



**GIG**  
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WALES

Bwrdd Iechyd Prifysgol  
Abertawe Bro Morgannwg  
University Health Board



Meeting Date	Performance and Finance	Agenda Item	4c
<b>Report Title</b>	<b>Medical Locum Caps</b>		
<b>Report Author</b>	Sharon Vickery, Assistant Director of Workforce - Delivery Units and Medical Staffing		
<b>Report Sponsor</b>	Hazel Robinson, Director of Workforce and OD, Dr Richard Evans, Executive Medical Director, Lynne Hamilton, Director of Finance and Chris White, C.O.O.		
<b>Presented by</b>	Hazel Robinson , Director of Workforce and OD		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	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.		
<b>Key Issues</b>	This report sets out progress, challenges and follow up actions required to improve implementation of the all Wales agency caps.		
<b>Specific Action Required</b> <i>(please ✓ one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
			✓
<b>Recommendations</b>	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the content of the Welsh Government submission and give retrospective approval to the documentation</li> <li>• <b>NOTE</b> the progress and challenges outlined</li> <li>• <b>NOTE</b> the follow up actions which includes:-</li> <li>• The establishment of a medical workstream by the Recovery and Sustainability Board.</li> <li>• The need to determine if there needs to be a central directive to utilise Medacs in replacing the longest serving locums</li> </ul>		

## MEDICAL LOCUM CAPS

### 1. INTRODUCTION

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.

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. November data was submitted to Welsh Government on the 17<sup>th</sup> December 2018.

### 2. BACKGROUND

The medical locum cap introduced across all Health Boards in Wales in November 2017. Please note that the term agency doctor used is to denote external agency cover and ad hoc locum denotes internal doctors providing cover. Key areas of progress, performance and ongoing challenges are summarised below.

### 3. PROGRESS

#### 3.1 Total Booked Hours – November

- A total of 16,422.02 hours were booked for agency and internal locum medical staff.
- The number of agency hours utilised increased this month to 10,579.50. Extensions of existing bookings equate to 5,919.50 hours totalling £505,514.54 leaving the balance of 4,660.50 hours for new and ad hoc bookings costing £379,562.12.

	Hours	% of Total	Cost
<b>Agency</b>			
Extensions	5,919.50		£505,514.54
New	4,660		£379,562.12
<b>Total Agency</b>	10,579.50	64%	£885,076.66
<b>Total Locum</b>	5,842.52	36%	£378,139.19
<b>Totals</b>	<b>16,422.02</b>	<b>100%</b>	<b>£1,263,215.85</b>

- It should be noted that not all the booked hours will be worked in November as some of the bookings will extend into the following month(s).

**3.2 Agency** – the progress for November 2018 is reported below.

### Agency Assignments

- The percentage of agency doctors paid at or below the capped rates in terms of the number of assignments has increased slightly from October and is set out as follows:-

Assignments % Compliance							
April 18	May 18	June 18	July 18	Aug18	Sept 18	Oct 18	Nov 18
56.2%	36.2%	28.6%	20.89%	20.25%	8.33%	6.15%	8.33%

	No. of Assignments	No. of Hours	% of Assignments
Cap Breach	121	9,151.50	91.66%
Below/at cap	11	1,428	8.33
Total	132	10,579.50	100%

### Agency Hours

- The percentage of agency doctors paid at or below the capped rates based on hours has decreased further In November from 18.60 % (October) to 13.49%.

Hours % Compliance							
April 18	May 18	June 18	July 18	Aug 18	Sept 18	Oct 18	Nov 18
41.5%	21%	33.2%	15.27%	26%	31.11%	18.60%	13.49%

Total Hours Booked							
April 18	May 18	June 18	July 18	Aug 18	Sept 18	Oct 18	Nov 18
4,485	2,478	6,698	10,252	10,280	12,560	9,790.50	10,579

### Usage by Grade

Grade	October Hours	October Booked Spend	November Hours	November Booked Spend
Consultant	1,585	£160,152.20	5,357.50	£535,637.55
Specialty Doctor	450	£28,161	N/A	N/A
ST3+	2,324.5	£178,569.25	2,649.50	£201,558.11
ST1/2	5,431	£305,432.44	2,572.50	£147,881.01

The increase in the number of consultant hours booked and the increased costs should be noted.

