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Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board



Meeting Date	22nd October 2018	Agenda Item	2a
Report Title	Medical Locum Caps		
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Report Sponsor	Hazel Robinson, Director of Workforce and OD, Alastair Roeves, Interim Executive Medical Director, Lynne Hamilton, Director of Finance and Chris White, C.O.O.		
Presented by	Hazel Robinson, Director of Workforce and OD		
Freedom of Information	Open		
Purpose of the Report	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.		
Key Issues	This report sets out progress, challenges and follow up actions required to improve implementation of the all Wales agency caps.		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
			✓
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • 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. 		

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. September data was submitted to Welsh Government on the 17th October 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 - September

- A total of 18,673.75 hours were booked for agency and internal locum medical staff.
- The number of agency hours utilised rose considerably to 12,560, this is the highest utilisation since the cap was introduced.

	Hours	% of Total	Cost
Agency			
Extensions	5,710		£459,820
New	6,850		£392,482
Total Agency	12,560	67%	
Locum	6,113	33%	
Total	18,673	100%	

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

3.2 Agency – the progress for September 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 worsened considerably and is set out as follows:-

Assignments % Compliance						
March 18	April 18	May 18	June 18	July 18	Aug18	Sept 18
47.2%	56.2%	36.2%	28.6%	20.89%	20.25%	8.33%

	No. of Assignments	No. of Hours	% of Assignments
Cap Breach	77	8,652	91.6%
Below/at cap	7	3,907	8.3%
Total	84	12,560	100%

Agency Hours

- However, the percentage of agency doctors paid at or below the capped rates based on hours improved in September to 31%, compared to August 26%.

Hours % Compliance						
March 18	April 18	May 18	June 18	July 18	Aug 18	Sept 18
39.8%	41.5%	21%	33.2%	15.27%	26%	31.11%

Total Hours Booked						
March 18	April 18	May 18	June 18	July 18	Aug 18	Sept 18
8,778	4,485	2,478	6,698	10,252	10,280	12,560

Reasons for Use

Grade	August Hours	August Booked Spend	September Hours	September Booked Spend	Variance On Prior Month Booked Hours	Variance On Prior Months Booked Spend
Consultant	1,857.80	£183,458	2,584.50	£263,464	+726.70	+£80,006
Specialty Doctor	28.00	£1,860	1,012.50	£67,260	+984.50	+£65,400

ST3+	3,009	£225,765	2,294	£166,269	-715.00	-£59,496
ST1/2	5,386	£274,933	6,649.10	£354,279	+1,263.10	+£79,346
FY2	N/A	£0.00	N/A	£0.00	0.00	£0.00
FY1	N/A	£0.00	20.00	£983	+20.00	+£983

Consultant

- 100% of Consultant expenditure is linked to vacant posts within General Medicine, Obstetrics & Gynaecology, Adult Psychiatry, Accident & Emergency, Palliative Care, Old Age Psychiatry and Orthopaedics & Trauma. General Medicine was the only new booking
- £43,888 was attributed to new bookings and £219,795 to extensions.

Specialty Doctor

- 100% of Specialty Doctor expenditure is linked to vacant post within Adult Psychiatry. This is an extension booking to the value of £67,260.

ST3+

- 77% of ST3+ expenditure is linked to vacant posts within Urology, ENT, Paediatrics, Accident & Emergency and Obstetrics & Gynaecology.
- 33% of ST3+ (reg) expenditure is linked to sickness within Accident & Emergency

ST1/2 (53)

- 68% linked to vacant posts within Accident & Emergency, Adult Psychiatry, General Medicine, General Surgery and Trauma & Orthopaedics.
- 26% of ST1/2 expenditure is linked to deanery gap in rotas
- 6% of ST1/2 expenditure is linked to sickness within Accident & Emergency.

FY1

- 100% of FY1 expenditure is linked to vacant post within General Surgery.

All Wales Comparative Agency Data

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

Health Board	Total nos. of hours booked September 18	Percentage compliance with cap or below cap
ABM	12,5610.10	31.11%
C/V	3,648.00	42.90%
Hywel Dda	2,644.00	66.89%
Cwm Taf	10,916.50	50.90%

3.3 Internal ad hoc locums

Assignments

The percentage of the internal ad hoc locums paid at or below the cap by assignment is outlined below:-

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

- The percentage of doctors paid at or below the capped rates based on hours in September stands at 75%, which is lower than the previous month.

Hours % Compliance						
March 18	April 18	May 18	June 18	July 18	Aug 18	Sept 18
78%	86%	83%	78%	73.2%	78%	75%

- The total number of hours booked for internal ad hoc locum cover in September fell from 8,231 to 6,113.65.

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:-

March 18	April 18	May 18	June 18	July 18	Aug 18	Sept 18
Target Spend						
£1,377K	£1,245K	£1,245K	£1,245K	£1,254K	£1,254K	£1,254K
Actual Spend						
£1,243K	£1,079K	£1,224K	£1,678K	£1,664K	£1,585K	£1,633K

- This is the fourth consecutive month where expenditure is reported at above target levels.
- 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 Mental Health has again reported an underspend in September along with Neath Port Talbot however POW, Singleton and Morriston have overspent with the greatest overspend at Morriston.

Unit	Expenditure Target	Financial spend
Morriston		£213K+
POW		£124K+
Singleton		£96K+
Neath		£25K-
MH/LD		£22K-

4. 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” which 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 early indication from Welsh Government that the bid has been successful.
- This system will also support more accurate cost reporting. At present they 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.
- Work continues with Medacs to replace the longest serving agency locums with permanent staff. Medacs are currently reviewing suitable CV’s and will forward to the Medical HR Department once available. Further details are attached in Appendix A
- Kendall Bluck has been contracted to work in the Emergency Department at Morriston and to undertake a review of junior doctor rotas, across the Health Board and work will be commencing shortly.
- Ongoing recruitment plans are summarised 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 £3,000 to £5,000.
- 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.
- Review consultant recruitment strategies. It is suggested that the Chief Operating Officer initiates a conversation with each of the Delivery Unit's senior teams to look at the cost of consultant cover as this seems to be significant for both agency consultant cover and ad hoc locum cover.

5. WELSH GOVERNMENT SUBMISSION

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

Appendix 1: September WG Report

Appendix 2: September Finance Assessment

Appendix 3: September Agency Top Five Specialties by DU and Utilisation

Appendix 4: September Internal Ad Hoc Locum Top Five Specialties by DU and Utilisation.

Appendix 5: September Internal doctors earning £120 or more per hour

6. 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.

7. 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.

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: September WG Report Appendix 2: September Finance Assessment Appendix 3: September Agency Top Five Specialties by DU and Utilisation Appendix 4: September Internal Ad Hoc Locum Top Five Specialties by DU and Utilisation Appendix 5: September Internal doctors earning £120 or more per hour						

Medacs Longest Serving Locums

The Health Board has been undertaking a review of its longest serving locums provided by Medacs. The exercise has established if all locums were replaced with doctors recruited permanently via Medacs, the savings would be circa £1m.

The Performance and Finance Committee requested an update and it should be noted that this work is still in progress.

Delivery Unit	Number of Longest Serving Locums	Duration of placements (Range)
Singleton	2	14 - 29 months
POWH	5	11 - 37 months
Mental Health & Learning Disabilities	2	14 months
NPTH	2	20 - 26 months
Morriston	3	11 - 22 months

There has been active recruitment in place however if doctors are appointed from overseas it can cause delays in them starting in post due to difficulties in obtaining IELTS which requires a score of 7.5 for GMC registration with license to practice, the doctors would also require a Tier 2 or 5 Visa dependant on contract offered. The UK has introduced the Occupational English Test (OET) which is an alternative to sitting IELTS and is based on clinical questions, this can also be used for GMC registration with license to practice and those doctors we are aware of who have taken this route have passed first time. If doctors choose this alternative route it will improve the timeline from recruitment to doctors starting in post. The doctors will still be required to sit the UKVI exam for their Visa however will only require a score of 4 not 7.5.

