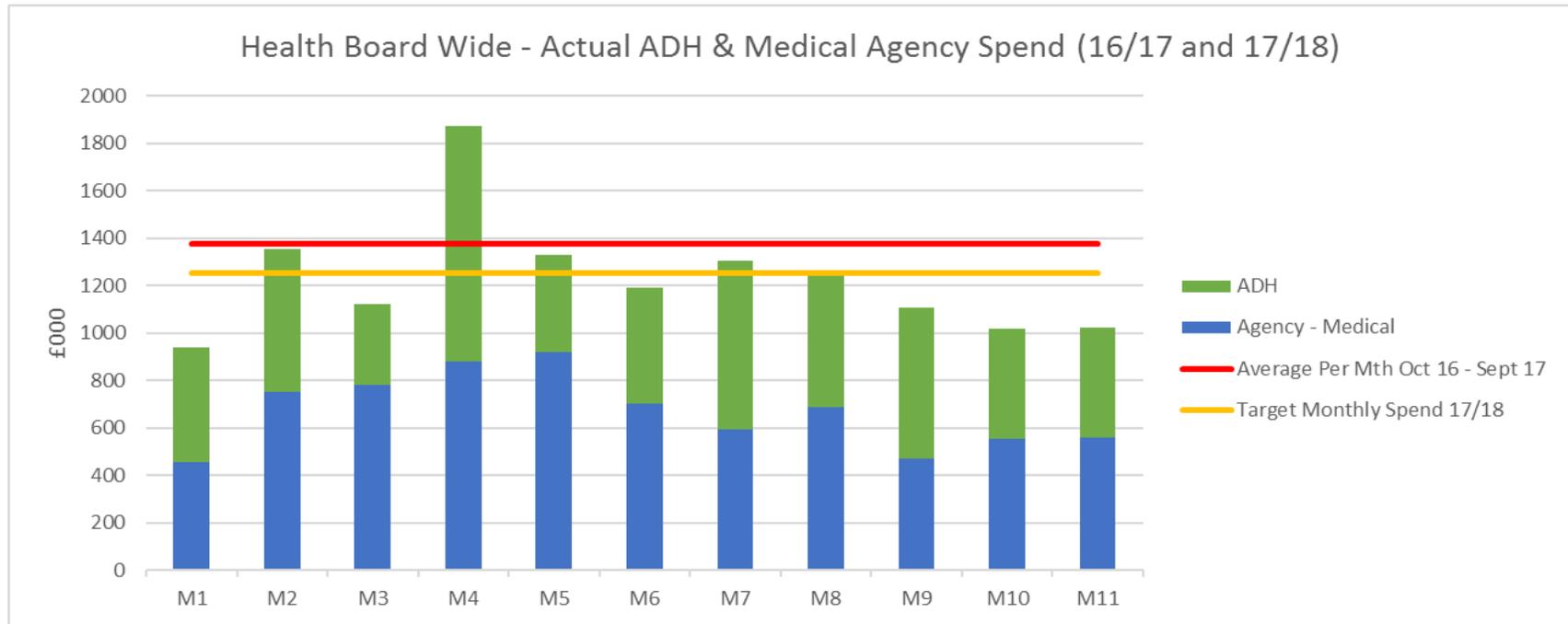
3. Source Data ADH Process:

- Health Board does not have a central repository of ADH information which makes it difficult to determine what payments are outstanding in any month.
- To compensate for this the Finance Function uses a methodology agreed with External Audit based on average and trends from the previous 3 months.
- The current accrual methodology will be replaced from 1st April 2018 using the information sources provided by each unit linked to the information requirements of the WG reporting of the Medical Agency cap.

4. Modelling & Savings Target

- During the implementation of the cap the Health Board undertook a modelling exercise to determine the savings to be delivered.
- The modeling work based on expenditure between Oct 16 – and Nov 17 estimated an annual saving for the Health Board of £1.5m FYE.
- The average monthly impact of this target has been added to the graphs and depicted as a yellow line to demonstrate the savings developed.
- *NOTE – this report is using the Financial Ledger system and cannot reflect whether any changes in expenditure patterns are as a result of the WG cap or changes in volume.*

Section 1: Health Board Wide Summary



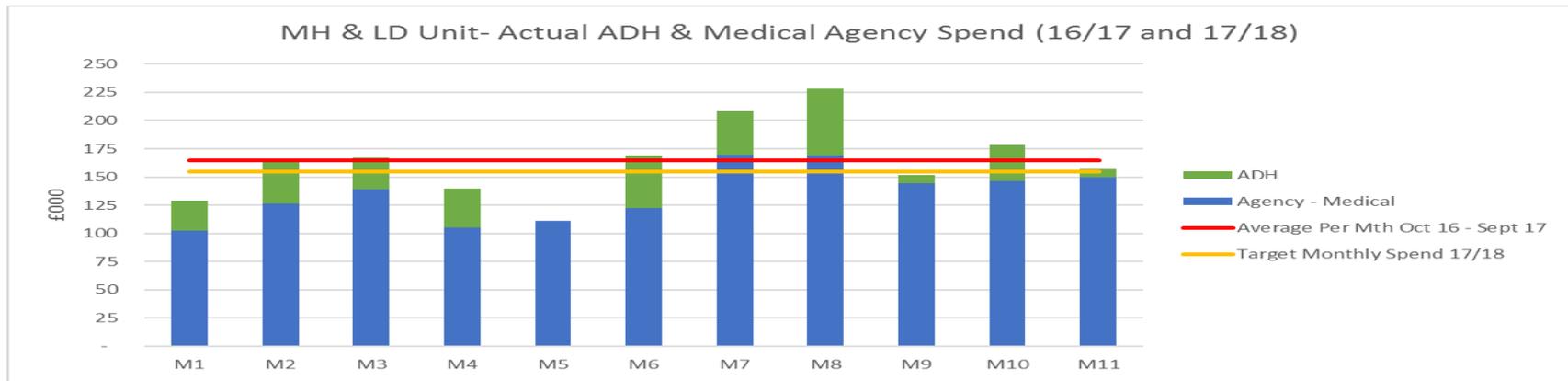
	Average Actual Spend Per Mth Oct 16 - Sept 17 £000	Actual Spend 17/18											
		M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
		£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Agency - Medical	810	457	750	780	880	919	704	592	686	472	556	558	
ADH	567	484	603	340	991	413	486	714	574	635	461	467	
Total Agency & ADH	1,377	941	1,353	1,120	1,871	1,332	1,190	1,306	1,261	1,107	1,017	1,026	

Narrative

- Since P04 the overall spend on Medical Agency and ADH's has reduced to below the average level of 16/17.
- Since the introduction of the cap the actual costs have reduced further and are below the target set by the Health Board as part of the modelling work based on Oct 16 to Sept 17 usage.

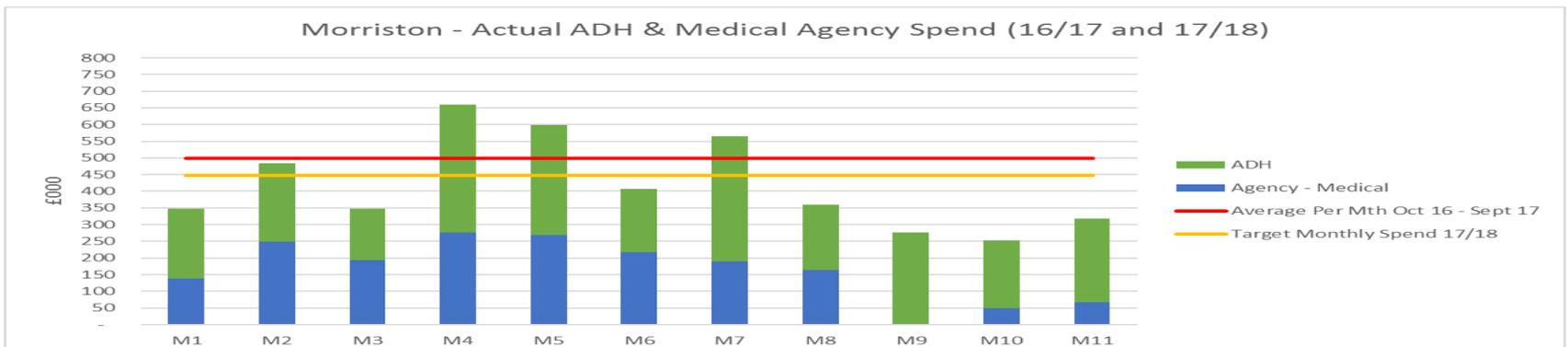
Section 2: Service Delivery Units Summary

MH/LD SDU



	Average Actual Spend Per Mth Oct 16 - Sept 17 £000	Actual Spend 17/18											
		M1 £000	M2 £000	M3 £000	M4 £000	M5 £000	M6 £000	M7 £000	M8 £000	M9 £000	M10 £000	M11 £000	M12 £000
Agency - Medical	140	103	126	139	105	111	122	170	169	144	147	150	
ADH	24	27	38	28	35	5	47	39	60	7	32	7	
Total Agency & ADH	164	129	164	167	140	106	169	208	228	152	178	157	

