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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	10th December 2020		Agenda Item	4.2
Report Title	Medical Agency and Locum Utilisation			
Report Author	Sharon Vickery, Assistant Director of Workforce & OD			
Report Sponsor	Kathryn Jones, Director of Workforce & OD (Interim) Dr Richard Evans, Executive Medical Director			
Presented by	Sharon Vickery, Assistant Director of Workforce & OD			
Freedom of Information	Open			
Purpose of the Report	To set out for the Workforce and OD Committee salient information regarding the utilisation of agency and locum doctors during 2020.			
Key Issues	To undertake a snapshot of locum and agency utilisation during 2020 to allow a benchmark for further monitoring in 2021			
Specific Action Required (please choose one only)	Information	Discussion	Assurance	Approval
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommendations	<p>Workforce and OD Committee are asked to :</p> <ul style="list-style-type: none"> • Acknowledge the introduction of Locum and on Duty which delivers an increased reporting functionality. • Note that 2020 may not be a representative year due to the pandemic. • Note the development of the Internal Medical Bank with over 1,000 doctors registered so far. • Note the plans for 2021 which may be dependent on the effects of the Pandemic. 			

MEDICAL AGENCY AND LOCUM UTILISATION

1. INTRODUCTION

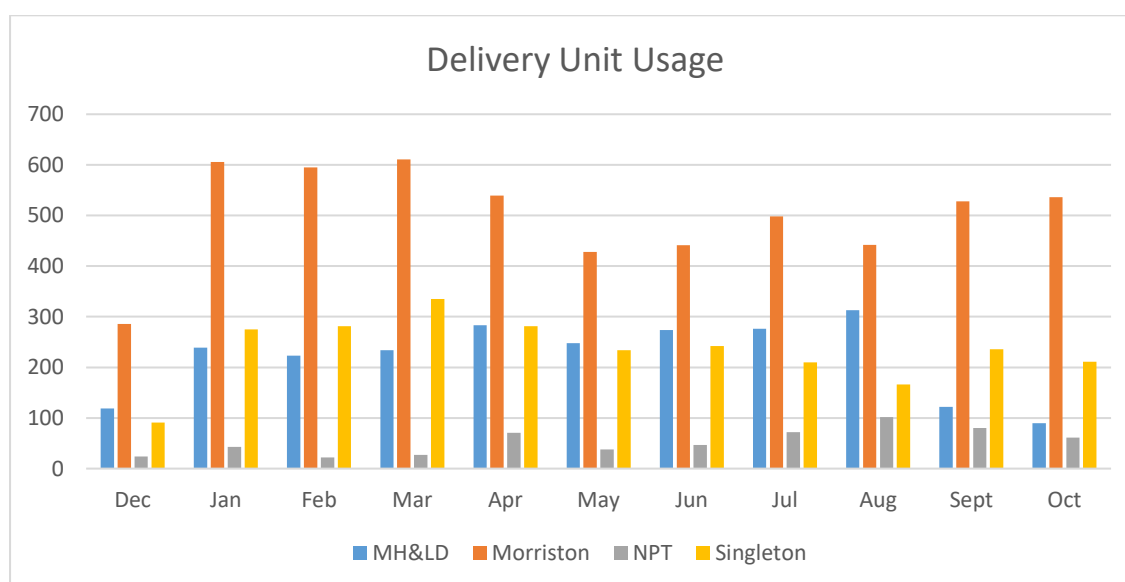
To set out for the Workforce and OD Committee (WOD) salient information regarding the utilisation of agency and locum doctors during 2020.