As this work has progressed, it revealed that departments have found it necessary to retain long-term locums due to the overall vacancies within the departments on various tiers of rotas. This has meant that although the doctor is considered a long-term locum they may have covered various vacancies at different levels plus on different sites. Therefore Medical HR have considered the overall position and following discussion with departments have requested that the Consultants at interview consider appointing doctors at various levels not only for the level being interviewed. Medical HR have also requested Medacs to provide CV's for permanent recruitment where there are a number of vacancies, vacancies at another grade or if it is considered that the department may not be successful in recruiting following interviews.

A detailed report on the longest serving locums is attached (Appendix A)

Work with departments, BMJ, BAPIO and Medacs continues;

- Medicine, Surgery, MSK, Obstetrics & Gynaecology, Paediatrics & Neonates and Psychiatry have had difficulty in recruiting and have decided to put posts forward for the 2018 BAPIO recruitment round. It should be noted that these doctors are unlikely to commence employment until Summer/Autumn 2019.

- Where it is anticipated that the post will not be filled quickly either via NHS jobs or BAPIO, Medacs have been requested to provide suitable CV's for permanent recruitment.
- To pursue permanent recruitment via Medacs for consultant posts in Radiology, Haematology and Adult Psychiatry where possible.
- Discussions are ongoing with the BMJ to consider alternative advertising packages whereby the Health Board would purchase credits. The package would allow the Health Board to enhance adverts as required e.g. quarter, half page, enable the Health Board to purchase CV's for doctors registered with them and updating adverts on line. The BMJ are currently finalising the proposal and once received will be shared with the WF Director.
- As the Medacs Consultants are unlikely to be on the specialist register, to enable an AAC appointment in line with Regulations, discussions between Medical HR and Medacs have confirmed that the initial appointments would be as Locum Consultants for 1 year. It is anticipated by Medacs that previous problems experienced by the Health Board where doctors left post having only worked a few months of the contract are likely to be significantly reduced as there has been an increased cost to the doctor for their Visa. Discussions also revealed that the Benefits/Relocation Package offered to doctors recruited via agency is less than that offered to MTI doctors recruited via the BAPIO initiative. Therefore, consideration to enhance the current package in line with BAPIO and offer upto £5k with 75% of claims repaid if the doctor leaves within the first year of employment, 50% in the second year. The finding fee for a Locum Consultant is £12K for the fixed term post and for Specialty Doctor/Senior Clinical Fellow it is £8k.

As this work progresses this will be reported to the Performance and Finance Committee in due course.

[illegible]

Oncology	Consultant	1 Year 2 months	£117.85	£3.53	£121.38	£252,470.40	£85,488	£4,515	£24,300	£12,000	£126,303	£126,167.40
Obstetrics & Gynaecology	ST3+	2 Years 5 Months	£79.38	£2.38	£81.76	£170,060.80	£38,582	£19,291	£15,625	£8,000	£81,498	£88,562.80
NEATH PORT TALBOT HOSPITAL												
General Medicine	SAS	1 Year 8 Months	£45.76	£1.37	£47.13	£98,030.40	£38,582	£19,291	£15,625	£5,000	£78,498	£19,532.40
General Medicine	SAS	2 Years 2 months	£45.76	£1.37	£47.13	£98,030.40	£38,582	£19,291	£15,625	£5,000	£78,498	£19,532.40
MENTAL HEALTH												
Adult Psychiatry	Consultant	1 Year 2 months	£80.46	£2.41	£82.87	£172,369.60	£85,488	£4,515	£24,300	£12,000	£126,303	£46,066.60
Adult Psychiatry	Consultant	1 Year 2 months	£97.22	£2.91	£100.13	£208,270.40	£85,488	£4,515	£24,300	£12,000	£126,303	£81,967.40
MORRISTON HOSPITAL												
Orthopaedics & Trauma	ST1	11 Months	£45.76	£1.37	£47.13	£98,030.40	£38,582	£19,291	£15,625	£5,000	£78,498	£19,532.40
Paediatrics & Neonates	ST3+	1 Year 4 Months	£85.34	£2.56	£87.90	£182,832.00	£38,582	£19,291	£15,625	£5,000	£78,498	£104,334.00
Heamatology	Consultant	1 Year 10 Months	£83.62	£2.50	£86.12	£179,129.60	£85,488	£4,515	£24,300	£12,000	£126,303	£52,826.60

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 September to 30th September 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 August 2018 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 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 (01.09.18 to 30.09.18)	Specialty	% variance to price cap
1	160	Oncology	+21%
2	150	Mental Health	0%
3	150	Mental Health	0%
4	185	Paediatrics	+50%
5	192	Obs & Gynae	+39%
6	150	Obs & Gynae	+31%
7	150	Mental Health	-6%
8	150	T&O	0%

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

Number (from highest to lowest paid)	Hours Booked (01.09.18 to 30.09.18)	Specialty	% variance to price cap
1	150	General Medicine	+24%
2	185	Paeds	+50%
3	150	Obs & Gynae	+8%

5.3 New assignments sourced at cap since 13.11.17 have included:

5.4 Summary of hours booked in September 2018

Hours booked at Cap	3,907
Hours booked above Cap	8.652
Extensions to bookings made prior to 13.11.17 above Cap	1

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 (01.09.18 to 30.09.18)	Specialty	Length of current assignment	Expenditure
1	£133.03	150	Palliative Care	Jul – Sep 2018	£49,606
2	£98.89	182	General Medicine	Aug – Oct 2018	£23,734
3	£107.85	22	Accident & Emergency	Aug – Sep 2018	£22,625
4	£78.34	150	Obstetrics & Gynaecology	Aug – Oct 2018	£20,163
5	£117.85	160	Oncology	Sep 2018	£19,165
6	£65.95	150	Adult Psychiatry	May – Sep 2018	£17,081
7	£85.34	180	Paediatrics & Neonates	Sep '18 – Feb '19	£15,699
8	£97.22	150	Adult Psychiatry	Aug – Oct 2018	£14,729

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	9955.00	Aug – Dec 2018
2	Paediatrics & Neonates	7885.50	Jul – Sep 2018
3	Rehabilitation	7174.50	May – Oct 2018
4	Obstetrics & Gynaecology	4,384.50	Aug 2018
5	Adult Psychiatry	2937.50	Jun – Oct 2018
6	Orthopaedics & Trauma	2699.50	Jul – Dec 2018
7	Haematology	2587.50	Aug 2018 – Feb 2019
8	Orthopaedics & Trauma	2,573.50	Aug – Nov 2018
9	Oncology	2101.50	Aug 2018 – Feb 2019
10	Obstetrics & Gynaecology	1,371.50	Aug – Oct 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	Surgery	4	55.00	7%
	Anaesthetics	103	861.37	63%
	Emergency	24	178.55	24%
	Medicine	28	101.00	36%
No	Surgery	50	1035.25	93%
	Anaesthetics	62	624.00	37%
	Emergency	76	728.00	76%
	Medicine	49	710.50	64%
	Obstetrics	15	238.75	100%
	Paediatrics	13	270.48	100%
	Mental Health	59	614.00	100%
	Dental (OMFS)	11	186.00	100%
	Radiology	1	28.00	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	Consultant	Morrison	22.50	333.33	£7,499.93
2	Cardiac	Consultant	Morrison	7.50	333.33	£2,499.98
3	Accident & Emergency	Consultant	Morrison	15.75	160.00	£2,250.00
4	Anaesthetics	Consultant	Morrison	9.00	160.00	£1,650.69
5	Anaesthetics	Consultant	Morrison	15.00	159.13	£2,386.95

Please note:

In 2011 Welsh Government brought in an additional sessional payment guide for Orthopaedic Services and currently this stands at £585 per session and therefore although a breach of capped rate is in line with the T&Cs.