### **Consultant**

- 83% of Consultant expenditure is linked to vacant posts within General Medicine, Obstetrics & Gynaecology, Paediatrics, Adult Psychiatry, Haematology and A&E of which £205,217 was attributed to new bookings and £314,612 to extensions. The extensions are linked to Obstetrics & Gynaecology, Adult Psychiatry, General Medicine & Haematology, all vacant posts.
- 16% of Consultant expenditure is linked to sick leave. Paediatrics, General Medicine and Anaesthetics, of which £15,807 was attributed to new bookings with no sick leave attributed to the booking for extension of assignments.

### **Specialty Doctor**

No Specialty doctors were booked in November

#### **ST3+**

- 70% of ST3+ (Registrar) expenditure is linked to vacant posts which are within Paediatrics, Adult Psychiatry, Accident & Emergency and Urology of which £36,410 was attributed to new bookings and £137,230 being attributed to extensions.
- 18% of ST3+ (Registrar) expenditure is linked to Deanery Gaps which were spread across three doctors and six posts. Five doctors worked in Accident & Emergency which equated to the value of £7,643 in new bookings with no Deanery Gaps being quoted as a reason for an extension to assignments.
- 12% of ST3+ (Registrar) expenditure is linked to sickness which was within Accident & Emergency and Anaesthetics

#### **ST1/2**

- 28% of ST1 expenditure was linked to vacant posts within Accident & Emergency, General Medicine, General Surgery, Adult Psychiatry and Trauma & Orthopaedics. £33,466 was attributed to new bookings and £13,733 being attributed to extensions.
- 67% of ST1 expenditure was linked to Deanery gaps of which £51,786 was attributed to new bookings with £3,621 for extensions within Accident & Emergency, Adult Psychiatry & General Surgery.
- 2% of ST1 expenditure was linked to sickness within General Surgery

An analysis of the financial range of breaches by grade is included below:-

Grade	% paid at cap or below	% paid £1p - £5 above cap	% paid £5.01 - £10 above cap	% paid £10.01 - £15 above cap	% paid £15.01 - £20 above cap	% paid £20+ above cap
<b>Consultant</b>	25.58%	48.06%	0.05%	13.64%	0%	11.64%
<b>SAS Dr.</b>	N/A	N/A	N/A	N/A	N/A	N/A
<b>ST3+</b>	2.37%	24.91%	2.22%	0%	11.32%	61.53%
<b>ST1/2</b>	2.37%	4.85%	15.54%	59.56%	5.05%	12.63%

This may suggest that the HB is missing the opportunity to negotiate effectively to bring some grades within the capped rate or to reduce cost.

### All Wales Comparative Agency Data

The table below sets out compliance with the cap, together with the total hours booked in November by individual Health Boards. The Committee will note that this Health Board has performed poorly compared to other organisations with the possible exception of Hywel Dda.

Health Board	Total nos. of hours booked October 18	Percentage compliance with cap or below cap
ABM	10,579.50	13.49%
Hywel Dda	5,172	8.25%
Cardiff and Vale	3,304	55.01%

### 3.3 Internal ad hoc locums

#### Assignments

The percentage of the internal ad hoc locums paid at or below the cap by assignment deteriorated slightly this month and is outlined below:-

Assignments % Compliance							
April 18	May 18	June 18	July 18	Aug 18	Sept 18	Oct 18	Nov 18
81%	73.1%	70%	67%	69%	68%	79%	77%

- The percentage of doctors paid at or below the capped rates based on hours in November stands at 80%, which is a slight deterioration on last month.