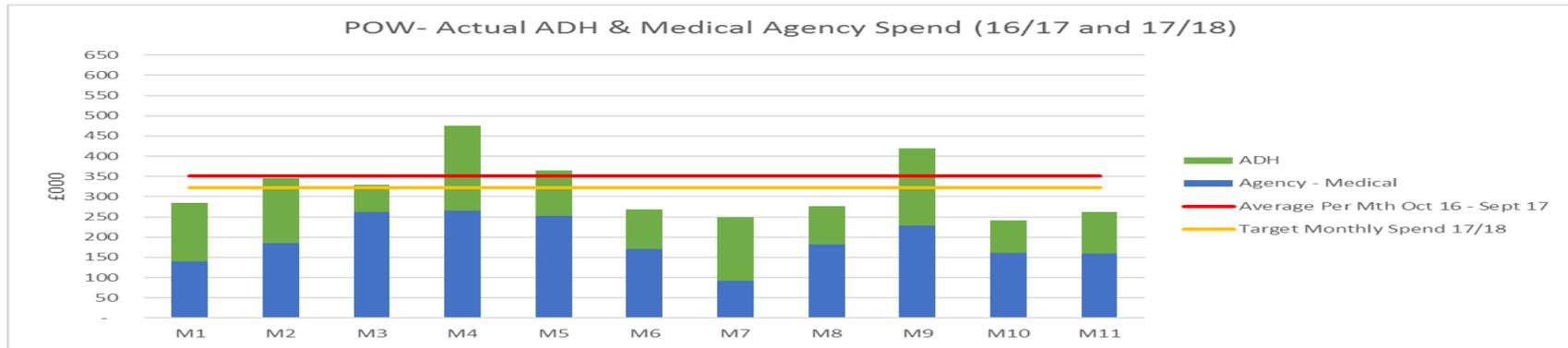
Morriston SDU



	Average Actual Spend Per Mth Oct 16 - Sept 17 £000	Actual Spend 17/18											
		M1 £000	M2 £000	M3 £000	M4 £000	M5 £000	M6 £000	M7 £000	M8 £000	M9 £000	M10 £000	M11 £000	M12 £000
Agency - Medical	247	138	250	193	277	269	216	190	165	22	49	68	
ADH	253	210	235	155	382	329	191	375	195	276	204	251	
Total Agency & ADH	500	348	485	348	659	598	408	565	360	253	253	319	

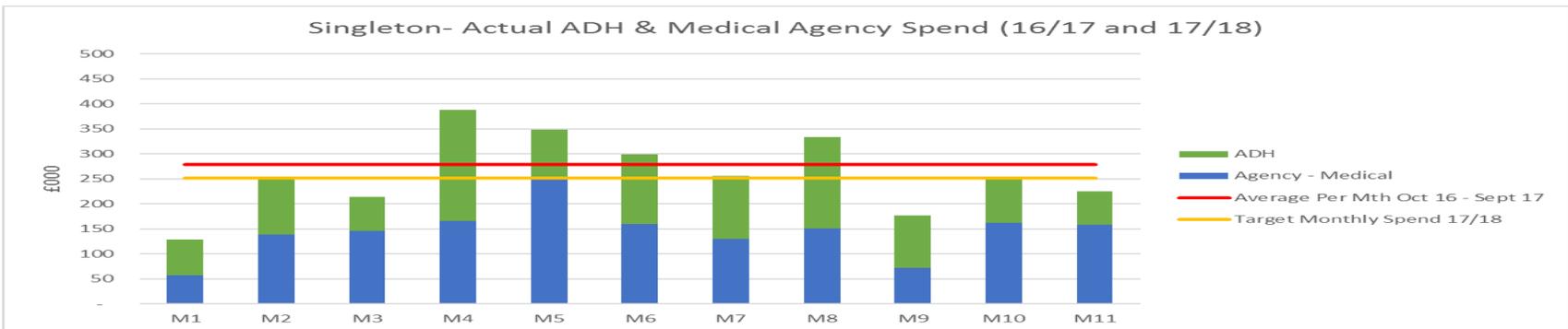
Section 2: Service Delivery Units Summary

POW SDU



	Average Actual Spend Per Mth Oct 16 - Sept 17 £000	Actual Spend 17/18											
		M1 £000	M2 £000	M3 £000	M4 £000	M5 £000	M6 £000	M7 £000	M8 £000	M9 £000	M10 £000	M11 £000	M12 £000
Agency - Medical	224	140	185	262	266	253	171	92	182	229	162	159	
ADH	127	145	161	67	210	111	97	157	94	190	79	104	
Total Agency & ADH	351	285	346	329	476	364	269	250	276	419	241	262	

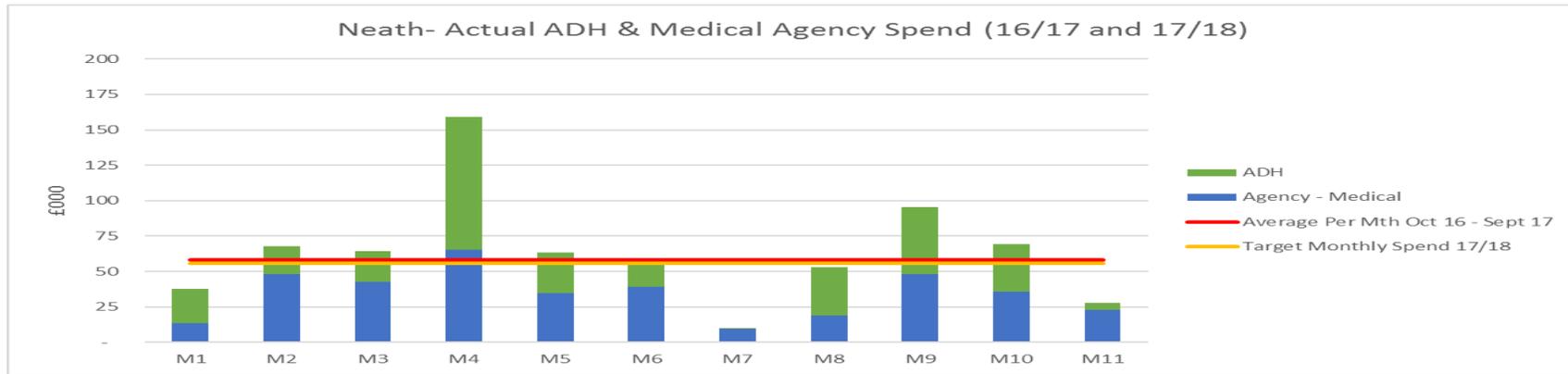
Singleton SDU



	Average Actual Spend Per Mth Oct 16 - Sept 17 £000	Actual Spend 17/18											
		M1 £000	M2 £000	M3 £000	M4 £000	M5 £000	M6 £000	M7 £000	M8 £000	M9 £000	M10 £000	M11 £000	M12 £000
Agency - Medical	161	58	139	146	166	250	160	129	151	72	162	158	
ADH	117	71	110	67	222	99	139	126	182	105	92	66	
Total Agency & ADH	279	129	248	214	388	349	299	256	333	177	254	224	