The Amendment to the National Consultant Contract in Wales paragraph 3.8 also states, *“In exceptional circumstances where a Consultant is requested and agrees to be immediately available i.e. resident on call, this will be remunerated at three times the sessional payment at Point 6 of the Consultant salary scale”*, this would equate to £555 a session giving an hourly rate of £148, this is a breach of the capped rate but in line with the T&Cs.

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 for September 2018 data.

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
35	35	0	0

ABOVE CAP – 77

AT / BELOW CAP – 7

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	29	76.32%
Refused to Lower	4	10.53%
Lowered to Cap	5	13.16%
Total	38	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 September was 84. Due to staff absence, 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. 7 (8%) 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 September 2018 was £852,214. Morriston Hospital has utilised the greatest number of agency doctor bookings at 25 assignments the cost of these assignments was £111,347.28. Singleton utilised 8 assignments at a cost of £156,024.40; Princess of Wales Hospital utilised 24 assignments at a cost of £184,526.90, whereas Neath booked 5 with a related cost of £127,441.60 and Mental Health booked 22 assignments at the highest attributable cost of £272,917.65.

Ad hoc Locums

Attached as Appendix 3 is the spreadsheet relating to internal ad hoc locum shifts. In September 2018, of the 495 ad hoc locum assignments, (68%) were paid at or below the capped rate. The value of internal ad hoc locum usage was £420,282.69 (includes on costs). Morriston utilised the greatest number of bookings: 306 with 132 breaches of the cap. POWH booked 68 with 17 breaches (this includes Anaesthetics at NPTH). Singleton utilised 55 with 7 breaches of the cap. Mental Health booked 18 with no breaches and Neath Port Talbot booked 7 with 3 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 ninth 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.

Prepared by

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



Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board

ABMU Finance Dept. WG Agency Cap Financial Summary

Month 06
FY 2018/2019

Summary Assumptions & Data Issues

1. Primary Data Source:

- 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 :

- At the end of each month Medac provide the Health Board with a report on the bookings made within that month. The bookings made in the month are then compared to the actual payments made via the payroll system for the same period. Where payments are outstanding an accrual is included based on the value of the bookings made using the data provided by Medacs.

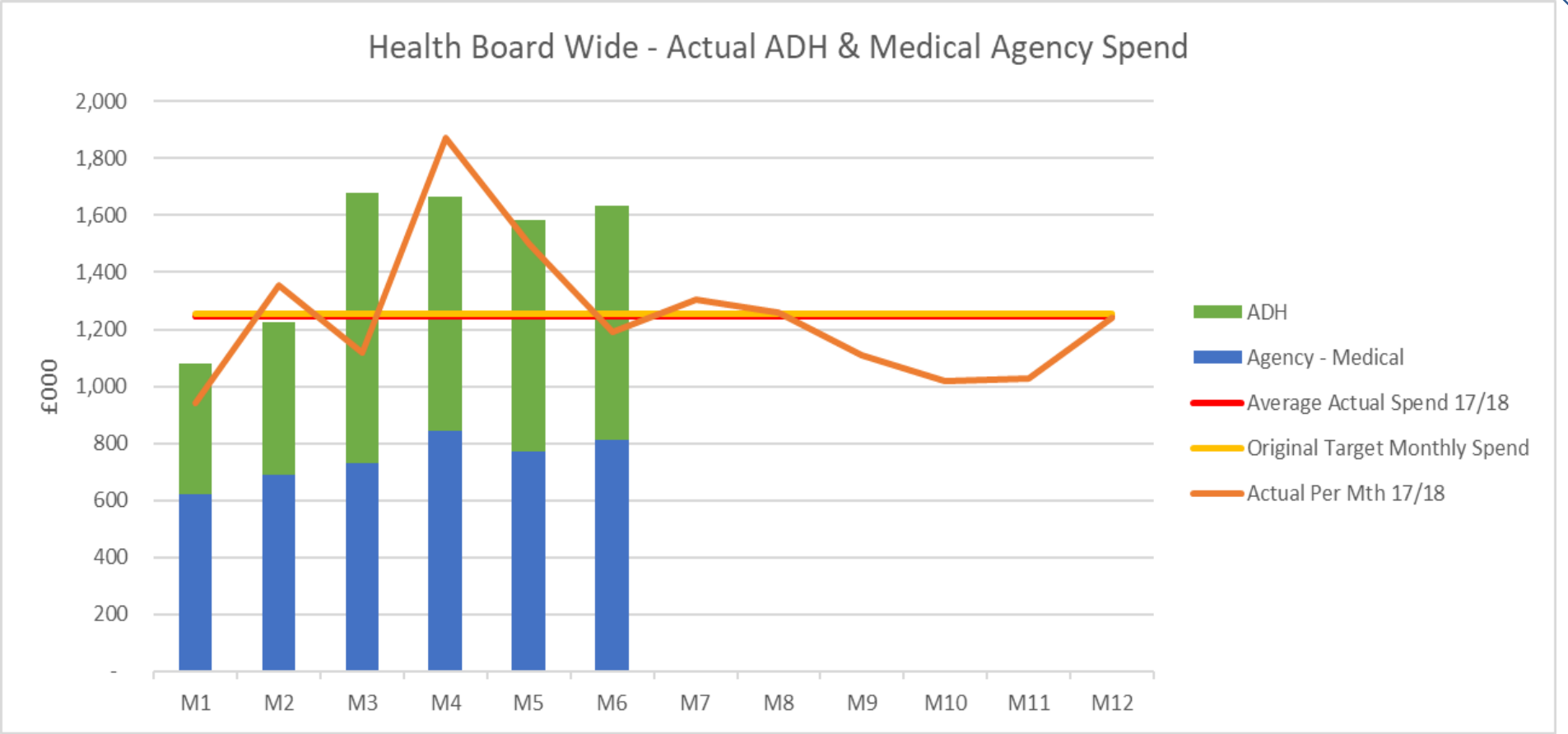
3. Source Data ADH Process:

- From 1st April 2018 the accrual is based on the booking information provided to Finance/Medical HR at the end of each month. Similar to the Medacs process, the bookings made in month are then compared to the the actual payments made via the payroll system for the same period. Where payments are outstanding an accrual is included based on the value of the bookings made using the data provided by Medacs.
- The accuracy of the financial position is dependent on the information submitted to Finance/Medical HR by the Units. Medical HR have provided training as well as issuing communication to those key individuals within the Units who are the holders of the ADH information.