2. BACKGROUND

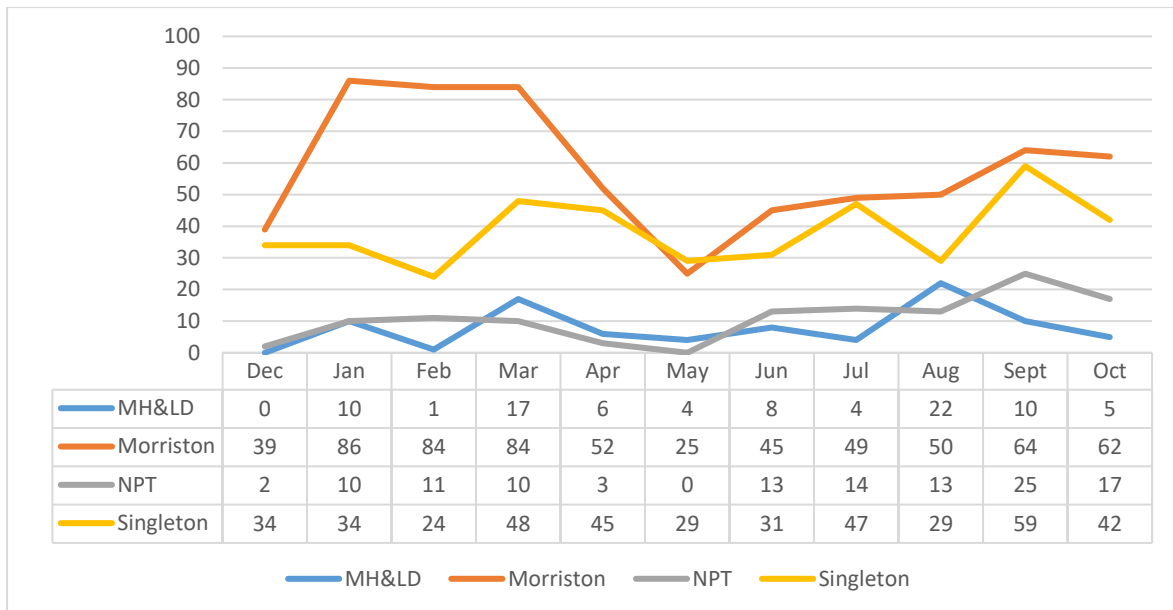
It has been usual practice to report medical agency and locum utilisation and expenditure to the WOD Committee. The Pandemic has disrupted this reporting and the work associated with this. Below is a snapshot from 2020 which could form the baseline for further tracking which may be dependent on COVID in the first few months of 2021.

Agency and Locum Data

In December 2019 the Health Board implemented a new system, Locum on Duty, to manage the Locum booking process. The graph below highlights the activity of locum usage across the Health Board since the Locum on Duty system was implemented. This data include medical agency and locum doctors and details the number of shifts booked and undertaken by Delivery Unit each month.

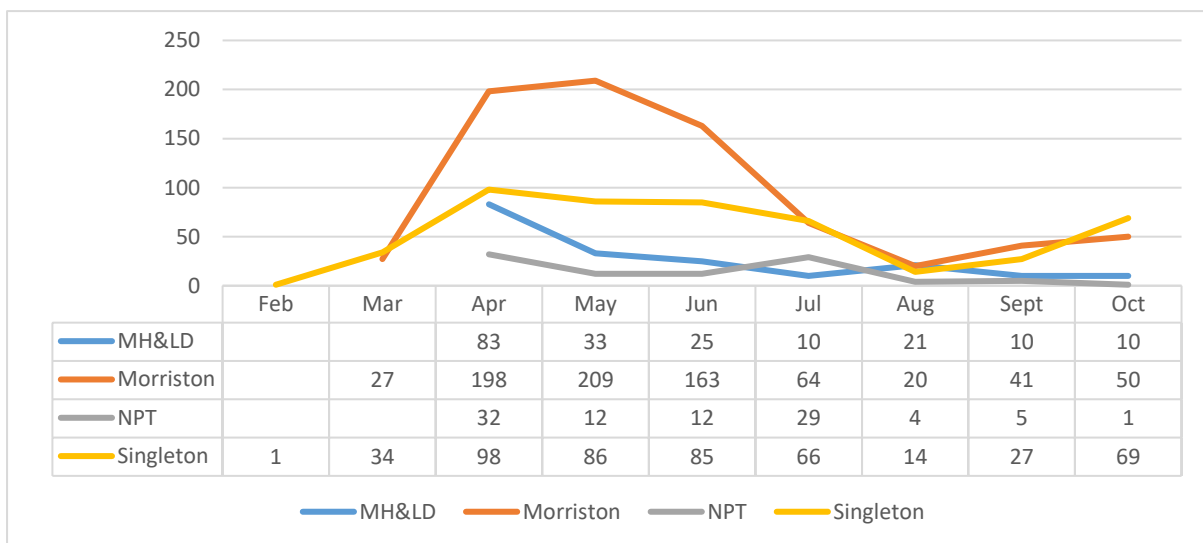


On average 1,000 shifts a month are being processed for agency and locum doctors and the main reasons for the Locum usage can be identified as a result of Deanery gaps and vacancies. The data is also identifying the amount of locum cover that is being requested due to sickness (graph below).



