



Bwrdd Iechyd Prifysgol Bae Abertawe Swansea Bay University Health Board



Meeting Date	13 <sup>th</sup> October	2022	Agenda Item	3.4
Report Title	Medical Agency and Locum Utilisation			
Report Author	Sharon Vickery Assistant Director Workforce and OD			
Report Sponsor	Debbie Eyitay	o, Director Worl	force and OD, I	Dr Richard
	Evans, Execu	itive Medical Dire	ector	
Presented by	Sharon Vicke	ry Assistant Dire	ctor Workforce	and OD
Freedom of Information	Open			
Purpose of the	To set out for	the Workforce a	nd OD Committ	ee salient
Report		egarding the utilis g a defined perio		<sup>,</sup> and locum
Key Issues	To report locum and agency utilisation during a defined period and to update the committee around planned work.			
Specific Action	Information	Discussion	Assurance	Approval
Required	$\boxtimes$			
(please choose one only)				
Recommendations	Workforce an	d OD Committee	are asked to:	
	<ul> <li>Note the metrics and associated costs.</li> <li>Note the need to undertake further work to capture all agency costs through the locum management system.</li> <li>Note the issues associated with the roll out of Medic on Duty.</li> </ul>			

### MEDICAL AGENCY AND LOCUM UTILISATION

### 1. INTRODUCTION

To set out for the Workforce and OD Committee (WOD) salient information regarding the utilisation of agency and locum doctors during defined periods.

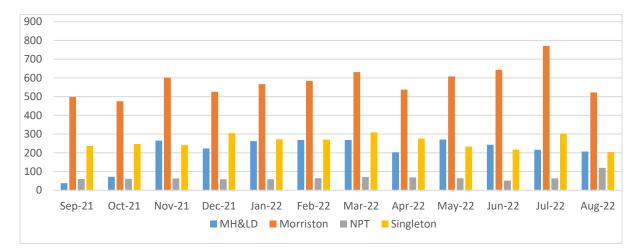
## 2. BACKGROUND

It has been usual practice to report medical agency and locum utilisation and expenditure to the WOD Committee. Below is a snapshot representing relevant periods tracking recent utilisation, expenditure, and costs during the months of July and August 2022.

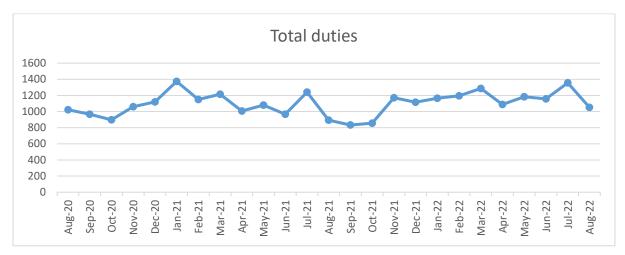
#### Agency and Locum Data

The Health Board continues to see high level of locum usage across the service groups. During recent months it has been reported that the usage and costs were slowly reducing, however, during July the Health Board experienced an increase in Locum usage. The reported locum usage in July totals 1241 jobs which equates to 12,729 hours, this is the largest number of hours recorded since Locum on Duty was implemented. This may have been due to the August rotation of Junior doctors. The Data is showing that gaps within the rotas remain a significant challenge and account for approximately 49% of locum duties, however, in July there was a reported increase in short term sickness.

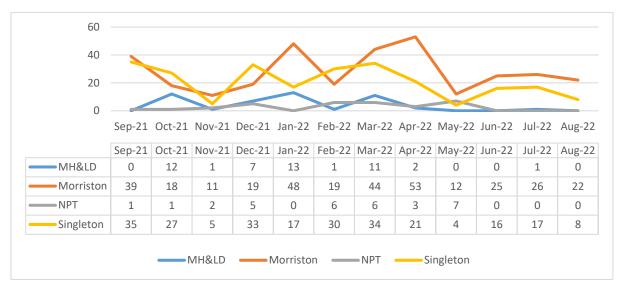
The graph below depicts the usage across the service groups during the last 12 months.



The data is showing that the locum usage across the Health Board is still fluctuating on a monthly basis. The line graph below shows the total usage during the last 24 months and it is possible to correlate the peaks in usage with COVID.



The data is also consistently showing a decrease in COVID related locum usage.



# Costs

The table below depicts total costs for July & August 2022 and shows that the Health Board has seen an increase associated with the internal spend for locum staff.