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.
- Based on the modelling work undertake the Health Bard had a monthly target of average monthly spend from 2016/2017 less impact of the savings derived from the modelling work. This target is depicted in the graphs as a yellow line.
- To assist the reader a red line has been added to the graphs to depict the average monthly spend from 2017/2018 and an orange line added to reflect the actual spend each month from 2017/2018.
- *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.*

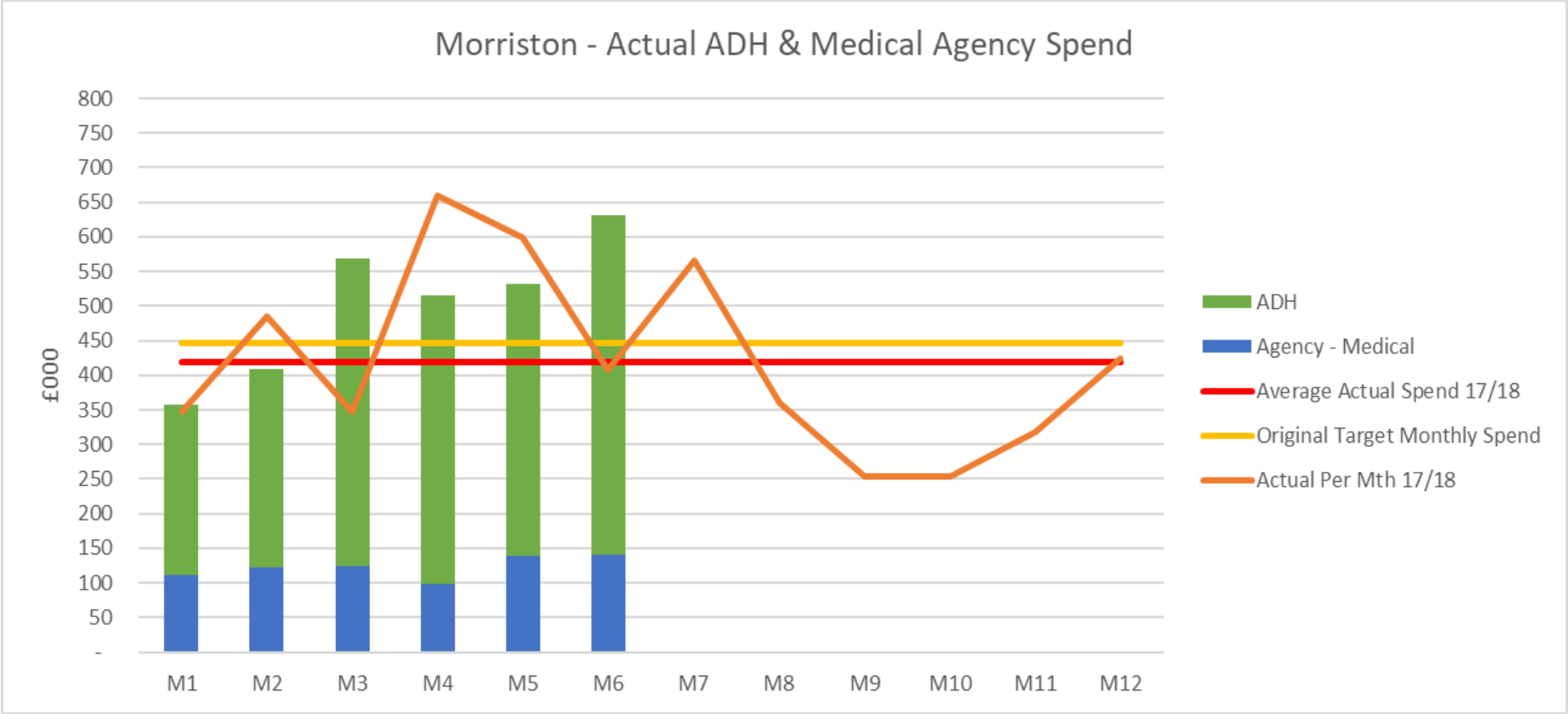
Section 1: Health Board Wide Summary



	Average Actual Monthly Spend 17/18 £000	Actual Spend 18/19											
		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	663	619	688	732	844	773	811						
ADH	581	460	536	946	820	812	821						
Total Agency & ADH	1,245	1,079	1,224	1,678	1,664	1,585	1,633	-	-	-	-	-	-

Section 2: Service Delivery Units Summary

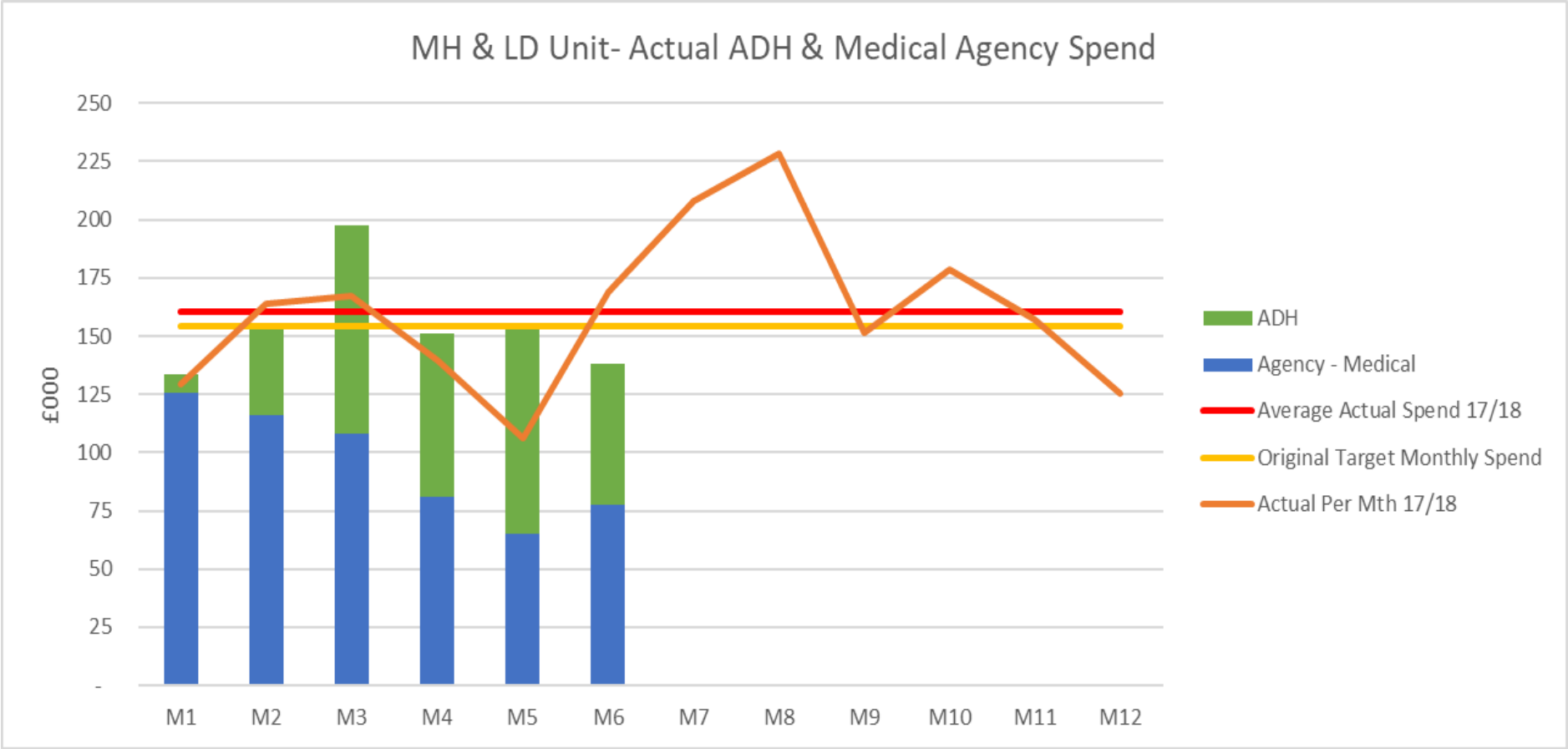
Morriston SDU



	Average Actual Monthly Spend 17/18 £000	Actual Spend 18/19											
		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	160	112	122	124	99	139	140						
ADH	259	246	286	445	417	394	491						
Total Agency & ADH	418	358	408	569	516	533	631	-	-	-	-	-	-

