





Meeting Date	12 th April 202	22	Agenda Item	4.3	
Report Title	Medical Agency and Locum Utilisation				
Report Author	Sharon Vickery Assistant Director Workforce and OD				
Report Sponsor	Debbie Eyitay	o, Director Work	force and OD, I	Dr Richard	
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Presented by	Sharon Vicke	ry Assistant Dire	ctor Workforce	and OD	
Freedom of	Open				
Information	T	41 - 10/4 - 10/4 - 10/4			
Purpose of the		the Workforce a			
Report	information regarding the utilisation of agency and locum doctors during a defined period				
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 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.				

MEDICAL AGENCY AND LOCUM UTILISATION

1. INTRODUCTION

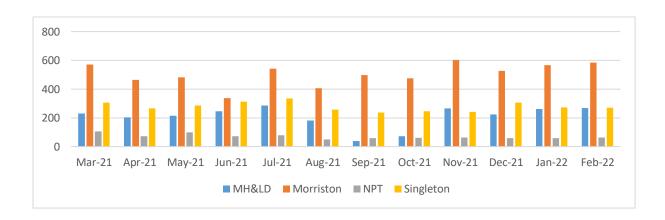
To set out for the Workforce and OD Committee (WOD) salient information regarding the utilisation of agency and locum doctors during defined periods.

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 planned work.

Agency and Locum Data

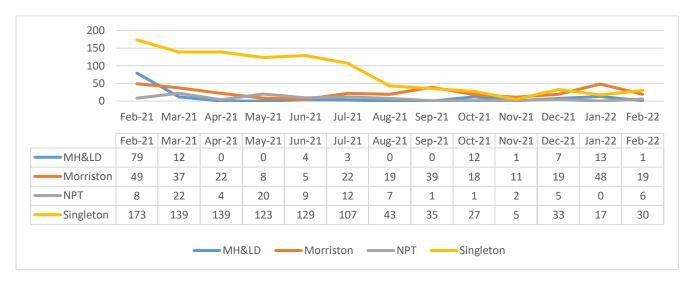
During the last 24 months, the Health Board has faced an unprecedented workforce demand due to the impact of COVID 19. The graph below depicts the usage across the service groups during the last 12 months.



The data is demonstrating that the Health Board continues to fill approximately 1,000 locum duties per month. The demand on locum usage has continued steadily during the course of the last 24 months and whilst the costs have fluctuated the demand has been relatively consistent.

COVID

During the last 24 months it has been standard practice to report the Locum usage related to COVID. The data shows that there is a continued downward trend of locum duties being created to cover COVID related activities.



Costs

On average the Health Board continues to spend approximately, £500K per month on internal locum spend. The table below depicts total costs for January and February 2022. The data is showing that there has been a cost reduction which has been a consistent trend from September 21. However, it is noted that these costs only capture the locum work undertaken by internal and MEDACS Locums. There are other agencies being utilised which are not captured in the table below.

Service Group	January 2022		February 2022	
	Internal	Agency	Internal	Agency
Morriston	£350,391	£32,218	£289,000	£27,763
MH & LD	£54,139	£86,060	£48,920	£73,915
Singleton & NPT	£155,873	£112,611	£169,674	£118,148
PC &T	£487	£0.00	£0.00	£0.00
EMRTS	£17,938	£0.00	£2,438	£0.00
Total	£578,828	£230,889	£510,032	£219,826
Total monthly Expenditure	£809,717		£729,	858

Compliance with the Welsh Government Capped Rates

The first table below outlines the internal locum shifts during January & February 2022 that have been booked both below and above the capped rates. The data shows that during the last three months there has been an overall reduction in locum shifts that were booked above capped rates although the data does show some variations. The data is also showing that for internal bank workers more than 60% are currently being

worked and paid under the capped rates. More work is required to reduce the number of locum workers that are being paid an hourly rate that is above the capped rates.

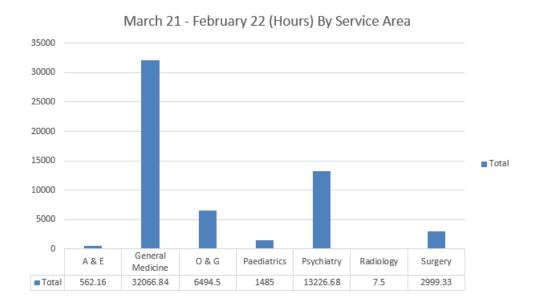
	January 22	February 22
Individuals Booked	305	302
Individuals Booked At/Below Cap	190	182
Individuals Booked At/Below Cap		
%	62.3%	60.3%
Individuals Booked Above Cap	115	120
Individuals Booked Above Cap %	37.7%	39.7%
Hours Booked	9125.39	9474.8
Hours Booked At/Below Cap	6027.59	6282.92
Hours Booked At/Below Cap %	66.06%	66.32%
Hours Booked Above Cap	3097.8	3191.88
Hours Booked Above Cap %	33.94%	33.68%
Jobs Booked	945	996
Jobs Booked At/Below Cap	597	631
Jobs Booked At/Below Cap %	63.18%	63.35%
Jobs Booked Above Cap	348	365
Jobs Booked Above Cap %	36.82%	36.65%

Agency Information

The second table (below) shows the same data but for agency staff.