However, it is noted that these costs only capture the locum work undertaken by internal and MEDACS Locums and therefore does not include the off framework agencies which are picked up by the financial ledger.

Service Group	July	/ 22	Aug 22	
	Ad hoc locum spend	Agency	Ad hoc locum spend	Agency
Morriston	£488,719.36	£43,357	£394,283.34	£16,643
MH & LD	£63,659.45	£52,567	£41,015.63	£78,233
Singleton & NPT	£194,167.27	£173,778	£94,778.85	£180,406

PC &T	£6,591.13	£0.00	£8,950.38	£0.00
EMRTS	£0.00	£0.00	£0.00	£0.00
Total	£753,137.21	£269,703.00	£539,028.20	£275,282.00
Total monthly Expenditure	£1,022,	840.21	£814,31	10.20

## **Compliance with the Welsh Government Capped Rates**

The first table below outlines the internal locum shifts during July and August 2022 that have been booked both below and above the capped rates.

The data shows that during the last 7 months there had been an overall reduction in locum shifts that were booked above capped rates, however, in August 2022 the number of shifts that were negotiated about the Welsh Government capped rates increased.

	Jul 22	Aug 22
Individuals Booked	377	276
Individuals Booked At/Below Cap	216	158
Individuals Booked At/Below Cap %	57.29%	57.24%
Individuals Booked Above Cap	161	118
Individuals Booked Above Cap %	42.70%	42.75%
Hours Booked	12729.63	8950.21
Hours Booked At/Below Cap	8130.54	4938.05
Hours Booked At/Below Cap %	63.87%	55.17%
Hours Booked Above Cap	4599.09	4012.16
Hours Booked Above Cap %	36.13%	44.83%
Jobs Booked	1241	931
Jobs Booked At/Below Cap	753	474
Jobs Booked At/Below Cap %	60.68%	50.91%
Jobs Booked Above Cap	488	457
Jobs Booked Above Cap %	39.32%	49.09%

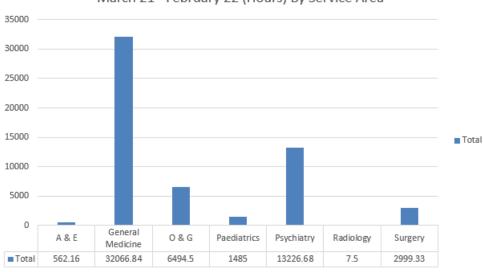
#### Agency Information

The second table (below) shows the same data but for agency staff with all being booked for both months above the capped rate.

SBUHB	July 22	August 22
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Individuals Booked	11	15
Individuals Booked At/Below Cap	1	1
Individuals Booked At/Below Cap %	9.09%	6.66%
Individuals Booked Above Cap	10	14
Individuals Booked Above Cap %	90.90%	93.33%
Hours Booked	4,227.00	3,135.50
Hours Booked At/Below Cap	900.00	150.00
Hours Booked At/Below Cap %	21.29%	4.78%
Hours Booked Above Cap	3,327.00	2,985.50
Hours Booked Above Cap %	78.70%	95.21%
Jobs Booked	11	21
Jobs Booked At/Below Cap	1	1
Jobs Booked At/Below Cap %	9.09%	4.76%
Jobs Booked Above Cap	10	20
Jobs Booked Above Cap %	90.90%	95.23%

A further analysis (below) of the MEDACS data shows that most locum workers are being supplied to General Medicine and Mental Health & Learning Disabilities Service Groups.



March 21 - February 22 (Hours) By Service Area

# **All Wales Agency Information**

The tables below highlight the MEDACS agency usage across Swansea Bay, Hywel Dda, Cardiff & Vale and Betsi for July & August 2021. Again, the data is consistent in showing a reduction in the use of MEDACS. It is noted that there has been a reduction in the number of shifts that have been negotiated above the Welsh capped rates.