Section 2: Service Delivery Units Summary

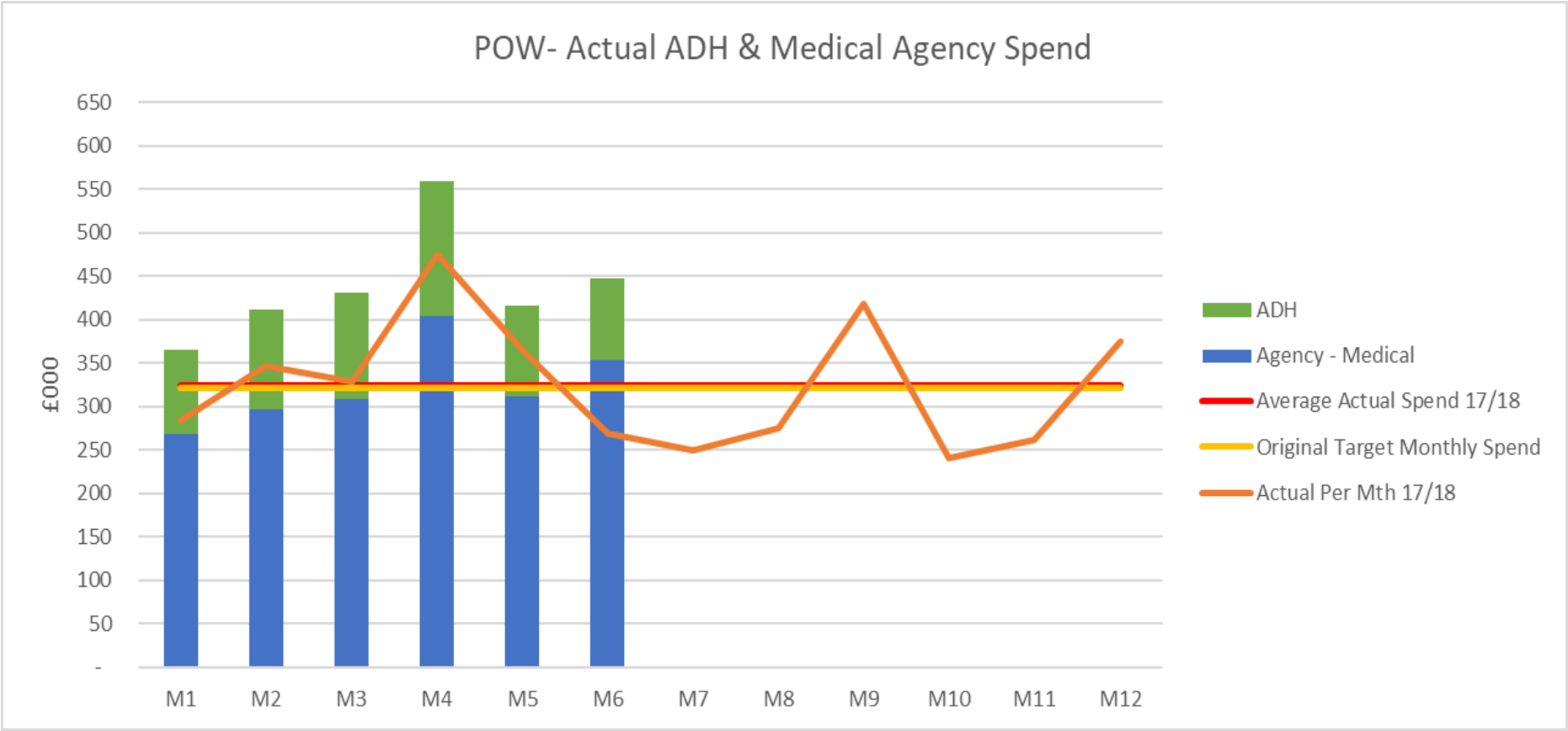
MH/LD SDU



	Average Actual Monthly Spend 17/18 £000	Actual Spend 18/19											
		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	130	126	116	108	81	65	77						
ADH	30	8	38	89	70	90	61						
Total Agency & ADH	160	134	154	198	151	156	138	-	-	-	-	-	-

Section 2: Service Delivery Units Summary

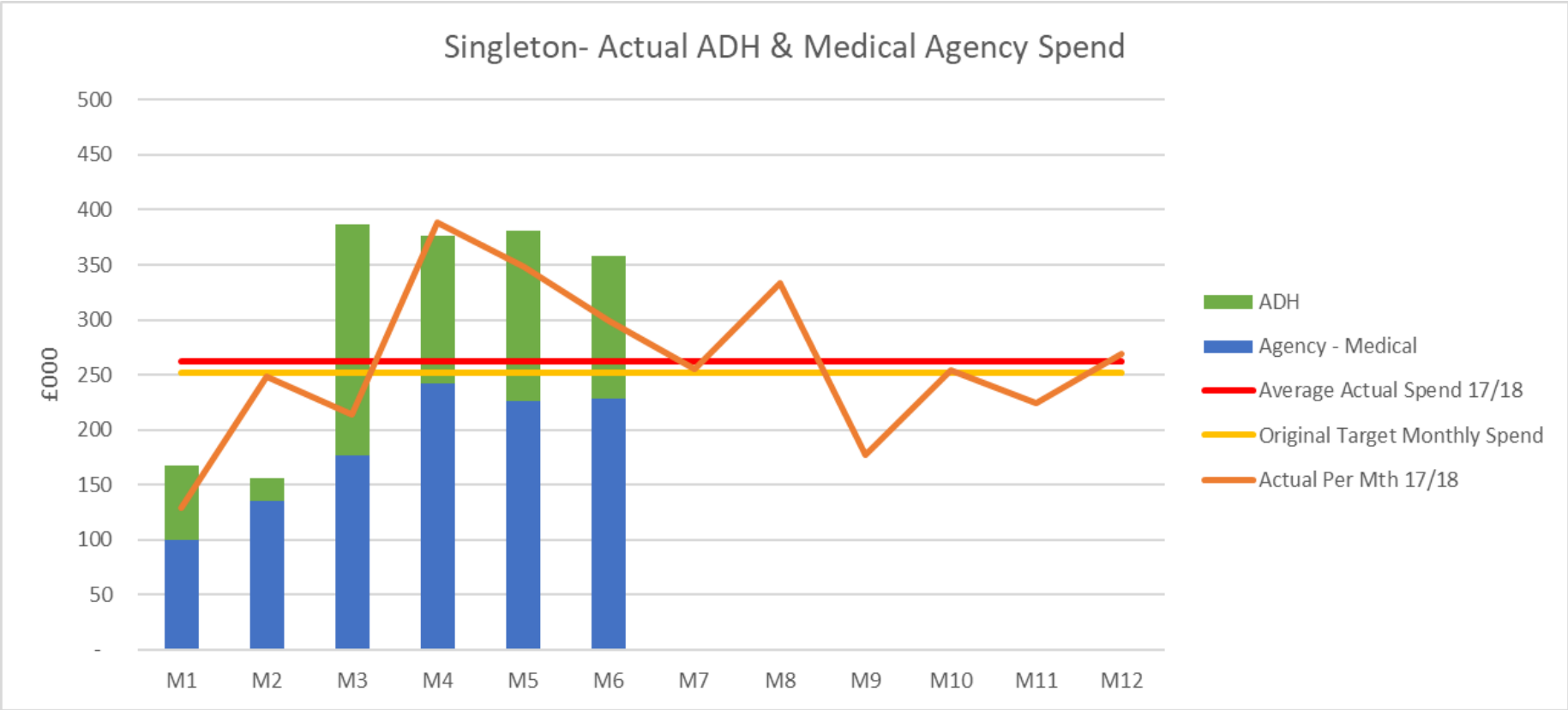
POW SDU



	Average Actual Monthly Spend 17/18 £000	Actual Spend 18/19											
		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	198	269	296	308	403	311	354						
ADH	126	97	116	122	156	104	94						
Total Agency & ADH	324	366	412	430	559	416	448	-	-	-	-	-	-