COVID

Since February 2020 the COVID pandemic has significantly impacted and the reliance on temporary staff has increased. The graph below illustrates the locum and agency usage that has been created due to COVID. The data shows requests declined during the summer months and begun to rise again from September 2020.



Internal Locums

To date over 1,000 medical staff have registered on the internal bank and over 84,000 hours of care have been delivered. Since the implementation of the new system the Health Board has seen a slight reduction in Medacs usage. 2020 has been an unprecedented period due to Covid and so may not be the most representative year in tracking utilisation and expenditure.

Achievements to date include:

- Increased recruitment to the internal locum bank

- Ability to pay locum only staff weekly
- Increase in agency staff moving to the Health Board locum bank
- Intelligence highlighting Locum usage

April and October 2020

For the purposes of this report, April and October 2020 have been selected to track if there is any correlation in terms of utilisation and cost given both months have fallen in COVID periods.

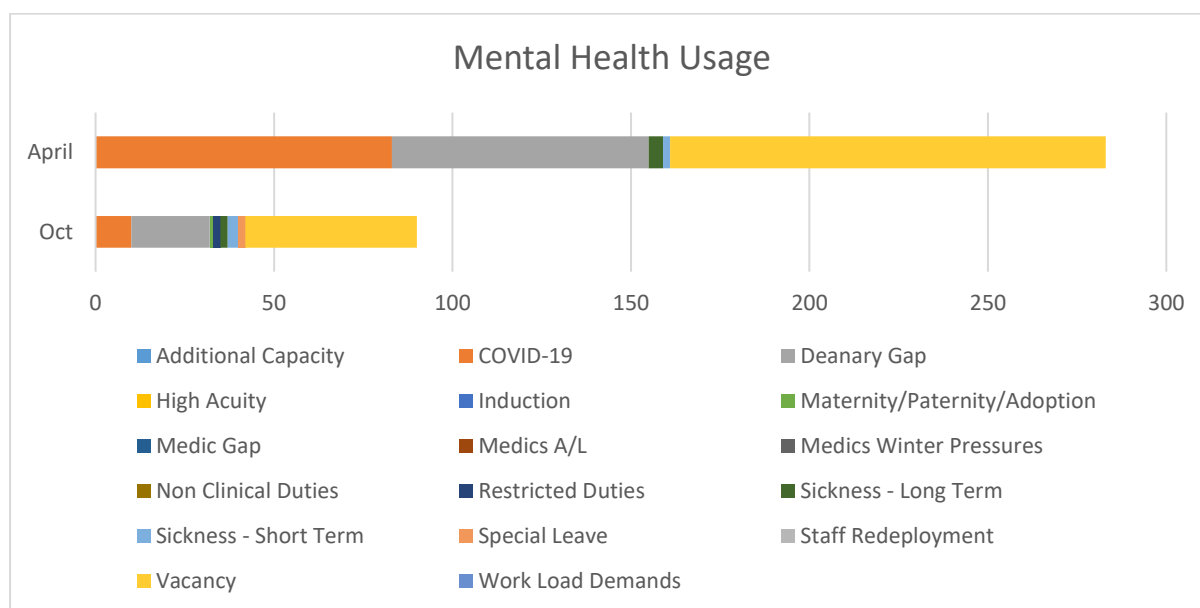
All Delivery Units however have reported a reduced Locum and Agency spend in October 2020. This however is unlikely to be attributed to a decreased level of activity compared to April 2020 as there are higher numbers of Covid patients in hospital in October than there were in April. We need to continue to monitor this to observe if any trends emerge.