Section 2: Service Delivery Units Summary

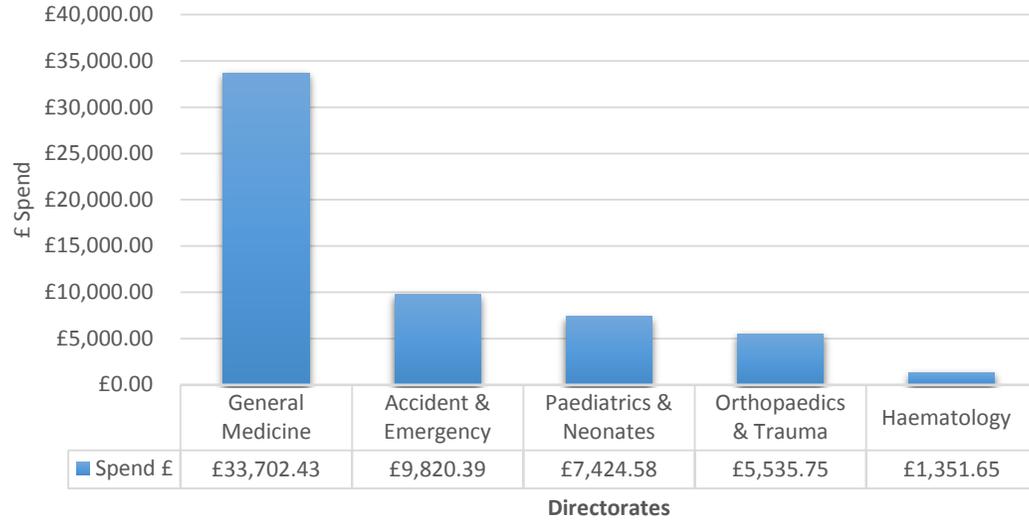
Neath SDU



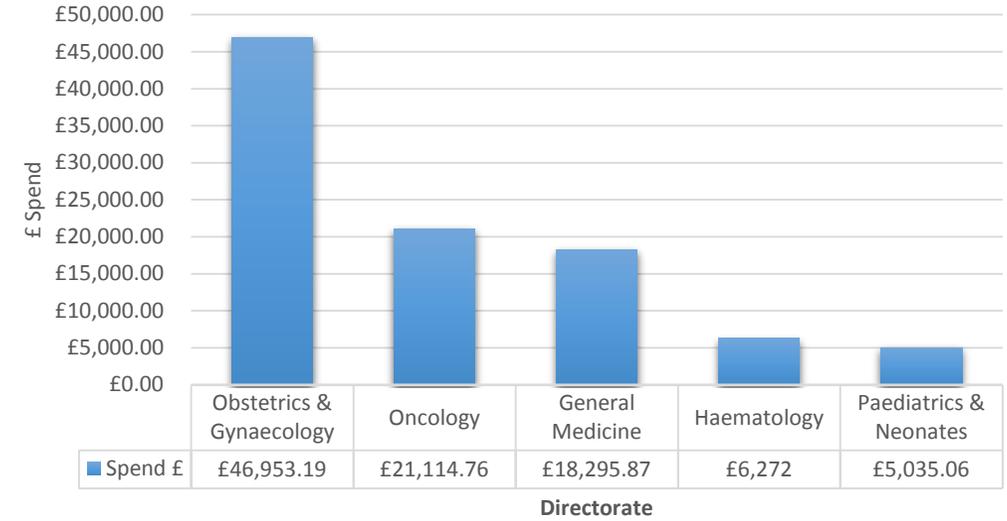
	Average Actual Spend Per Mth Oct 16 - Sept 17 £000	Actual Spend 17/18											
		M1 £000	M2 £000	M3 £000	M4 £000	M5 £000	M6 £000	M7 £000	M8 £000	M9 £000	M10 £000	M11 £000	M12 £000
Agency - Medical	31	13	48	43	65	35	39	9	19	48	36	23	
ADH	27	24	20	22	94	29	20	1	34	48	33	5	
Total Agency & ADH	58	38	68	64	159	63	59	10	53	96	69	28	

APPENDIX 3

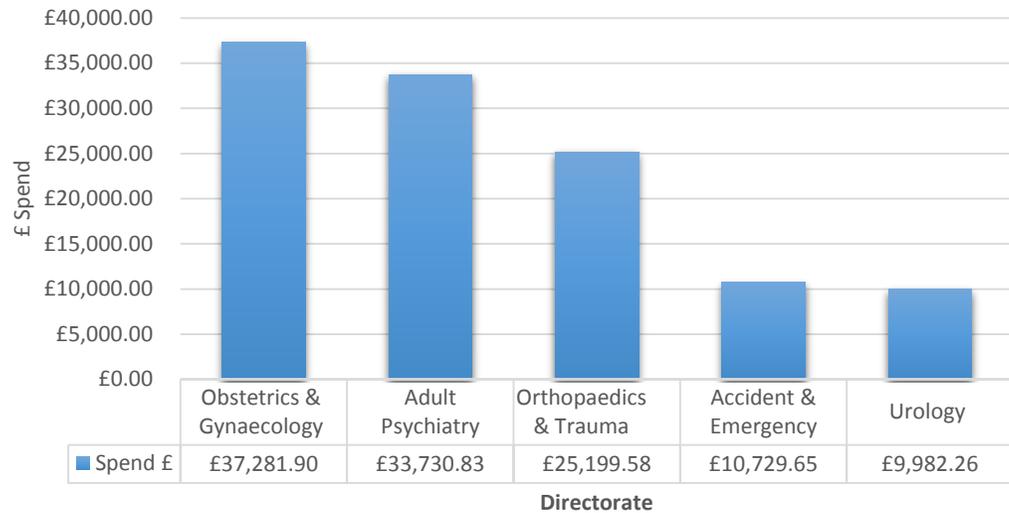
Delivery Unit - Morriston



Delivery Unit - Singleton



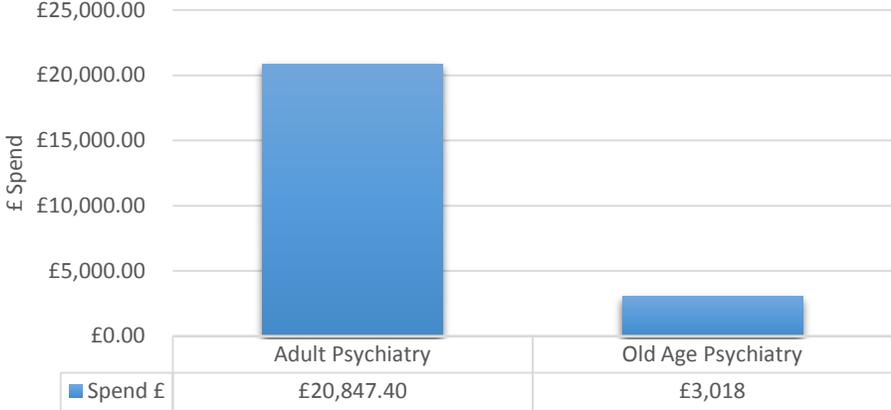
Delivery Unit - Princess Of Wales



Delivery Unit - Neath Port Talbot



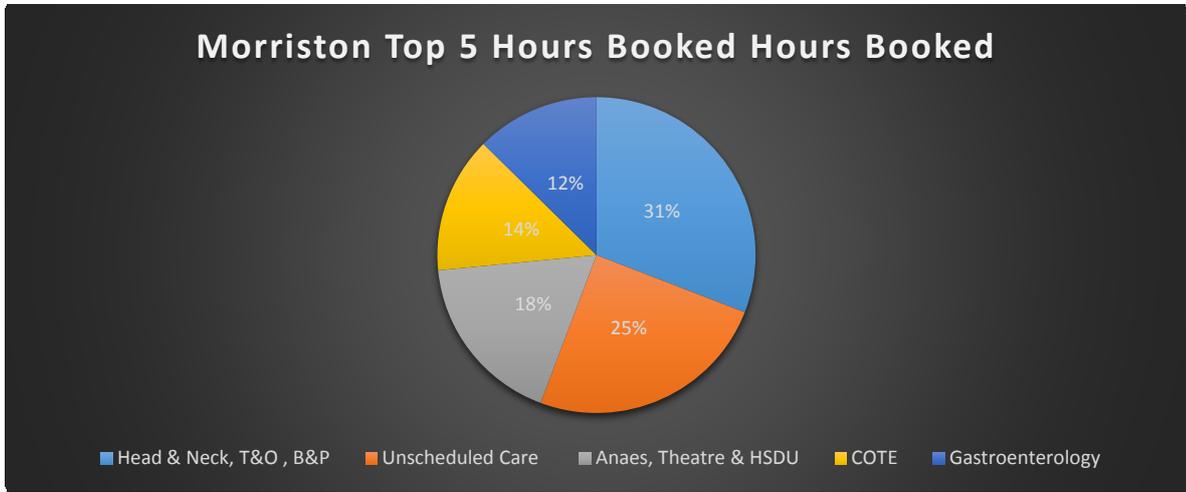
Delivery Unit - Cefn Coed



Directorate

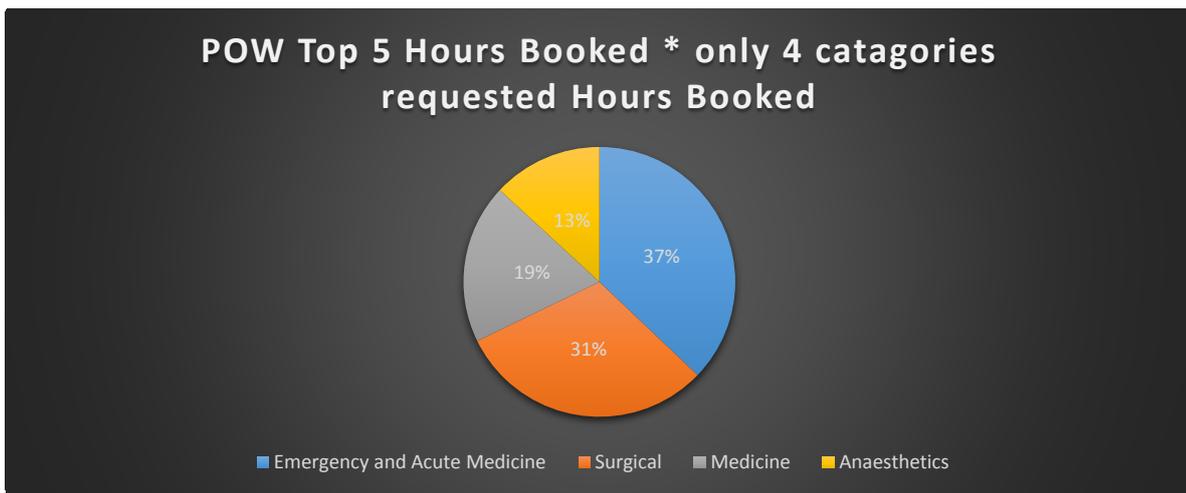
Morriston Top 5 Hours Booked

Base	Service	Hours Booked
Morriston	Head & Neck, T&O , B&P	234
Morriston	Unscheduled Care	187.8
Morriston	Anaes, Theatre & HSDU	134.47
Morriston	COTE	105.76
Morriston	Gastroenterology	95.19