Section 2: Service Delivery Units Summary

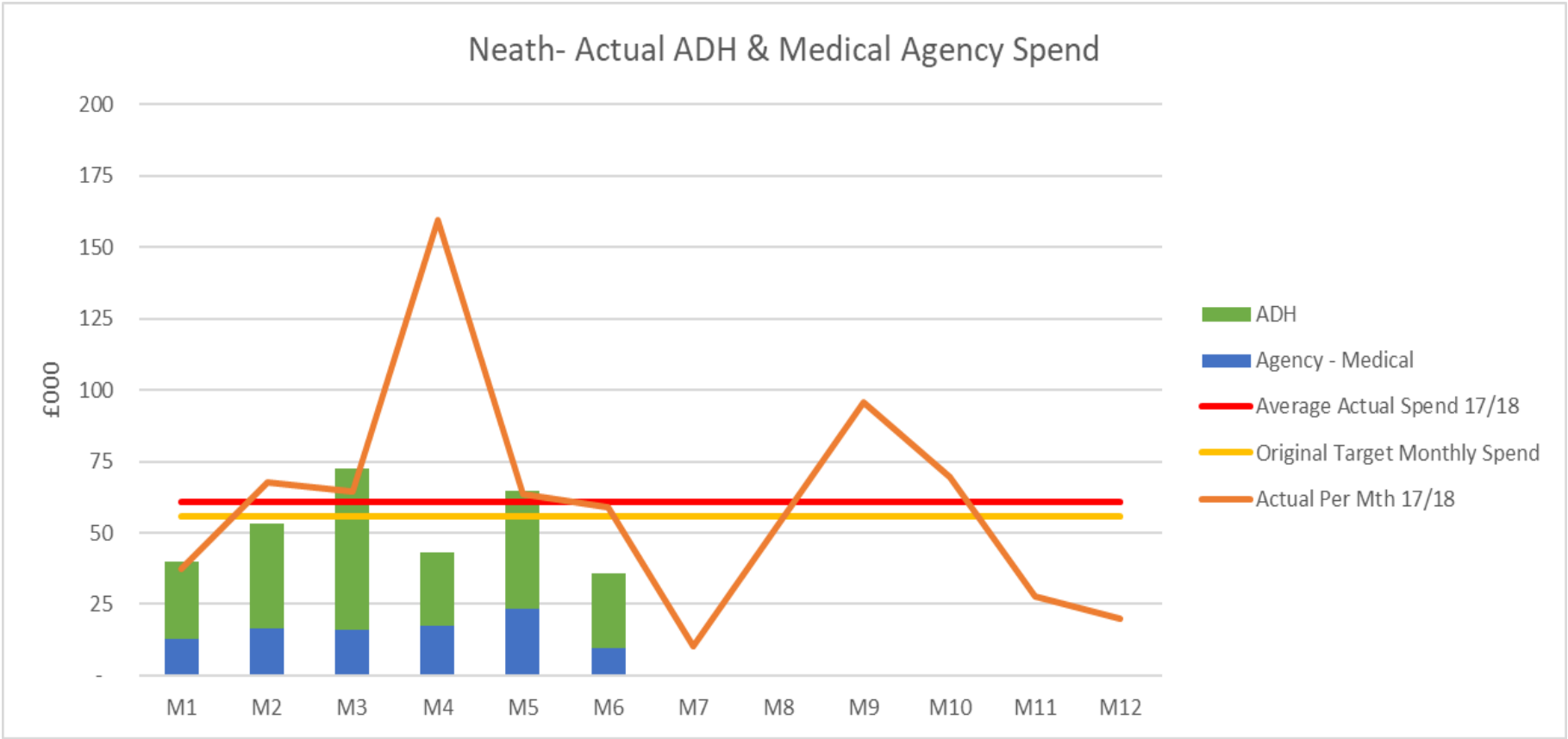
Singleton SDU



	Average Actual Monthly Spend 17/18 £000	Actual Spend 18/19											
		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	141	99	135	176	243	226	229						
ADH	120	68	21	211	134	155	130						
Total Agency & ADH	262	167	156	387	376	381	358	-	-	-	-	-	-

Section 2: Service Delivery Units Summary

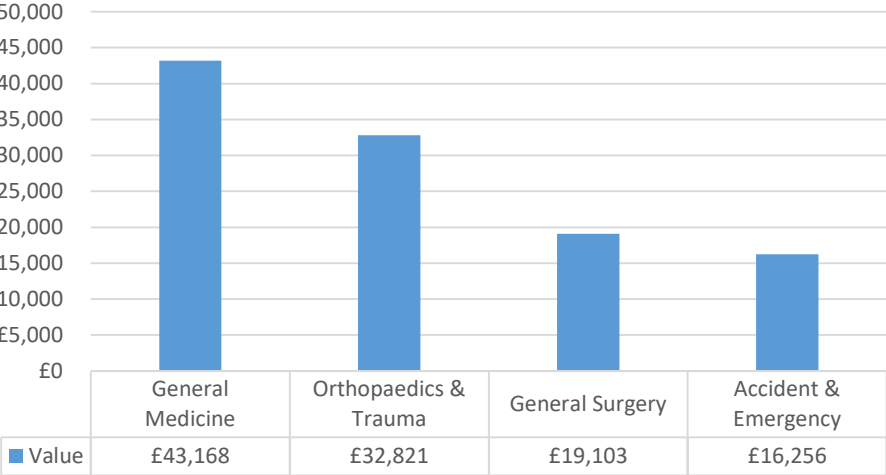
Neath SDU



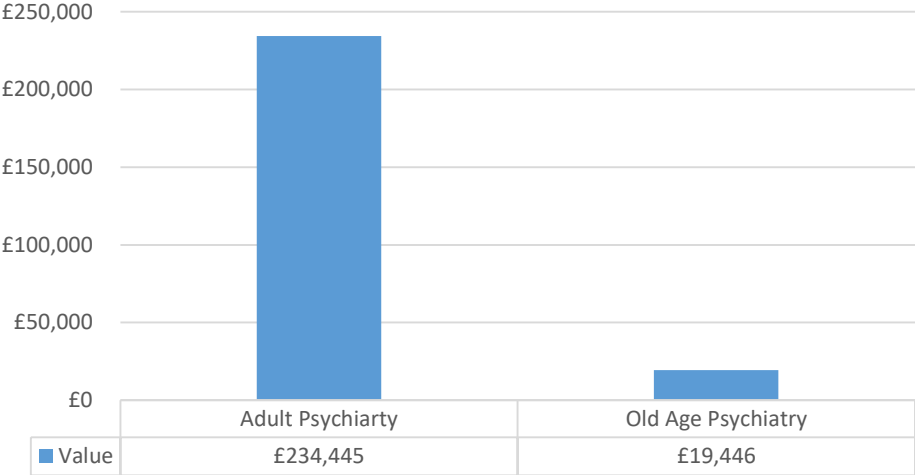
	Average Actual Monthly Spend 17/18 £000	Actual Spend 18/19											
		M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
		£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Agency - Medical	33	13	17	16	18	23	10						
ADH	28	27	36	56	26	41	26						
Total Agency & ADH	61	40	53	73	43	65	36	-	-	-	-	-	-