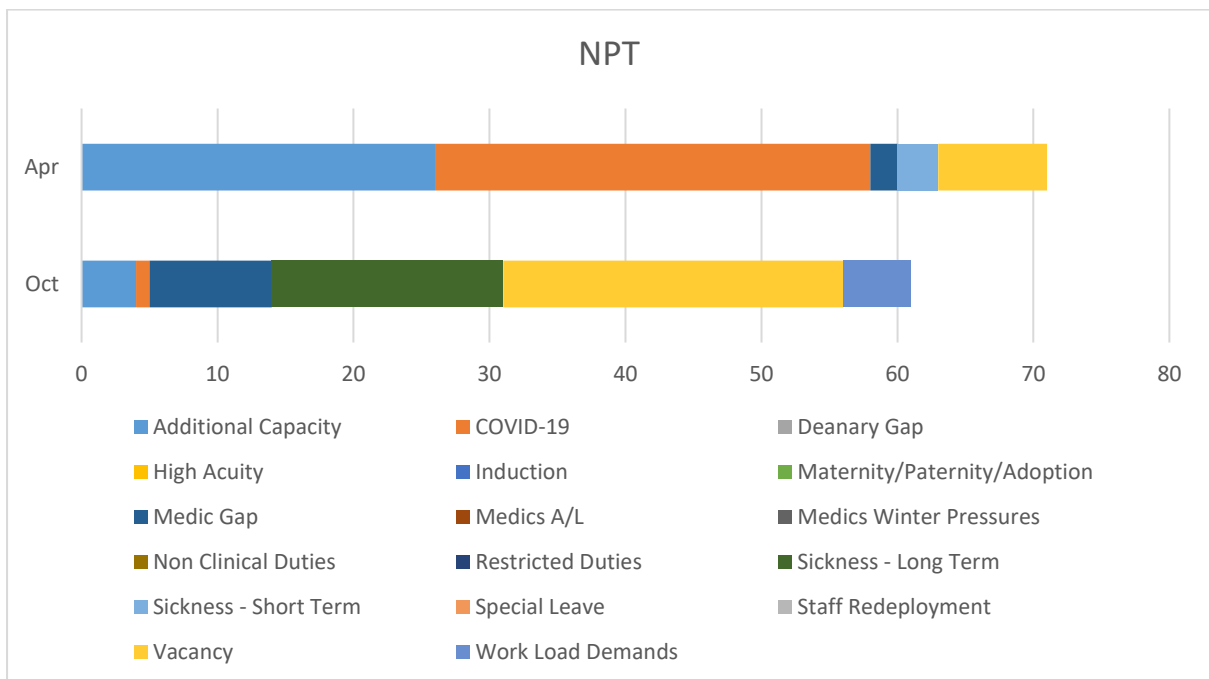
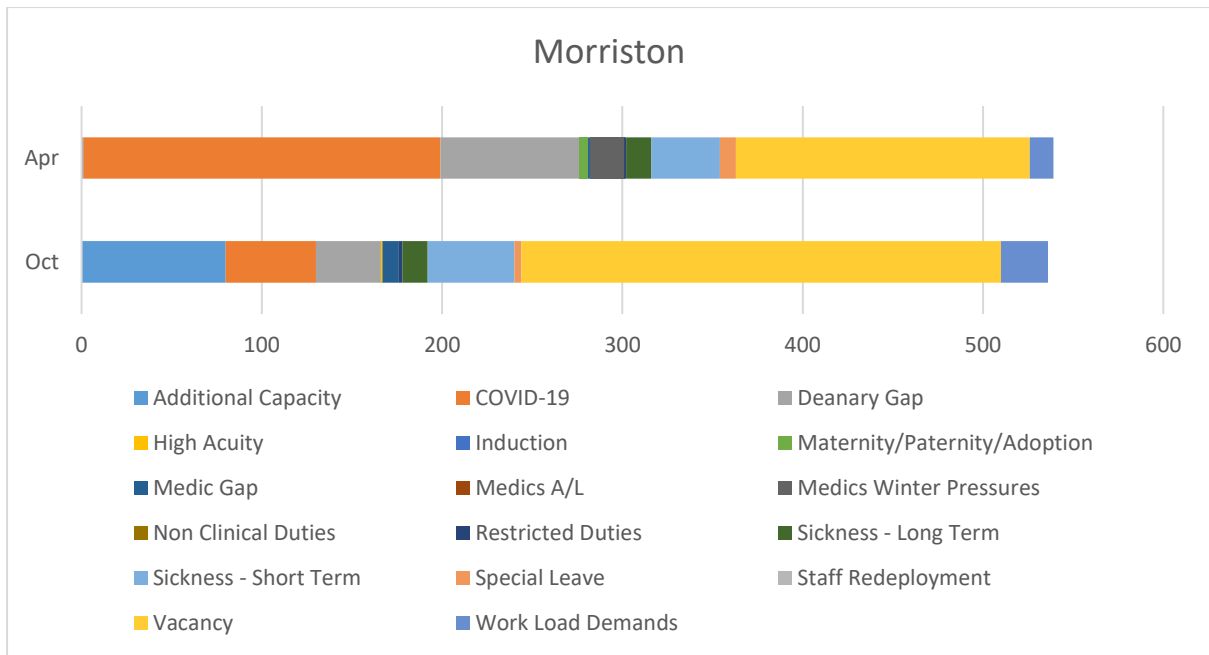
Costs