POW Top 5 Hours Booked * only 4 catagories requested

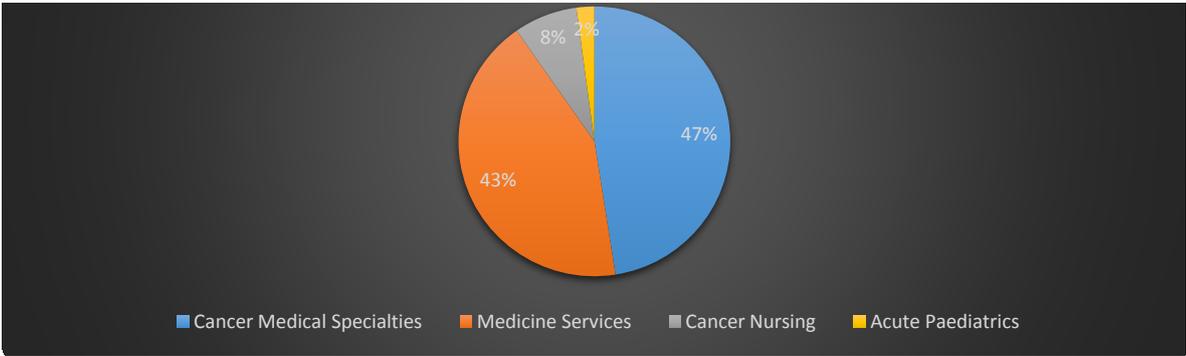
Base	Service	Hours Booked
POW	Emergency and Acute Medicine	386.3
POW	Surgical	318.5
POW	Medicine	199
POW	Anaesthetics	136



Singleton Top 5 Hours Booked * only 4 catagories in Singleton

Base	Service	Hours Booked
Singleton	Cancer Medical Specialties	178.76
Singleton	Medicine Services	161
Singleton	Cancer Nursing	28.44
Singleton	Acute Paediatrics	8





APPENDIX 4

APPENDIX 5

Addressing the impact of NHS Wales Medical and Dental Agency and Locum deployment in Wales – WHC/2017/042

PROGRESS REPORT : 1st March to 31st March 2018

1.0 Introduction

Welsh Government (WG) issued a Welsh Health Circular WHC/2017/042 on 23rd October 2017 “Addressing the impact of NHS Wales Medical and Dental Agency and Locum deployment in Wales”.

The Circular required Health Boards to nominate an Executive Director lead to prepare monthly progress reports for Board level scrutiny, which are subsequently forwarded to WG for information. Abertawe Bro Morgannwg University Health Board (the Health Board) nominated the Medical Director as their Executive lead.

This report reflects the March data following implementation of the capped rates.

The Circular required Health Boards to report on the progress of the implementation plan for capped rates, and specifically required information on the following:

1. An assessment of the effectiveness of the control framework and information about whether any changes have been made as a result of lessons learned during operation;
2. An updated risk assessment incorporating lessons learned from any practical issues which have arisen during implementation, and the ways the risks will be mitigated or managed;
3. A comparison of the actual savings compared to the projected savings and an assessment of the confidence in the accuracy of the data;
4. An anonymised list of the number of agency workers paid (later confirmed by WG to be ‘booked’) above the capped rates, including details of the number of hours/sessions they have delivered and their specialty;
5. An anonymised summary which sets out the expenditure made to each of the ten highest paid (i.e. those paid the highest hourly rate) agency workers including details of the hours/shifts worked, their specialty and length of current assignment with the organisation;
6. An anonymised summary of the longest serving agency workers i.e. those working for the longest consecutive period, including their specialty, details of the hours/shifts worked and length of assignment;
7. An anonymised summary of the number of exceptions that have been authorised for Internal Ad Hoc Locum Cover in excess of the agreed cap including the number of hours/sessions they have delivered and their specialty;

8. An anonymised summary which sets out the expenditure made to each of the ten highest paid ad hoc locum workers including details of the hours/shifts worked;
9. An anonymised summary of any individual paid more than £120 per hour or more including their specialty, details of hours/shifts worked, whether they are providing Internal Ad Hoc Locum Cover or supplied by and Agency and length of assignment for agency staff.

The Health Board (HB) is confident that the data presented for agency workers by Medacs Healthcare is accurate. There is less confidence in the internal ad hoc locum data as the process and systems used are still bedding in. The data this month however has improved in terms of completeness, accuracy and quality. The Health Board continues however to review processes and systems and where necessary make changes to work towards 100% accurate recording of ad hoc locum data. The Health Board is continuing to provide training on the capped rate processes and requirements and holds regular lessons learned sessions given the multitude of individuals who are required to use the new system.

2.0 An assessment of the effectiveness of the control framework and information about whether any changes have been made as a result of lessons learned during operation.

The Agency Cap Task and Finish Group (the Group) continue to meet to undertake a review of progress made with implementation of the capped rates, and also agree changes to the process and systems if necessary. The Group identifies further training requirements for the Delivery Units and which front line staff will benefit from one to one training. Recently changes have been made to the data set for capturing data in line with WG reporting requirements which is increasing the HB's ability to report ad hoc locum information more accurately.

The Units within the HB are holding weekly local scrutiny panels to consider shifts that breach before escalation to the appropriate Executive Director. Improving the work of the local scrutiny panels will inform the training required for Directorates and front line staff which the Agency Cap Task and Finish Group are taking forward.

A further scrutiny panel is held monthly which is attended by the Executive Directors. At these scrutiny panels the Executive Directors scrutinise the decisions taken by the Delivery Units to encourage greater challenge or to ratify their work and discuss how to improve compliance with the process.

3.0 An updated risk assessment incorporating lessons learned from any practical issues, which have arisen during implementation and the ways the risks will be mitigated or managed

Nature of risk	Description	Mitigating actions
Recording of the Internal Ad Hoc Locum shifts	Further data is required for accurate data.	Updated information recorded and one to one training arranged for front line staff
Breaches of Internal Ad Hoc Locum Price Caps	Some departments have high vacancies and have breached capped rates to secure locums Alternative is paying Consultants to be resident which has a much higher cost	Breaches scrutinised by each unit prior to Executive scrutiny panel. Review of recruitment options
Exclusion of GPs in the WHC	GPs approached to cover secondary locum shifts have declined as they can earn more as a locum GP.	May be beneficial to introduce a capped rate for GP's although it is accepted however that GP OOHs is very fragile at present. This requires WG approval.
Mixed Grades on Rotas	Currently grade of vacancy is paid to ad hoc locums. This is proving difficult as higher grade doctors not content to receive a lower grade locum rate when sharing rotas	Consider if the rate for the grade of the vacancy is paid however, no doctor should receive less than the rate for their grade. This requires WG approval.
SAS sharing rotas with trainees	This is the same point as above however this mix of grades seems to prove more contentious as trainees consider that all on a Middle Grade rota should be paid the same rate	If the proposal above is implemented it should be monitored to establish if this also address issues for Middle Grade rotas

4.0 A comparison of the actual savings compared to the projected savings and an assessment of the confidence in the accuracy of the data

Please refer to Appendix 1 attached and the caveats listed on this occasion.

5.0 An anonymised list of the number of agency workers paid above the capped rates, including details of the number of hours/sessions they have delivered and their speciality

5.1 Agency Workers who had assignments confirmed and rates agreed prior to 13.11.17 who are above the cap (please note that many of these will now have left, transferred to NHS, reduced to cap etc as in the set out in the Table above).

Number (from highest to lowest paid)	Hours Worked (01.03.18 to 31.03.18)	Specialty	% variance to price cap
1	166	Oncology	+21%
2	1,385	Mental Health	-7%
3	200	General Medicine	+50%
4	963	Mental Health	+21%
5	8,633	Obs & Gynae	+39%
6	750	Mental Health	+16%
7	4,197	General Medicine	+8%
8	284	General Medicine	+34%

5.2 Top Three Agency Workers who had assignments confirmed during March 2018 and (rates agreed after the 13.11.17) who are above the cap

Number (from highest to lowest paid)	Hours Booked (01.03.18 to 31.03.18)	Specialty	% variance to price cap
1	60	Radiology	+44%
2	60	Radiology	+44%
3	36	Radiology	+44%

5.3 New assignments sourced at cap since 13.11.17 have included:

5.4 Summary of hours booked in March 2018

Hours booked at Cap	3,491.5
Hours booked above Cap	5,287
Extensions to bookings made prior to 13.11.17 above Cap	2

6.0 An anonymised summary which sets out the expenditure made to each of the ten highest paid (i.e. those paid the highest hourly rate) agency workers including details of the hours/shifts worked, their specialty and length of current assignment with the organisation

Number (from highest to lowest paid)	Total Cost hourly rate	Hours worked (01.03.18 to 31.03.18)	Specialty	Length of current assignment	Expenditure
1	£127.85	148.03	Radiology	Apr – Sep 2018	£18,925.64
2	£110.27	143.77	Urology	Apr – Apr 2018	£15,853.51
3	£107.85	188.45	Obstetrics & Gynaecology	Mar – Jun 2018	£20,3024.33
4	£97.22	151.63	Adult Psychiatry	Mar – Jun 2018	£14,741.47
5	£77.63	165.68	Paediatrics & Neonates	Apr – Jun 2018	£12,861.74
6	£74.83	153.57	Urology	Apr – Jun 2018	£11,481.64
7	£74.52	230.15	Obstetrics & Gynaecology	Mar – Jun 2018	£17,150.78
8	£57.05	217.97	Orthopaedics & Trauma	Apr – Jul 2018	£12,435.19
9	£57.05	181.46	Orthopaedics & Trauma	Apr – Jun 2018	£10,352.30
10	£49.82	181.12	Obstetrics & Gynaecology	Feb – Aug 2018	£9,023.40

7.0 An anonymised summary of the longest serving agency workers i.e. those working for the longest consecutive period, including their specialty, details of the hours/shifts worked and length of assignment

A list of the Top 10 have been presented.