SBUHB	January 22	February 22
Individuals Booked	13	7
Individuals Booked At/Below Cap	0.00	0
Individuals Booked At/Below Cap %	0.00%	0.00%
Individuals Booked Above Cap	13	7
Individuals Booked Above Cap %	100.00%	100.00%
Hours Booked	4,606.50	1,754.00
Hours Booked At/Below Cap	0.00	0
Hours Booked At/Below Cap %	0.00%	0.00%
Hours Booked Above Cap	4,606.50	1,754.00
Hours Booked Above Cap %	100.00%	100.00%
Jobs Booked	16	10
Jobs Booked At/Below Cap	0.00	0
Jobs Booked At/Below Cap %	0.00%	0.00%
Jobs Booked Above Cap	16	10
Jobs Booked Above Cap %	100.00%	100.00%

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.



All Wales Agency Information

The tables below highlight the MEDACS agency usage across Swansea Bay, Hywel Dda, Cardiff & Vale and Betsi for January & February 2021. Again, the data is consistent in showing a reduction in the use of MEDACS.

Jan-22	Hywel Dda	SBUHB	Cardiff & Vale	Betsi
Individuals Booked	17	13	25	20
Individuals Booked At/Below Cap	3	0.00	3	2
Individuals Booked At/Below Cap %	17.64%	0.00%	12.00%	10.00%
Individuals Booked Above Cap	14	13	22	18
Individuals Booked Above Cap %	82.35%	100.00%	88.00%	90.00%
Hours Booked	5,769.00	4,606.50	4,369.00	6,381.00
Hours Booked At/Below Cap	940	0.00	62.50	312.00
Hours Booked At/Below Cap %	16.29%	0.00%	1.43%	4.89%
Hours Booked Above Cap	4,829.00	4,606.50	4,306.50	6,069.00
Hours Booked Above Cap %	83.70%	100.00%	98.57%	95.11%
Jobs Booked	20	16	55	42
Jobs Booked At/Below Cap	3	0.00	4	2
Jobs Booked At/Below Cap %	15.00%	0.00%	7.27%	4.76%
Jobs Booked Above Cap	17	16	51	40
Jobs Booked Above Cap %	85.00%	100.00%	92.73%	95.24%

Feb-22	Hywel Dda	SBUHB	Cardiff & Vale	Betsi
Individuals Booked	15	7	24	18
Individuals Booked At/Below Cap	1	0	4	1
Individuals Booked At/Below Cap %	6.67%	0.00%	16.67%	5.56%
Individuals Booked Above Cap	14	7	20	17
Individuals Booked Above Cap %	93.33%	100.00%	83.33%	94.44%
Hours Booked	3,919.00	1,754.00	4,173.20	6,581.00
Hours Booked At/Below Cap	200	0	547.00	10.00
Hours Booked At/Below Cap %	5.10%	0.00%	13.11%	0.15%
Hours Booked Above Cap	3,719.00	1,754.00	3,626.20	6,571.00
Hours Booked Above Cap %	94.90%	100.00%	86.89%	99.85%
Jobs Booked	17	10	51	38
Jobs Booked At/Below Cap	1	0	7	1
Jobs Booked At/Below Cap %	5.88%	0.00%	13.73%	2.63%
Jobs Booked Above Cap	16	10	44	37
Jobs Booked Above Cap %	94.12%	100.00%	86.27%	97.37%

The data demonstrates that the challenges experienced within the Health Board are largely mirrored across Wales. The agency data is showing that the MEDACS usage within Swansea Bay is lower compared to the other Health Boards and has reduced over several months.

It has been identified that there are two other agencies suppling medical staff to the Health Board that are not part of the MEDACS contract and are not being consistently managed via the Locum management system. Work is being undertaken to establish the risks associated with utilising these companies and to ensure that the process mirror that of MEDACS.

Hours and Costs

Rarely is there a linear relationship between the different months in terms of costs and utilisation but there were early indications that usage and costs were beginning to drop as highlighted in the following table. Utilisation remains variable but at this stage, but costs appear to be slowly reducing and this has been maintained. The information for January & February 2022 is illustrated here.

Category	January 22	February 22
Internal	£578,828	£510,032
Agency	£230,889	£219,826
Total hours	13,731.9	11,228.8
Costs	£809,717	£729,858

Medic on Duty Update.

Work is progressing but is slowing due to staffing issues. There is one fixed term vacancy, and one other post is due to be vacated at the end of April. This leaves just one Implementation Officer to continue with the programme. Fortunately the team has

been made permanent although at this stage there is no funding for the fixed term vacancy which is necessary in order to ensure an effective roll out to deliver the necessary efficiencies.

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 ar	nd Assurance		
Link to		promoting and	
Enabling	empowering people to live well in resilient communities Partnerships for Improving Health and Wellbeing		
Objectives	Co-Production and Health Literacy		
(please choose)	Digitally Enabled Health and Wellbeing		
	Deliver better care through excellent health and care service	s achieving the	
	outcomes that matter most to people	es acmeving me	
	Best Value Outcomes and High Quality Care		
	Partnerships for Care		
	Excellent Staff	\boxtimes	
	Digitally Enabled Care		
	Outstanding Research, Innovation, Education and Learning		
Health and Car	e Standards		
(please choose)	Staying Healthy		
	Safe Care		
	Effective Care		
	Dignified Care		
	Timely Care		
	Individual Care		
	Staff and Resources	\boxtimes	
Quality, Safety	and Patient Experience		
Whilst there are to safe patient of	esignificant recruitment difficulties the supply of locum care	doctors is vital	
Financial Implications			
Securing these doctors at appropriate rates is also key to the recovery and			
sustainability of	f 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.			
	olications (including the impact of the Well-being of Vales) Act 2015)	Future	
Not applicable			
Report History This is the 17 th Report			
Appendices	None		