Hours % Compliance							
April 18	May	June	July 18	Aug 18	Sept	Oct 18	Nov 18

	<b>18</b>	<b>18</b>			<b>18</b>		
86%	83%	78%	73.2%	78%	75%	86%	80%

- The total number of hours booked for internal ad hoc locum cover in November decreased from 6,623.40 to 5,842.52.

### 3.4 Agency and Locum Expenditure

- The Health Board has set a target agency/locum monthly spend as outlined in the table below. Actual monthly expenditure is as follows:-

April 18	May 18	June 18	July 18	Aug 18	Sept 18	Oct 18	Nov 18
<b>Target Spend</b>							
£1,245K	£1,245K	£1,245K	£1,254K	£1,254K	£1,254K	£1,254K	£1,254K
<b>Actual Spend</b>							
£1,079K	£1,224K	£1,678K	£1,664K	£1,585K	£1,633K	£1,695K	£1,806K

- This is the sixth consecutive month where expenditure is reported at above target levels and this month the highest level of expenditure has been recorded.
- It should be noted however that fully aligning shifts booked, worked and paid is complex. On occasions claims are submitted late, which impacts on the monthly spend profile.
- Based on expenditure reported through the ledger all Delivery Units, apart from Neath and Port Talbot overspent in November.

Unit	Expenditure Target	Financial Target	Financial Spend
Morriston		418K	657K
POW		324K	473K
Singleton		262K	421K
MH/LD		160K	180K
Neath		61K	55K

### Challenges and Actions

- Work continues with the Delivery Units to improve confidence and compliance with the system. This is improving month on month but requires significant manual intervention which in the long-term this is not a sustainable process.
- The Allocate product "Locum on Duty" will provide the software to electronically facilitate shift booking, which in turn will support improved utilisation reporting and the establishment of an internal medical bank facility. An 'invest to save' bid has been submitted to Welsh Government and there has been an indication from Welsh Government that the bid has been successful.

- This system will also support more accurate cost reporting. At present the Health Board has to rely on the accuracy and completeness of the returns from the Delivery Units. The system will also eradicate doctors submitting ADH forms late as this will be automated by the system and paid as the work is done. This system will be rolled out in 2019.
- The Performance and Finance Committee should note that the Recovery and Sustainability Board has established a medical workforce work stream. The rollout of Locum on Duty, replacing the Medacs longest serving locums and the development and implementation of a medical recruitment and retention strategy all form part of the work stream
- The Performance and Finance Committee should note that the Recovery and Sustainability Board has established a medical workforce work stream. The rollout of Locum on Duty, replacing the Medacs longest serving locums and the development and implementation of a medical recruitment and retention strategy all form part of the work stream together with other projects.
- Work continues with Medacs to replace the longest serving agency locums with permanent staff. The most up to date details are attached in Appendix 3. Once again this appendix suggests that some DUs wish to pursue TRAC recruitment before considering the Medacs CVs and some have decided not to pursue Medacs recruitment at all. Medacs and a member of the medical HR team will meet with each DU, utilising Appendix 3, to determine the recruitment strategy for each post. Also the issues of the degree of choice being exercised by the DUs, when this is a corporate project will be discussed with the Chief Operating Officer to agree if there needs to be a central directive to use Medacs to recruit to these posts where appropriate.
- Kendall Bluck (KB) has been contracted to work in the Emergency Department (ED) at Morriston and to undertake a review of junior doctor rotas, across the Health Board. A meeting was held on the 8th November 2018 to commence the work. A decision has been taken to include the Neath Minor Accident Unit in the scope of the Morriston ED work at no extra cost. The Health Board has provided KB with a range of information and given them access to the system holding all the junior doctor rotas managed by the Medical Workforce team. They are currently carrying out an offsite analysis of the information. Site visits for KB to speak to medical and general managers are being scheduled for January 19. At this stage we anticipate that their initial reports may be available for the Health Board to consider towards the end of February 19.
- Excerpts from the draft recruitment and retention are below :-
  - Participating in the All Wales BAPIO Campaign in November 2018. So far the Health Board have identified thirty nine posts. The specialties included in the initiative are T&O, Surgery, Medicine, Emergency Medicine, Mental Health, Paediatrics, Ophthalmology and Anaesthetics. For this round, BAPIO are informing candidates to sit either the IELTS or OET language tests as soon as they apply and it is hoped this will help to reduce the time from recruitment to commencing employment.
  - A number of the BAPIO posts are at a junior clinical fellow level and the Royal College will only sponsor senior clinical fellows at ST4 and above. It