Number (from longest consecutive period)	Specialty	Aggregate of Hours worked	Length of assignment
1	Obstetrics & Gynaecology	8,632.72	Jan - Jul 2018
2	Paediatrics & Neonates	5,673.00	Apr – Jun 2018
3	General Medicine	4,540.50	Apr – Jul 2018
4	General Medicine	4,196.67	Oct 2017 – Jun 2018
5	Obstetrics & Gynaecology	3,830.15	Mar – Jul 2018
6	General Medicine	2,910.00	Apr – Jun 2018
7	General Medicine	2,126.00	Apr – Apr 2018
8	Orthopaedics & Trauma	1,660.00	Apr – Jun 2018
9	Adult Psychiatry	1,651.63	Mar – May 2018
10	General Surgery	741.50	Apr – Apr 2018

8.0 An anonymised summary of the number of exceptions that have been authorised for Internal Ad Hoc Locum Cover in excess of the agreed cap including the number of hours/sessions they have delivered and their specialty

Breached capped Rate	Service	No. of Bookings	Hours Worked	Percentage of Compliance*
Yes	Accident & Emergency	11	90.25	23%
	Anaesthetics	63	540.25	52%
	General Medicine	26	349.50	40%
	Surgical	5	63.00	5%
No	Accident & Emergency	36	338.00	77%
	Anaesthetics	58	505.00	48%
	Cancer Services	8	111.87	100%
	General Medicine	39	1062.00	60%
	Obstetrics	7	191.23	100%
	Paediatrics	42	599.25	100%
	Mental Health	71	803.50	100%
	Surgical	106	1735.50	95%
	Unknown	3	87.00	100%

*Percentage of the total returns in that specialty

The HB has more confidence in the internal ad hoc locum data as the data captured and reporting systems have now bedded in, and we continue to work through some lessons learned in relation to recording 100% of the activity.

9.0 An anonymised summary, which sets out the expenditure made to each of the highest paid ad hoc locum workers including details of the hours/shifts worked

No.	Specialty	Grade	Unit	Hrs Booked	Avg Hourly Rate	Sum of Total Cost
1	Accident & Emergency	Consultant	POW	9	154.40	1,389.60
2	Accident & Emergency	Consultant	POW	9	154.40	1,389.60
3	Anaesthetics	Consultant	Morrison	3.75	154.40	579.00
4	Anaesthetics	Consultant	Morrison	26.25	154.40	4,053.00
5	Anaesthetics	Consultant	Morrison	15	154.40	2,316.00
6	Anaesthetics	Consultant	Morrison	15	154.40	2,316.00
7	Anaesthetics	Consultant	Morrison	15	154.40	2,316.00
8	Anaesthetics	Consultant	Morrison	11.25	154.40	1,737.00
9	Anaesthetics	Consultant	Morrison	15	154.40	2,316.00
10	Anaesthetics	Consultant	Morrison	18.75	154.40	2,895.00
11	Anaesthetics	Consultant	Morrison	3.75	154.40	579.00
12	Anaesthetics	Consultant	Morrison	15	154.40	2,316.00
13	Anaesthetics	Consultant	Morrison	7.5	154.40	1,158.00
14	Anaesthetics	Consultant	Morrison	7.5	154.40	1,158.00
15	Anaesthetics	Consultant	Morrison	3.75	154.40	579.00
16	Anaesthetics	Consultant	Morrison	7.5	154.40	1,158.00
17	Anaesthetics	Consultant	Morrison	15	154.40	2,316.00
18	Anaesthetics	Consultant	Morrison	7.5	154.40	1,158.00
19	Anaesthetics	Consultant	Morrison	7.5	154.40	1,158.00
20	Anaesthetics	Consultant	Morrison	7.5	154.40	1,158.00
21	Anaesthetics	Consultant	Morrison	7.5	154.40	1,158.00
22	Anaesthetics	Consultant	Morrison	3.75	154.40	579.00

Again, Anaesthetics Morrison showing to be the highest paid consultants. This is due to the cover now being reported as gaps or sickness. The Accident & Emergency bookings in POW related to a vacancy.

10.0 An anonymised summary of any individual paid more than £120 per hour or more including their specialty, details of hours/shifts worked, whether they are providing Internal Ad Hoc Locum Cover or supplied by and Agency and length of assignment for agency staff.

Number (from highest to lowest paid)	Total Cost hourly rate	Hours Booked in month	Specialty	Agency or Internal Ad Hoc Locum	Length of assignment
1	154.40	9	Accident & Emergency	Ad hoc	N/A
2	154.40	9	Accident & Emergency	Ad hoc	N/A
3	154.40	3.75	Anaesthetics	Ad hoc	N/A
4	154.40	26.25	Anaesthetics	Ad hoc	N/A
5	154.40	15	Anaesthetics	Ad hoc	N/A
6	154.40	15	Anaesthetics	Ad hoc	N/A
7	154.40	15	Anaesthetics	Ad hoc	N/A
8	154.40	11.,25	Anaesthetics	Ad hoc	N/A
9	154.40	15	Anaesthetics	Ad hoc	N/A
10	154.40	18.75	Anaesthetics	Ad hoc	N/A
11	154.40	3.75	Anaesthetics	Ad hoc	N/A
12	154.40	15	Anaesthetics	Ad hoc	N/A
13	154.40	7.5	Anaesthetics	Ad hoc	N/A
14	154.40	7.5	Anaesthetics	Ad hoc	N/A
15	154.40	3.75	Anaesthetics	Ad hoc	N/A
16	154.40	7.5	Anaesthetics	Ad hoc	N/A
17	154.40	15	Anaesthetics	Ad hoc	N/A
18	154.40	7.5	Anaesthetics	Ad hoc	N/A
19	154.40	7.5	Anaesthetics	Ad hoc	N/A
20	154.40	7.5	Anaesthetics	Ad hoc	N/A
21	154.40	7.5	Anaesthetics	Ad hoc	N/A
22	154.40	3.75	Anaesthetics	Ad hoc	N/A
23	£127.85	60	Radiology	Agency	12-18 March

11.0 Compliance with the CCS framework to procure agency workers

Number of Drs Booked	Number Drs Booked MasterVend	Number Drs Booked outside MasterVend	Number Drs booked outside CCS Framework
40	37	2	1

12.0 Progress made in renegotiating rates of agency workers who had assignments booked prior to the 13th November 2017.

Original RAG		
RAG STATUS	No	%
Finished	21	55.26%
Refused to Lower	7	18.42%
Lowered to Cap	10	26.32%
Total	38	100.00%

Whilst the departments are standing firm with the rates from the offset they can only stand firm for so long before the pressure from Consultants and other factors come into play, so the departments are having to look for doctors who will work but who will breach the cap. With the shortage of doctors who want to come to Wales there is evidence that rates are increasing and this is likely to continue.

13.0 Other useful Key Statistics

Agency

Attached as Appendix 2 is the spreadsheet relating to Agency shifts. The total number of external agency shifts booked in March was 55 including non Medacs shifts. 26 (47.27 %) of these were paid at the capped rate or below the cap. 84% of these shifts were booked to cover vacancies, with 13% to cover sickness absence. The cost attributed to engaging external agency doctors for February 2018 was £587,194. The Princess of Wales (POWH) has utilised the greatest number of agency doctors, booking 30 shifts at a cost of £341,132; Morriston utilised 8 shifts at a cost of £138,305 ; Neath utilised 7 shifts at a cost of £44,547; Singleton utilised 6 shifts at a cost of £10,192 and Mental Health booked 4 shifts at a cost of £107,613.

Ad hoc Locums

Attached as Appendix 3 is the spreadsheet relating to internal ad locum shifts. In February 2018, of 475 ad hoc locum shifts, 368 (77%) shifts that were paid at or below or the capped rate. The value of internal ad hoc locum usage was £394,980. Morriston utilised the greatest number of bookings: 200 shifts with 69 breaches of the cap. POWH booked 116 shifts with 18 breaches. Singleton utilised 68 shifts with 20 breaches of the cap. Mental Health booked 71 shifts with no breaches. Neath booked 14 shift with no breaches.