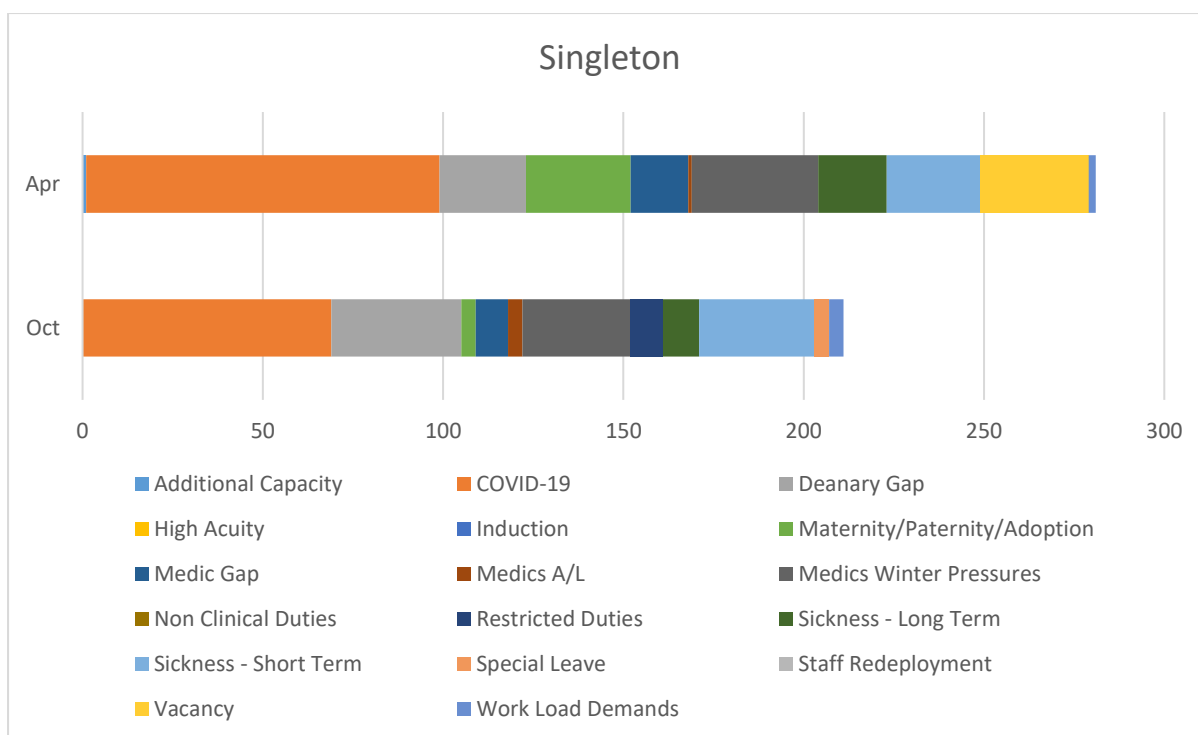
DU	Internal April	Internal October	Medacs April	Medacs October
Singleton	128,769	106,258	22,196	39,984
Morrison	290,684	283,691	149,199	207,649
MH & LD	58,217	52,725	332,914	97,052
Neath	30,674	27,615	NIL	8,664
Total	508,344	470,290	504,332	353,063

Please note that the internal financial figures reflect actual spend in month. The Medacs data is based on booked data which may mean that not all shifts are worked in month.