has been decided the doctors will be assessed at interview on their level of experience and those at the junior level will be asked if they wish to take up the offer of employment under a Tier 2 visa following the changes to visa restrictions by the Home Office.

- A proposal is being developed to undertake a second BAPIO Campaign each year either in conjunction with other organisations or stand alone as a Health Board.
- Enhance the induction/cultural induction to Wales and the Health Board for overseas doctors. This is already in place, but may benefit from a refresh. This measure will make it easier to recruit and retain doctors and will enhance the Health Board's reputation for future recruitment campaigns.
- Consider an increase to the relocation package for overseas doctors from £1,000 to £5,000. A paper has been prepared for Executive Team to discuss this.
- Develop innovative rotations between different specialities, which may be of interest to doctors.
- Develop exchange programmes with different countries.
- Participate in recruitment fairs and events.
- Optimise our relationship with the BMJ to enhance our position in the market.
- Develop innovative solutions such as the SAS development programme they have utilised in a number of English Trusts to support the SAS doctors through the CESR route to become consultants. This has worked very well in ED and they now have a considerable number who can now be appointed at consultant level
- Develop strategies to attract local candidates through "grow you own". This will involve proactive work with Schools, Colleges and Universities.
- Review consultant recruitment strategies.

#### **4. WELSH GOVERNMENT SUBMISSION**

Please refer to the following Appendices for details of the November 2018 submission:-

Appendix 1: November WG Report

Appendix 2: November Finance Assessment

Appendix 3: Updated Spreadsheet: Medacs Longest Serving Locums

Appendix 4: November Internal doctors earning £120 or more per hour



## 5. GOVERNANCE AND RISK ISSUES

The main risk with this work relates to the overall challenging recruitment market and the overall supply of doctors. These factors are covered in section 2.

## FINANCIAL IMPLICATIONS

The financial details are set out in section 2 and in Appendix 2.

## 6. RECOMMENDATION

Members are asked to:

- **NOTE** the content of the Welsh Government submission and give retrospective approval to the documentation
- **NOTE** the progress and challenges outlined
- **NOTE** the follow up actions. In particular:-
  - a. The establishment of a medical workstream by the Recovery and Sustainability Board.
  - b. The need to determine if there needs to be a central directive to utilise Medacs in replacing the longest serving locums

Governance and Assurance										
Link to corporate objectives (please ✓)	Promoting and enabling healthier communities		Delivering excellent patient outcomes, experience and access		Demonstrating value and sustainability		Securing a fully engaged skilled workforce		Embedding effective governance and partnerships	
					✓		✓			
Link to Health and Care Standards (please ✓)	Staying Healthy	Safe Care	Effective Care	Dignified Care	Timely Care	Individual Care	Staff and Resources			
			✓					✓		
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	A similar report is presented to the Committee monthly to scrutinise the WG submission which is submitted in line with their timetable.									
Appendices	Appendix 1: November WG Report Appendix 2: November Finance Assessment Appendix 3: November Updated Spreadsheet : Medacs Longest Serving Locums Appendix 4: November Internal doctors earning £120 or more per hour									