13.0 Conclusion

The HB continues to work hard in embedding the new processes. There is high confidence in the Medacs data with the exception of ensuring that non CCS frameworks are reported via Medacs. A substantial amount of work is being undertaken to improve the quality of the internal ad hoc locum data and this month there is evidence that this work has borne fruit and the data has improved significantly. There is growing evidence that external supply is being affected and the number of breaches for Agency staff are often increasing due to market forces. It is also thought that the inability to pay accommodation and travel is also having a negative impact on supply. It is critical therefore given that this is now the fourth report that the HB and NHS Wales begin to look for alternative solutions to improve the supply of doctors in a number of specialties to reduce the reliance on Agency or ad hoc locum doctors. The HB would also welcome feedback from Welch Government on the data and reports submitted so far.

**Prepared by Professor Hamish Laing
(Executive Director Lead for WHC/2017/042)**

Date 17.4.18



Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board

APPENDIX 6

ABMU Finance Dept. WG Agency Cap Financial Summary

Month 12
FY 2017/2018

Summary Assumptions & Data Issues

MTH 12 REPORT 2017/2018 – INFORMATION IN THE REPORT IS BASED ON THE HEALTH BOARD LEDGER POSITION AT 11TH APRIL 2018. THE LEDGER IS NOT SCHEDULED TO FORMALLY CLOSE UNTIL 18TH APRIL 2018.

1. Source Data:

- Information to produce the reports are taken from the Health Board's Financial Ledger system and report all costs allocated to Medical Agency and ADH codes.
- Information in the Ledger will include actual expenditure and accruals.

2. Source Data Medac Process :

- In November 2017 a review of the process to ensure the financial position in the ledger reflects the bookings made was undertaken and adjustments to the process implemented
- The financial position in the ledger is based on actual payments made and where payments are outstanding an accrual is included based on the value of the bookings made using the data provided by Medacs.

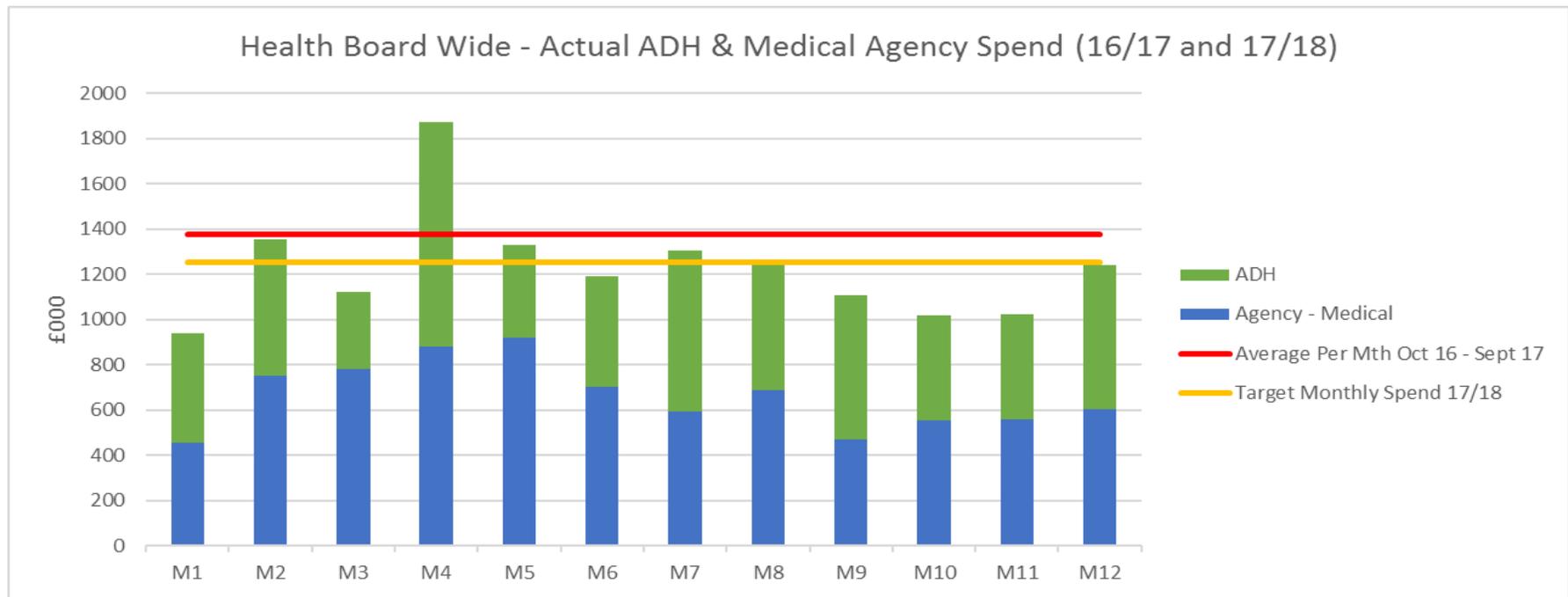
3. Source Data ADH Process:

- Health Board does not have a central repository of ADH information which makes it difficult to determine what payments are outstanding in any month.
- To compensate for this the Finance Function uses a methodology agreed with External Audit based on average and trends from the previous 3 months.
- The current accrual methodology will be replaced from 1st April 2018 using the information sources provided by each unit linked to the information requirements of the WG reporting of the Medical Agency cap.

4. Modelling & Savings Target

- During the implementation of the cap the Health Board undertook a modelling exercise to determine the savings to be delivered.
- The modeling work based on expenditure between Oct 16 – and Nov 17 estimated an annual saving for the Health Board of £1.5m FYE.
- The average monthly impact of this target has been added to the graphs and depicted as a yellow line to demonstrate the savings developed.
- *NOTE – this report is using the Financial Ledger system and cannot reflect whether any changes in expenditure patterns are as a result of the WG cap or changes in volume.*

Section 1: Health Board Wide Summary



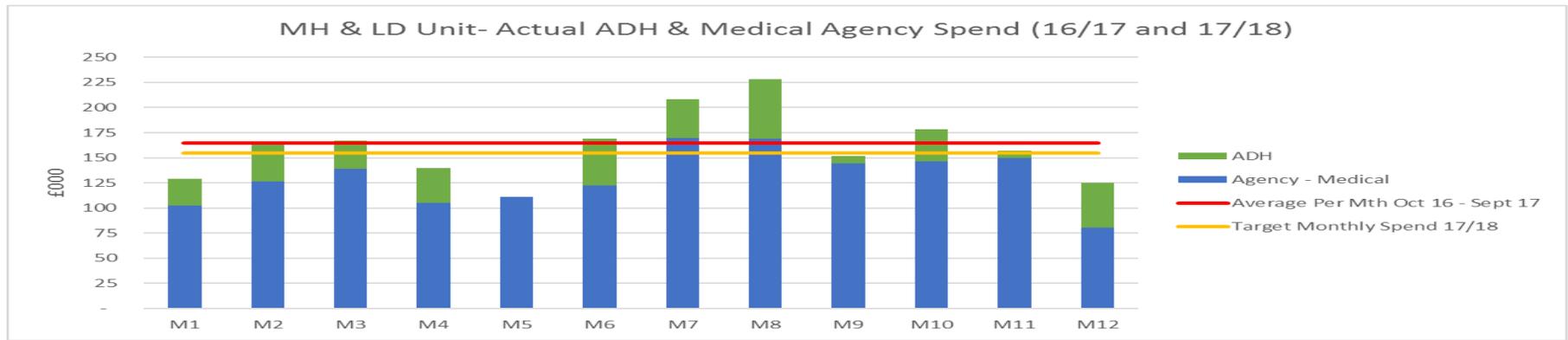
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		M1 £000	M2 £000	M3 £000	M4 £000	M5 £000	M6 £000	M7 £000	M8 £000	M9 £000	M10 £000	M11 £000	M12 £000
Agency - Medical	810	457	750	780	880	919	704	592	686	472	556	558	605
ADH	567	484	603	340	991	413	486	714	574	635	461	467	638
Total Agency & ADH	1,377	941	1,353	1,120	1,871	1,332	1,190	1,306	1,261	1,107	1,017	1,026	1,243

Narrative

- Since P04 the overall spend on Medical Agency and ADH's has reduced to below the average level of 16/17.
- Since the introduction of the cap the actual costs have reduced further and are below the target set by the Health Board as part of the modelling work based on Oct 16 to Sept 17 usage.