July -22	Hywel Dda	SBUHB	Cardiff & Vale	Betsi
Individuals Booked	15	11	27	17
Individuals Booked At/Below Cap	0	1	4	1
Individuals Booked At/Below Cap %	0.00%	9.09%	14.81%	5.88%

Individuals Booked Above Cap	15	10	23	16
Individuals Booked Above Cap %	100.00%	90.91%	85.19%	94.12%
Hours Booked	5,362.00	4,307.00	4,610.50	6,589.50
Hours Booked At/Below Cap	0	900.00	961.00	10.00
Hours Booked At/Below Cap %	0.00%	20.90%	20.84%	0.15%
Hours Booked Above Cap	5,362.00	3,407.00	3,649.50	6,579.50
Hours Booked Above Cap %	100.00%	79.10%	79.16%	99.85%
Jobs Booked	22	11	53	20
Jobs Booked At/Below Cap	0	1.00	8.00	1
Jobs Booked At/Below Cap %	0.00%	9.09%	15.09%	5.00%
Jobs Booked Above Cap	22	10	45	19
Jobs Booked Above Cap %	100.00%	90.91%	84.91%	95.00%

August-22	Hywel Dda	SBUHB	Cardiff & Vale	Betsi
Individuals Booked	11	15	28	18
Individuals Booked At/Below Cap	0	1	2.00	0
Individuals Booked At/Below Cap %	0.00%	6.66%	7.14%	0.00%
Individuals Booked Above Cap	11	14	26	18
Individuals Booked Above Cap %	100.00%	93.33%	92.86%	100.00%
Hours Booked	3,242.00	3,135.50	4,078.00	5,074.30
Hours Booked At/Below Cap	0	150.00	195.00	0.00
Hours Booked At/Below Cap %	0.00%	4.78%	4.78%	0.00%
Hours Booked Above Cap	3,242.00	2,985.50	3,883.00	5,074.30
Hours Booked Above Cap %	100.00%	95.21%	95.22%	100.00%
Jobs Booked	16	21	69	51
Jobs Booked At/Below Cap	0	1	2.00	0
Jobs Booked At/Below Cap %	0.00%	4.76%	2.90%	0.00%
Jobs Booked Above Cap	16	20	67	51
Jobs Booked Above Cap %	100.00%	95.23%	97.10%	100.00%

The data demonstrates that the challenges experienced within the Health Board are largely mirrored across Wales.

#### Medic on Duty Update

The implementation of Medic on Duty has highlighted a number of challenges for the Health Board in the way in which medical staff are managed which has impacted on the anticipated progress.

Positive feedback has been received from junior medical staff and those areas who are utilising the leave management module. The Health Board is considering a change

in the planned implementation to focus on the leave and junior doctor modules which will increase the rate of implementation.

### 3. GOVERNANCE AND RISK ISSUES

Greater governance has been achieved through the introduction of Locum on Duty due to the increased reporting resulting in greater transparency.

#### 4. FINANCIAL IMPLICATIONS

There are financial implications associated with the provision of locum and agency staff. Many however fill vacant posts although usually at premium rates.

#### 5. RECOMMENDATIONS

The Workforce and OD Committee are asked to:

- Note the metrics and associated costs.
- **Note** the need to undertake further work to capture all agency costs through the locum management system.
- **Note** the issues associated with the roll out of Medic on Duty.

Governance an	nd Assurance				
Link to	Supporting better health and wellbeing by actively	promoting and			
Enabling	empowering people to live well in resilient communities	1			
Objectives	Partnerships for Improving Health and Wellbeing				
(please choose)					
	Deliver better care through excellent health and care service outcomes that matter most to people	es achieving the			
	Best Value Outcomes and High Quality Care	$\boxtimes$			
	Partnerships for Care				
	Excellent Staff	$\boxtimes$			
	Digitally Enabled Care				
	Outstanding Research, Innovation, Education and Learning				
Health and Ca	re Standards				
(please choose)	Staying Healthy				
	Safe Care				
	Effective Care				
	Dignified Care				
	Timely Care				
	Individual Care				
	Staff and Resources	$\boxtimes$			
Quality, Safety	and Patient Experience				
	significant recruitment difficulties the supply of locum	doctors is vital			
to safe patient of	• • • •				
Financial Impli					
	doctors at appropriate rates is also key to the recovery	/ and			
	f the Health Board				
	ions (including equality and diversity assessment)				
Not applicable.					
Staffing Implic	ations				
Staffing Implications None other than the need to improve the supply of the medical workforce.					
	The need to improve the supply of the medical workion	ce.			
Long Term Imp	olications (including the impact of the Well-being of	Future			
Generations (W	Vales) Act 2015)				
Not applicable					
<b>Report History</b>	This is the 19 <sup>th</sup> Report				
Appendices	None				