Top 5 by Delivery Unit – September 2018

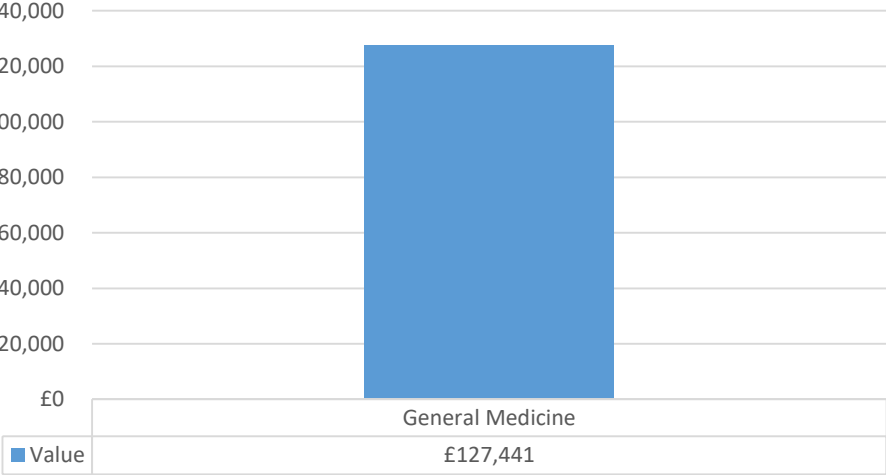
Delivery Unit - Morriston Hospital



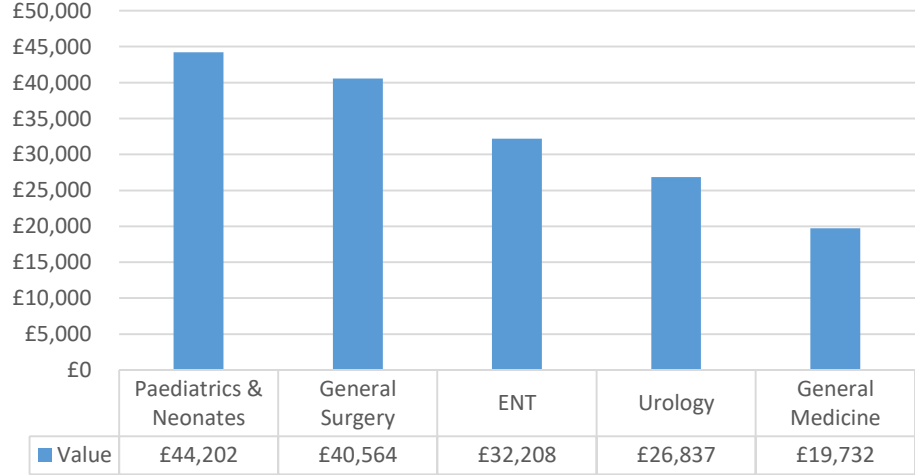
Delivery Unit - Mental Health



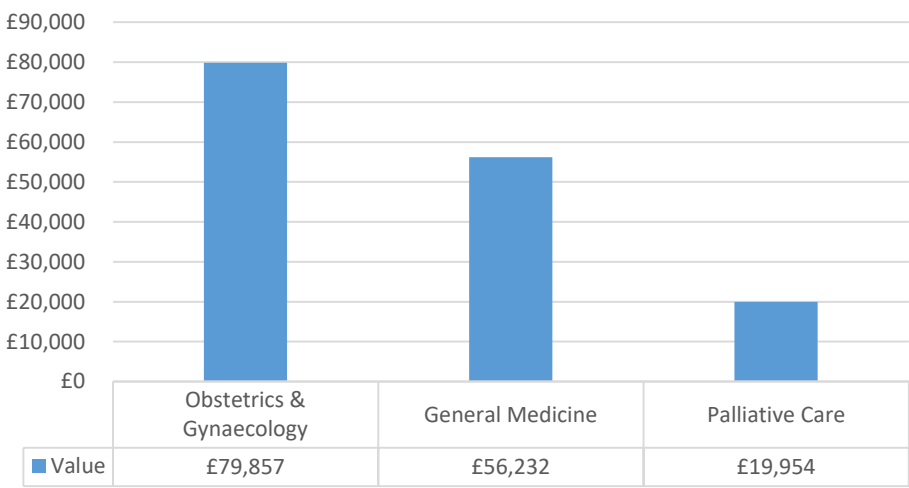
Delivery Unit - Neath Port Talbot Hospital



Delivery Unit - Princess Of Wales Hospital

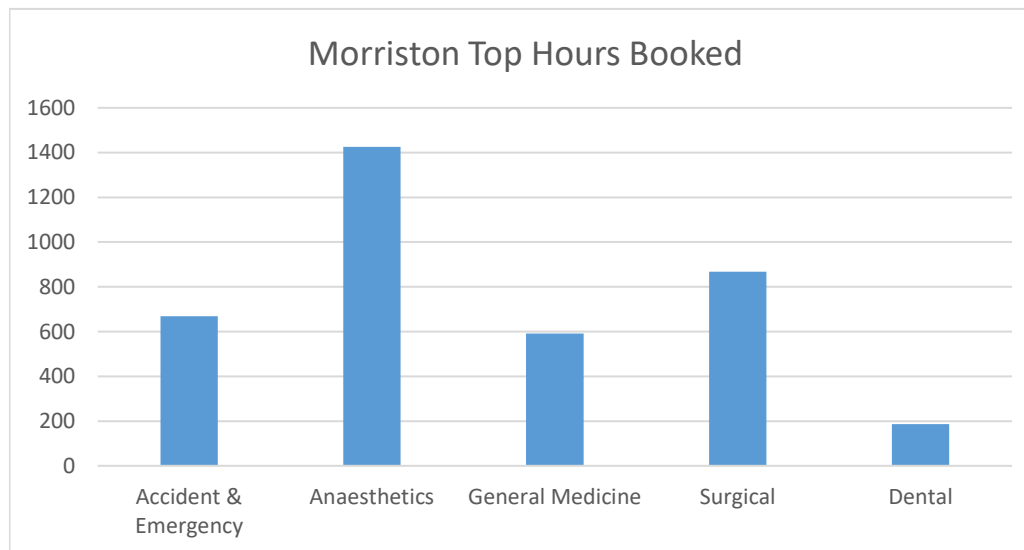


Delivery Unit - Singleton Hospital

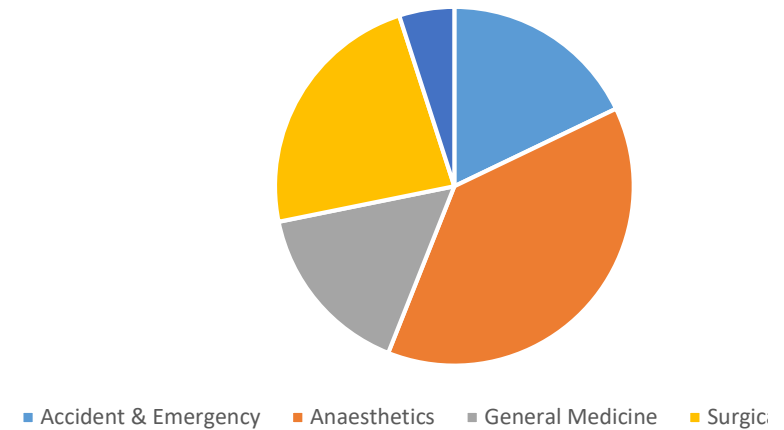


Morrison Top Hours Booked

Base	Service	Hours Booked
	Accident & Emergency	668.55
	Anaesthetics	1425.37
	General Medicine	591.00
	Surgical	867.25
	Dental	186.00