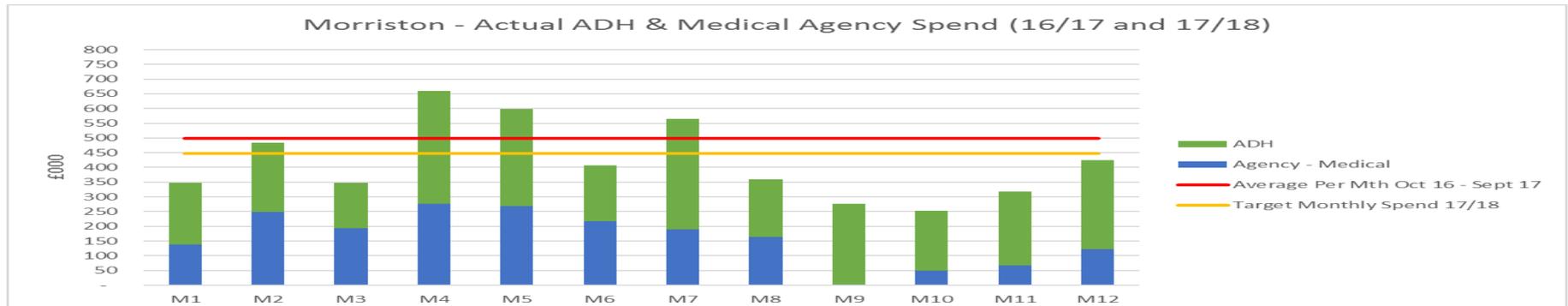
Section 2: Service Delivery Units Summary

MH/LD SDU



	Average Actual Spend Per Mth Oct 16 - Sept 17 £000	Actual Spend 17/18											
		M1 £000	M2 £000	M3 £000	M4 £000	M5 £000	M6 £000	M7 £000	M8 £000	M9 £000	M10 £000	M11 £000	M12 £000
Agency - Medical	140	103	126	139	105	111	122	170	169	144	147	150	80
ADH	24	27	38	28	35	5	47	39	60	7	32	7	45
Total Agency & ADH	164	129	164	167	140	106	169	208	228	152	178	157	125

Morriston SDU

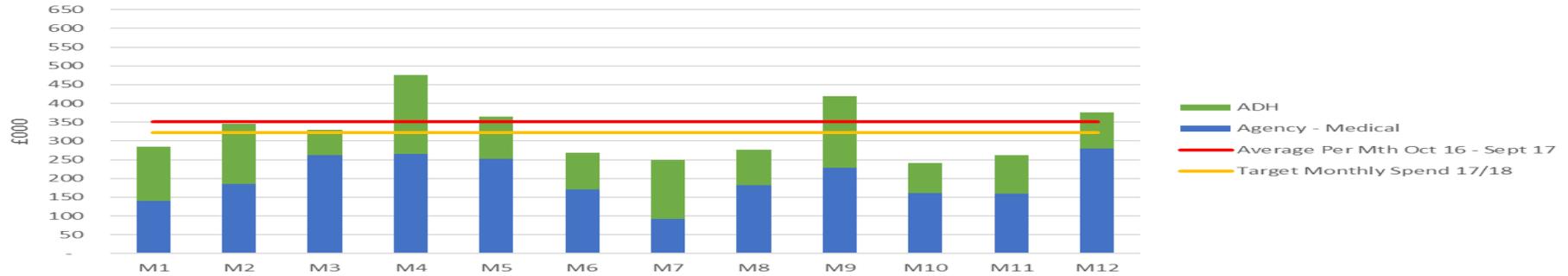


	Average Actual Spend Per Mth Oct 16 - Sept 17 £000	Actual Spend 17/18											
		M1 £000	M2 £000	M3 £000	M4 £000	M5 £000	M6 £000	M7 £000	M8 £000	M9 £000	M10 £000	M11 £000	M12 £000
Agency - Medical	247	138	250	193	277	269	216	190	165	22	49	68	123
ADH	253	210	235	155	382	329	191	375	195	276	204	251	302
Total Agency & ADH	500	348	485	348	659	598	408	565	360	253	253	319	425

Section 2: Service Delivery Units Summary

POW SDU

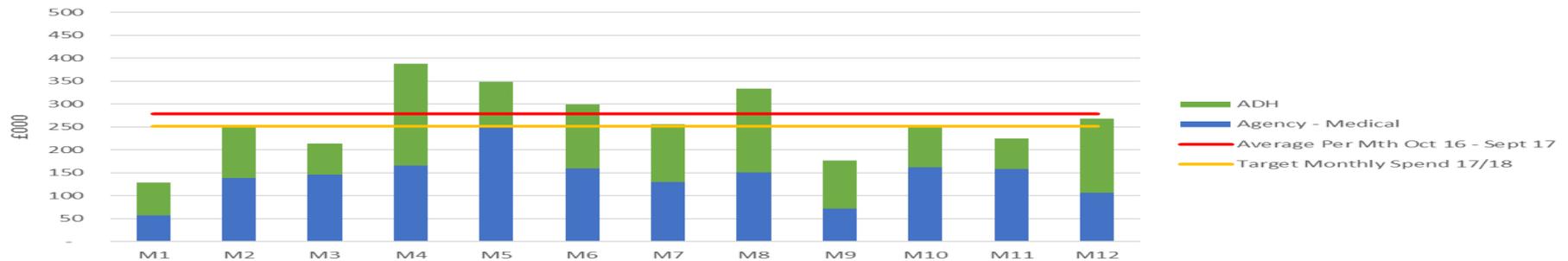
POW- Actual ADH & Medical Agency Spend (16/17 and 17/18)



	Average Actual Spend Per Mth Oct 16 - Sept 17 £000	Actual Spend 17/18											
		M1 £000	M2 £000	M3 £000	M4 £000	M5 £000	M6 £000	M7 £000	M8 £000	M9 £000	M10 £000	M11 £000	M12 £000
Agency - Medical	224	140	185	262	266	253	171	92	182	229	162	159	280
ADH	127	145	161	67	210	111	97	157	94	190	79	104	96
Total Agency & ADH	351	285	346	329	476	364	269	250	276	419	241	262	375

Singleton SDU

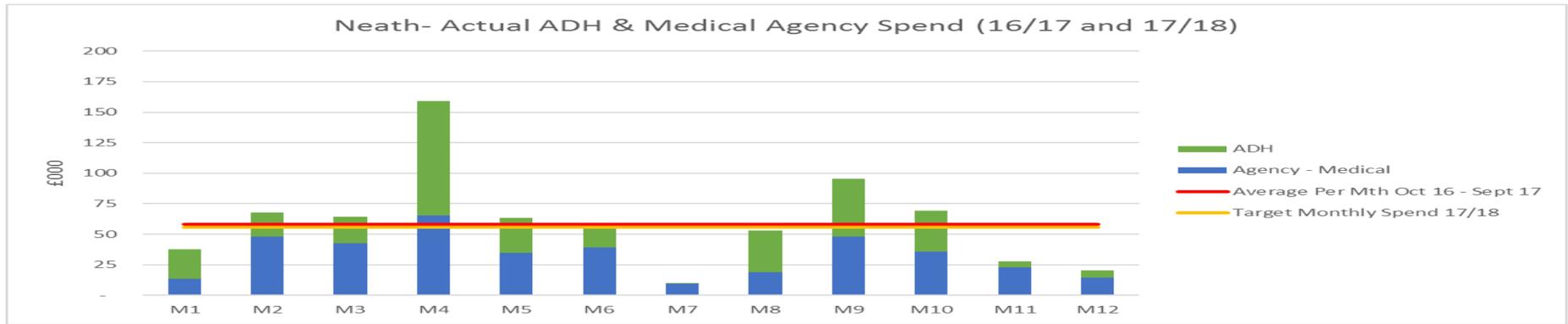
Singleton- Actual ADH & Medical Agency Spend (16/17 and 17/18)



	Average Actual Spend Per Mth Oct 16 - Sept 17 £000	Actual Spend 17/18											
		M1 £000	M2 £000	M3 £000	M4 £000	M5 £000	M6 £000	M7 £000	M8 £000	M9 £000	M10 £000	M11 £000	M12 £000
Agency - Medical	161	58	139	146	166	250	160	129	151	72	162	158	106
ADH	117	71	110	67	222	99	139	126	182	105	92	66	162
Total Agency & ADH	279	129	248	214	388	349	299	256	333	177	254	224	269

