

**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 July to 31st July 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 Executive Medical Director as their Executive lead.

This report reflects the July 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 was not been the same confidence in the internal ad hoc locum data as the process and systems used were bedding in. The data however has continued to improve in terms of completeness, accuracy and quality giving us now a reasonable level of confidence in its accuracy. The Health Board continues to review processes and systems and where necessary make changes to work towards 100% accurate recording of ad hoc locum data.

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 Units within the HB are holding weekly local scrutiny panels to consider shifts that breach before escalation to the appropriate Executive Director. There is evidence that the work of these panels is maturing.

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 specialty

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 (01.06.18 to 31.06.18)	Specialty	% variance to price cap
1	150	Oncology	+21%
2	150	Mental Health	-7%
3	200	General Medicine	+50%
4	150	Mental Health	+21%
5	200	Obs & Gynae	+39%
6	150	Mental Health	+16%
7	175	General Medicine	+8%
8	170	General Medicine	+34%

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

Number (from highest to lowest paid)	Hours Booked (01.04.18 to 30.04.18)	Specialty	% variance to price cap
1	320	Oncology	+21%
2	112	Obs & Gynae	+19%
3	9	A&E	+13%

5.3 New assignments sourced at cap since 13.11.17 have included:

5.4 Summary of hours booked in July 2018

Hours booked at Cap	1,565
Hours booked above Cap	8,687
Extensions to bookings made prior to 13.11.17 above Cap	11

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 (01.04.18 to 30.04.18)	Specialty	Length of current assignment	Expenditure
1	£124.99	15.00	Accident & Emergency	19 th Feb - 17 th Aug	£589,502.84
2	£117.85	320.00	Oncology	4 th Jun – 6 th Aug	£45,120
3	£115.97	48.00	Obstetrics & Gynaecology	3 rd Jul – 4 th Aug	£14,960
4	£110.28	20.00	Accident & Emergency	20 th Jul – 27 th Jul	£2,205.60
5	£110.28	9.00	Accident & Emergency	14 th July	£992.52
6	£109.23	24.00	Anaesthetics	20 th Jul – 22 nd Jul	£2,621.52
7	£108.85	340.00	Obstetrics & Gynaecology	9 th Jul – 19 th Aug	£37,009
8	£108.48	12.00	Paediatrics & Neonates	July 2018	£1,301.76
9	£107.85	544.00	Obstetrics & Gynaecology	July – Dec 2018	£58,616.46
10	£98.89	120.00	General Medicine	July 2018	£11,866.80

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	9617.50	4 years 6 months
2	Paediatrics & Neonates	7548.00	3 years 6 months
3	Rehabilitation	6837.00	3 years 2 months
4	General Medicine	5330.50	2 years 4 months
5	Obstetrics & Gynaecology	3676.50	1 year 6 months
6	Oncology	3362.00	1 year 5 months
7	Adult Psychiatry	2600.00	1 year 4 months
8	Orthopaedics & Trauma	2362.00	10 months
9	Haematology	2250.00	1 year
10	Oncology	1764.00	1 year

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	Surgery	27	387.50	19%
	Anaesthetics	94	623.60	59%
	Emergency	31	273.50	33%
	Medicine	50	596.00	49%
	Obstetrics	10	155.75	34%
	Radiology	1	220	50%
No	Surgery	121	1930.92	81%
	Anaesthetics	68	723.00	41%
	Emergency	61	581.00	67%
	Medicine	51	1164.41	51%
	Obstetrics	19	156.22	66%
	Radiology	1	64.00	50%
	Mental Health	73	760.00	100%
	Paediatrics	25	353.37	100%
	Dental (OMFS)	20	414.50	100%

*Percentage of the total returns in that specialty

The HB has growing 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. However, it is apparent that there are still some areas where Consultants are back-filling sessions and claiming WLI rates (not a true WLI), and this information is still not being recorded and again we may see an increase in spend when this is being addressed.

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	Cardiac Surgery	Consultant	Morrison	7.50	333.33	£2,499.98
2	Cardiac Surgery	Consultant	Morrison	30.00	333.33	£9,999.90
3	Cardiac Surgery	Consultant	Morrison	7.50	333.33	£2,499.98
4	Cardiac Surgery	Consultant	Morrison	26.25	333.33	£8,749.91
5	Cardiac Surgery	Consultant	Morrison	33.75	333.33	£11,249.89
6	Cardiac Surgery	Consultant	Morrison	7.50	333.33	£2,499.98
7	Trauma & Orthopaedics	Consultant	POW	80.00	250.00	£20,000.00
8	Trauma & Orthopaedics	Consultant	POW	16.00	250.00	£4,000.00
9	Emergency Medicine	Consultant	Morrison	33.00	160.00	£5,280.00
10	Emergency Medicine	Consultant	Morrison	46.00	160.00	£7,360.00
11	Emergency Medicine	Consultant	Morrison	44.00	160.00	£7,040.00

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.

Due to the numbers please refer to Appendix 4 attached

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
37	37	0	0

ABOVE CAP – 27 Doctors

AT / BELOW CAP – 10 Doctors

Due to annual leave it has not been possible to chase the breach forms for doctors outside the mastervend so this month the figures do not include this detail.

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	27	71.05%
Refused to Lower	6	15.79%
Lowered to Cap	5	13.16%
Total	2	100.00%

The number of doctors who have reduced their rates this month from the original establishment is one.

13.0 Other useful Key Statistics**Agency**

Attached as Appendix 2 is the spreadsheet relating to Agency shifts. The total number of external agency assignments booked in July was 67. Due to annual leave it has not been possible to chase the breach forms for doctors outside the mastervend so this month the figures do not include this detail. 10 (27.57%) of these were paid at the capped rate or below the cap. 94% of these assignments were booked to cover vacancies, with only 6% to cover sickness absence. The cost attributed to engaging external agency doctors for July 2018 was £834,470. The Princess of Wales (POWH) has utilised the greatest number of agency doctors, booking 31 assignments at a cost of £31,783; Singleton utilised 12 assignments at a cost of £247,082; Morriston utilised 11 assignments at a cost of £161,440, whereas Neath booked 2

with a related cost of £21,965 (480 hours) and Mental Health booked 11 assignments at a cost of £86,207. The cost and hours is high this month as a number of longer term locums were booked in this month. Please note that not all the hours or expenditure were utilised in July.

Ad hoc Locums

Attached as Appendix 3 is the spreadsheet relating to internal ad hoc locum shifts. In July 2018, of the 652 ad hoc locum assignments, 437 (67%) were paid at or below the capped rate. The value of internal ad hoc locum usage was £638,366. Morriston utilised the greatest number of bookings: 298 with 126 breaches of the cap. POWH booked 177 with 59 breaches (this includes Anaesthetics at NPTH). Singleton utilised 77 with 16 breaches of the cap. Mental Health booked 73 with no breaches and Neath Port Talbot booked 27 with 14 breaches of the cap.

13.0 Conclusion

The HB continues to work hard in embedding the process. There is high confidence in the Medacs data. A substantial amount of work has been undertaken to improve the quality of the internal ad hoc locum data. There is growing evidence that external supply is being affected due to market forces. It is also thought that the inability to pay accommodation and travel is having a negative impact on supply. It is critical therefore given that this is now the seventh 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 Welsh Government on the data and reports submitted so far.

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(Executive Director Lead for WHC/2017/042) Date 17.7.18