DU Usage breakdown – April & October 2020







Compliance with the Welsh Government Capped Rates.

The first table below outlines the average locum shifts in April and October 2020 that have been booked both below and above the capped rates. The data illustrates that there has been a slight increase of internal shifts that have been booked above the Welsh Government Capped rates. This increase can be seen on a month by month basis from February 2020 and could be a direct result of COVID and possibly due to the exhaustion that many staff are now feeling.

It is important to highlight that many Delivery Units negotiate locum rates below the Health Board's rate card.

The second table shows the same data but for agency staff. The trends are the same however compliance is much lower with Agency staff than with internal staff. This is the normal pattern but has deteriorated further during 2020. It should be noted that it is becoming increasingly difficult to source doctors in medicine due to the UK wide demands as a result of COVID. This is further increasing rates.

	Apr-20	Oct-20
Individuals Booked	254	232
Individuals Booked At/Below Cap	198	162
Individuals Booked At/Below Cap %	77.95%	69.82%
Individuals Booked Above Cap	71	81
Individuals Booked Above Cap %	27.95%	34.91%
Hours Booked	10,116.5	8775.41
Hours Booked At/Below Cap	7608	6043.08
Hours Booked At/Below Cap %	75.20%	68.86%
Hours Booked Above Cap	2508.5	2732.33

Hours Booked Above Cap %	24.79%	31.13%
Jobs Booked	930	898
Jobs Booked At/Below Cap	675	614
Jobs Booked At/Below Cap %	72.58%	68.37%
Jobs Booked Above Cap	255	284
Jobs Booked Above Cap %	27.41%	31.62%
	Apr- 20	Oct - 20
Individuals Booked	22	18
Individuals Booked At/Below Cap	4	2
Individuals Booked At/Below Cap %	18.81%	11.11%
Individuals Booked Above Cap	18	16
Individuals Booked Above Cap %	81.18%	88.89%
Hours Booked	6,701.50	4,888.50
Hours Booked At/Below Cap	2,802.00	990.00
Hours Booked At/Below Cap %	41.81%	20.25%
Hours Booked Above Cap	3,899.50	3,898.50
Hours Booked Above Cap %	58.18%	79.75%
Jobs Booked	38	30
Jobs Booked At/Below Cap	4	2
Jobs Booked At/Below Cap %	10.52%	6.67%
Jobs Booked Above Cap	34	28
Jobs Booked Above Cap %	89.47%	93.33%

Future Developments

As Locum on Duty is now embedded within the Health Board it is essential that the digital journey continues. During 2021 specific focus will include:

- Review Health Board rate card
- Reduce the number of times locums are booked above the Welsh capped rates.
- Continue to develop the internal locum bank
- Develop and increase intelligence reporting from Locum on Duty
- Implement the Medical Rostering Module which will complete the Medical Optimising package from Allocate. This will mean that E- job planning, Locum on Duty and Medic on Duty will be able to work together to allow greater insight

into the management of the medical workforce and so improve deployment , optimise utilization and increase capacity and productivity. The Medical rostering module will also provide software packages to record sickness absence, manage annual leave and study leave.

- Further work is needed to tackle long standing Medacs locums and to replace with NHS appointments.
- Further efforts are needed to attempt to tackle the low compliance of Medacs' locums with the agency capped rates.

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:

- **Acknowledge** the introduction of Locum and on Duty which delivers an increased reporting functionality.
- **Note** that 2020 may not be a representative year due to the pandemic.
- **Note** the development of the Internal Medical Bank with over 1,000 doctors registered so far.
- **Note** the plans for 2021 which may be dependent on the effects of the Pandemic.

Governance and Assurance		
Link to Enabling Objectives (please choose)	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
Health and Care Standards		
(please choose)	Staying Healthy	<input type="checkbox"/>
	Safe Care	<input type="checkbox"/>
	Effective Care	<input type="checkbox"/>
	Dignified Care	<input type="checkbox"/>
	Timely Care	<input type="checkbox"/>
	Individual Care	<input type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
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	This is the 10 th Report	
Appendices	None	