Section 2: Service Delivery Units Summary

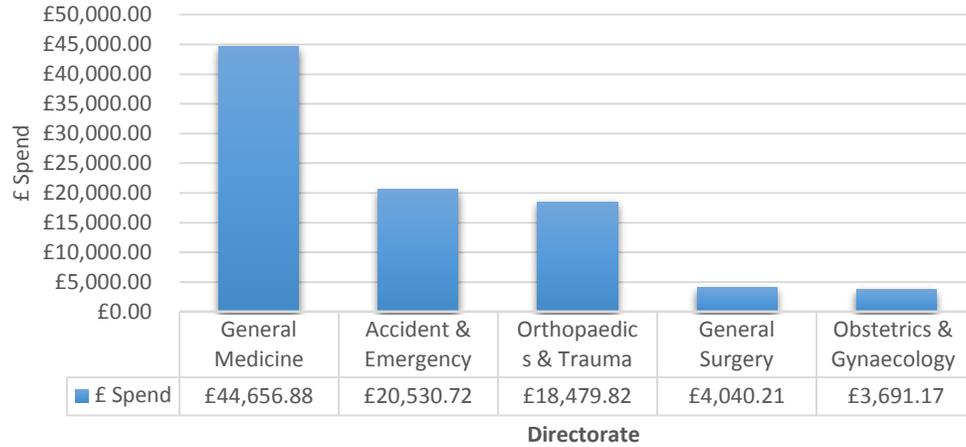
Neath SDU



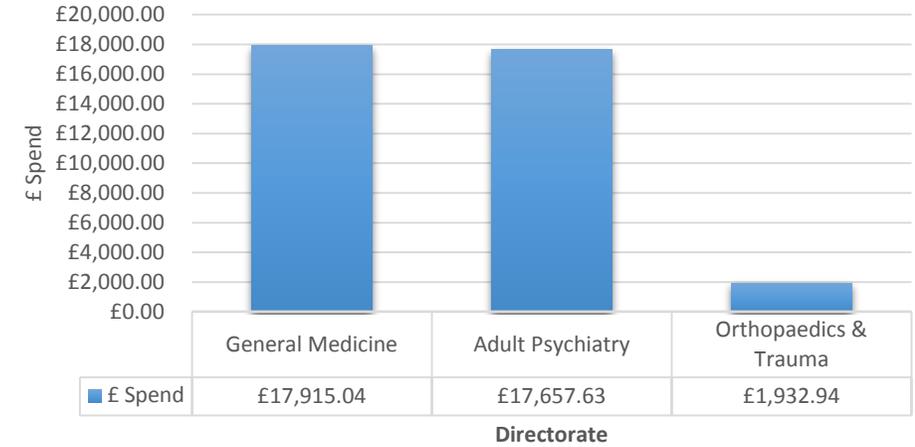
	Average Actual Spend Per Mth Oct 16 - Sept 17 £000	Actual Spend 17/18											
		M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
		£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Agency - Medical	31	13	48	43	65	35	39	9	19	48	36	23	15
ADH	27	24	20	22	94	29	20	1	34	48	33	5	6
Total Agency & ADH	58	38	68	64	159	63	59	10	53	96	69	28	20

APPENDIX 7

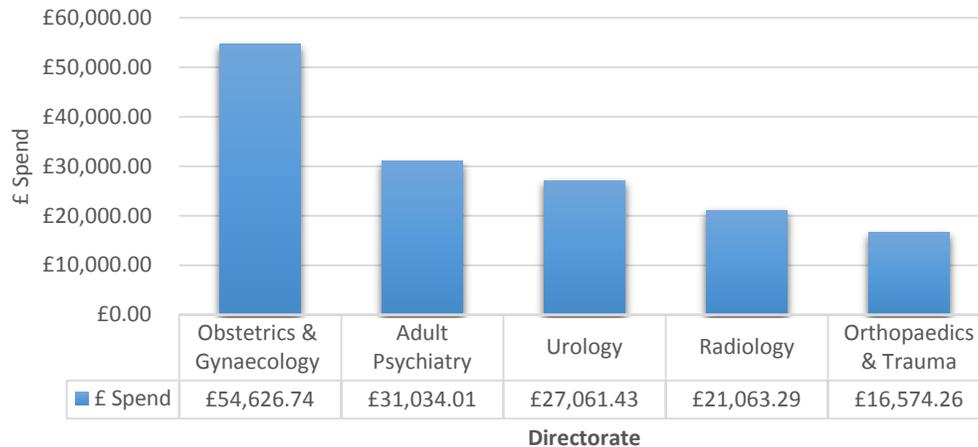
Delivery Unit - Morrison



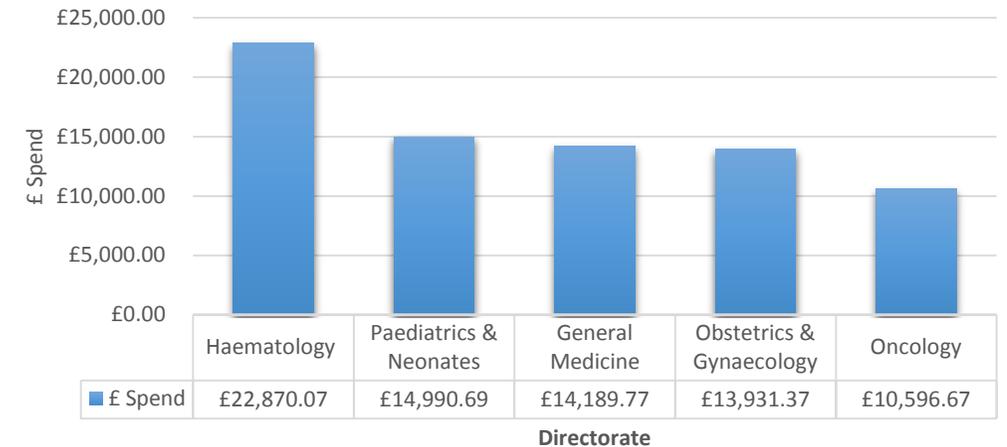
Delivery Unit - Neath Port Talbot



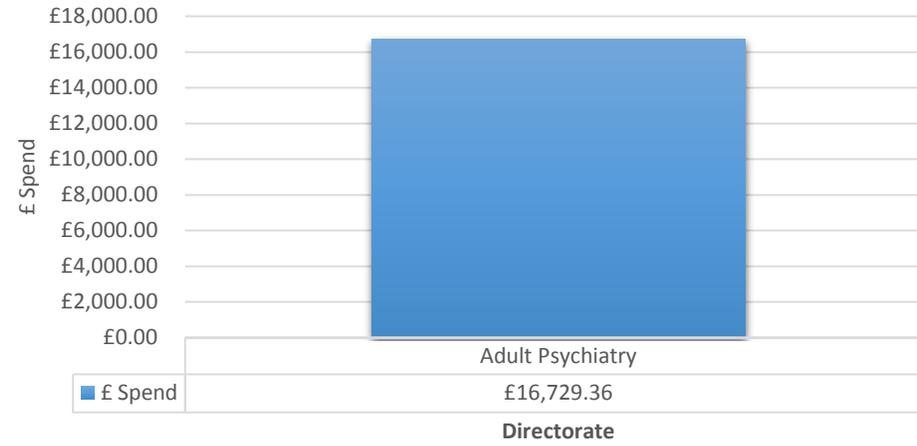
Delivery Unit - Princess Of Wales



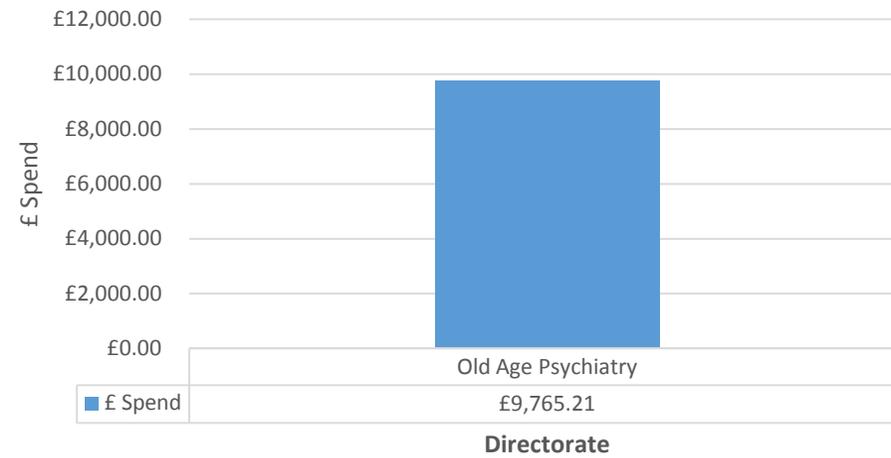
Delivery Unit - Singleton



Delivery Unit - Cefn Coed



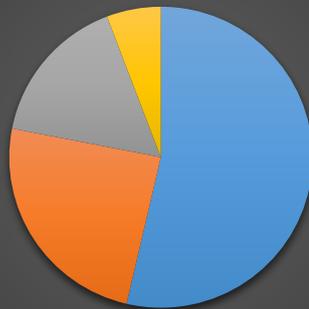
Delivery Unit - Tonna Hospital



Morriston Top 4 Hours Booked

Base	Service	Hours Booked
Morriston - A	Surgical	1553.5
Morriston	General Medicine	707
Morriston	Anaesthetics	468
Morriston	Paediatrics	167.5

Morriston Top 4 Hours Booked Hours Booked



■ Morriston - APPENDIX 8 Surgical
 ■ Morriston General Medicine
■ Morriston Anaesthetics
 ■ Morriston Paediatrics

POW Top 5 Hours booked

Base	Service	Hours Booked
POW	Accident and Emergen	428.25
POW	Anaesthetics	385
POW	General Medicine	329
POW	Surgical	136.5
POW	Paediatrics	56.25

POW Top 5 Hours booked Hours Booked

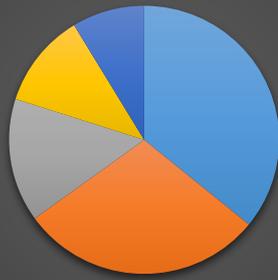


■ POW Accident and Emergency
 ■ POW Anaesthetics
■ POW General Medicine
 ■ POW Surgical
■ POW Paediatrics

Singleton Top 5 Hours booked

Base	Service	Hours Booked
Singleton	General Medicine	462.5
Singleton	Paediatrics	375.5
Singleton	Anaesthetics	192.25
Singleton	Obstetrics and Gynaec	146.73
Singleton	Cancer Services	111.87

Singleton Top 5 Hours booked Hours Booked



■ General Medicine

■ Paediatrics

■ Anaesthetics

■ Obstetrics and Gynaecology

■ Cancer Services