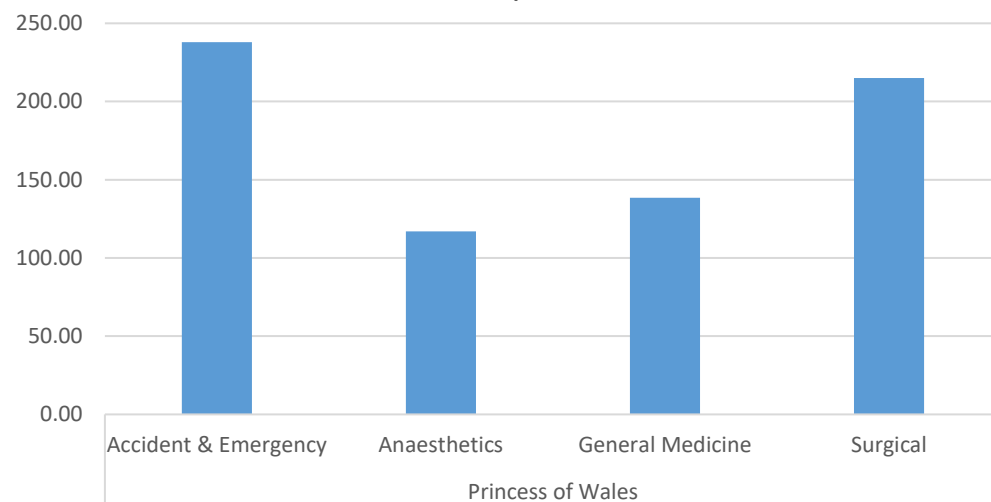
Morrison Top Hours Booked



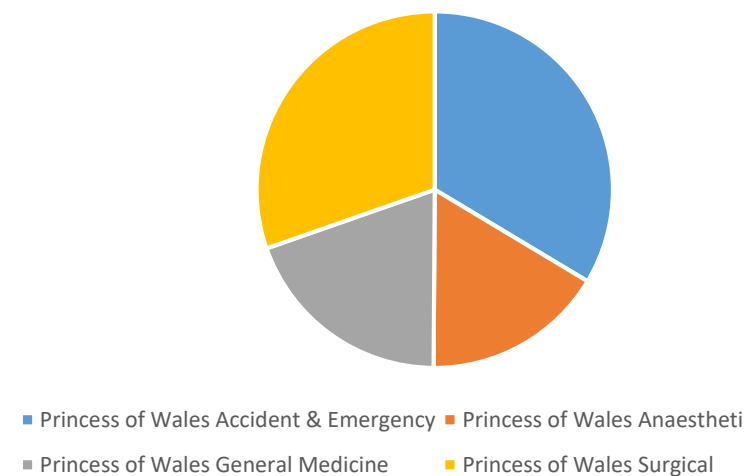
Princess of Wales Top Hours Booked

Base	Service	Hours Booked
Princess of Wales	Accident & Emergency	238.00
	Anaesthetics	117.00
	General Medicine	138.50
	Surgical	215.00

Princess of Wales Top Hours Booked



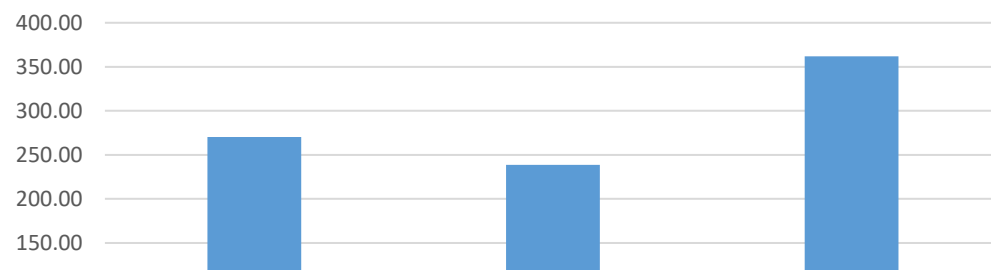
Princess of Wales Top Hours Booked



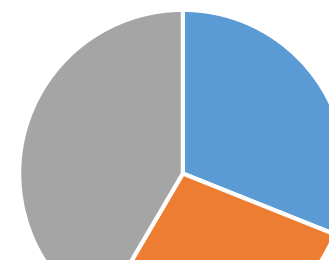
Singleton Top Hours Booked

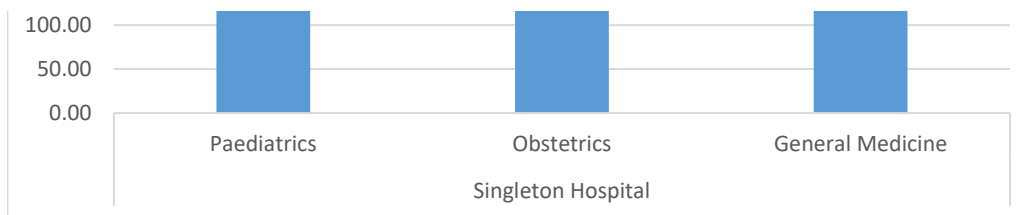
Base	Service	Hours Booked
Singleton Hospital	Paediatrics	270.48
	Obstetrics	238.75
	General Medicine	361.75

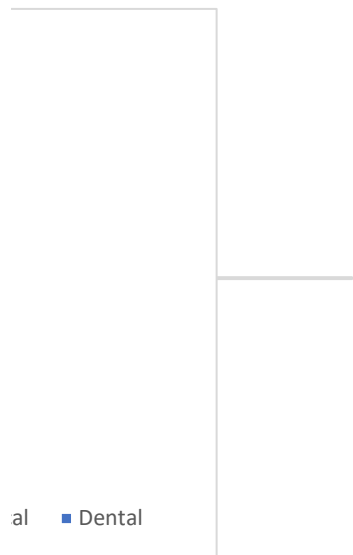
Singleton Hours Booked



Singleton Top Hours Booked

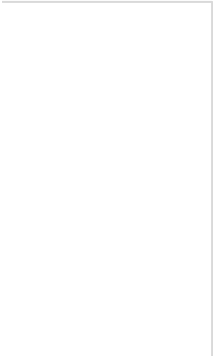








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Appendix 5

10. An anonymised summary of any individual paid more than £120 per ours 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.

Number	Total Cost hourly rate	Hours booked in month	Specialty	Agency or Internal Ad hoc locum	Length of Assignment
1	153.60	7.50	Anaesthetics	Internal	N/A
2	153.60	3.75	Anaesthetics	Internal	N/A
3	154.40	18.75	Anaesthetics	Internal	N/A
4	183.41	27.00	Anaesthetics	Internal	N/A
5	153.60	7.50	Anaesthetics	Internal	N/A
6	154.40	3.75	Anaesthetics	Internal	N/A
7	183.41	9.00	Anaesthetics	Internal	N/A
8	154.40	7.50	Anaesthetics	Internal	N/A
9	154.40	4.87	Anaesthetics	Internal	N/A
10	154.40	15.00	Anaesthetics	Internal	N/A
11	153.60	3.75	Anaesthetics	Internal	N/A
12	154.40	18.75	Anaesthetics	Internal	N/A
13	154.40	7.50	Anaesthetics	Internal	N/A
14	183.41	9.00	Anaesthetics	Internal	N/A
15	154.40	7.50	Anaesthetics	Internal	N/A
16	153.60	7.50	Anaesthetics	Internal	N/A
17	154.40	30.00	Anaesthetics	Internal	N/A
18	154.40	3.75	Anaesthetics	Internal	N/A
19	154.40	26.25	Anaesthetics	Internal	N/A
20	183.41	9.00	Anaesthetics	Internal	N/A
21	154.40	30.00	Anaesthetics	Internal	N/A
22	153.60	7.50	Anaesthetics	Internal	N/A
23	153.60	7.50	Anaesthetics	Internal	N/A
24	154.40	7.50	Anaesthetics	Internal	N/A
25	154.40	3.75	Anaesthetics	Internal	N/A
26	154.40	3.75	Anaesthetics	Internal	N/A
27	154.40	15.00	Anaesthetics	Internal	N/A
28	154.40	11.25	Anaesthetics	Internal	N/A
29	154.40	18.75	Anaesthetics	Internal	N/A
30	154.40	26.25	Anaesthetics	Internal	N/A
31	154.40	11.25	Anaesthetics	Internal	N/A
32	160.00	15.75	Accident & Emergency	Internal	N/A
33	159.13	15.00	Anaesthetics	Internal	N/A
34	154.40	3.75	Anaesthetics	Internal	N/A
35	333.33	22.50	Cardiac	Internal	N/A
36	333.33	7.50	Cardiac	Internal	N/A