

Dr Andrew Goodall
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Chief Executive Health and Social Services Group
Welsh Government

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NHS Finance (Wales) Act 2014

Dear Dr Goodall

Thank you for your comprehensive responses to Members' questions at the Public Accounts Committee meeting on 15 July. Due to time constraints, you agreed to respond to questions that were not reached. These all relate to the area of agency staffing within NHS Wales and are overleaf. In some cases, you may feel that your evidence paper already covers some relevant ground. If that is the case, we would welcome any expansion in the context of the specific questions set out below but cross-referencing to the evidence paper as appropriate.

I look forward to receiving your response.

Yours sincerely,



Nick Ramsay AM
Chair



Agency Staffing

Q1. You have known how much money is being spent by NHS Wales on agency staff but have lacked consistent and detailed information to understand the workforce deployment that drives the expenditure. What will the changes introduced through your revised data collection protocol tell you, for example about how many agency staff are engaged, what grades and specialities they are covering, how often they are being used and the rates of pay they are receiving?

- a. What are the main challenges you are facing to gather and assess this data? Do you have the technology and resources in place that are needed to overcome these challenges?
- b. How and when do you anticipate publishing a more detailed analysis?

Q2. The Auditor General's report also highlights the importance of being able to assess the cost and usage of agency staff alongside other temporary staffing costs. What are you doing to collect and analyse pan-NHS Wales data on the cost and use of other types of temporary staffing, such as overtime and the use of internal banks and internal locums?

- a. What is your data analysis telling you, and how are you using it to help reduce the overall level of NHS spend on agency staff?

Q3. NHS Wales spent £110 million last year hiring agency staff to cover vacant posts. This is 77% of total agency spend. How many vacant medical and nursing posts were covered by agency staff last year, and what were the grades or specialties of these posts?

- a. How many nursing and medical posts are currently vacant?

Q4. What is being done, at a national level, to improve the recruitment and retention of doctors and nurses?

- a. What are the barriers that NHS Wales faces when recruiting new doctors and nurses?

Q5. Whilst total expenditure on medical agency staff is falling across NHS Wales, it still increased in three of the six largest health bodies last year. Is the Welsh Government's October 2017 Circular having the impact that you expected on the cost and deployment of medical agency staff?

- a. Why hasn't medical agency spend fallen in all of the health boards since the Circular was issued?



b. A key feature of the Circular is the introduction of price caps. How often are health boards breaking the price cap, and why is this happening?

Q6. The Auditor General's report shows the progress NHS Wales was making in engaging nursing agency staff through the All Wales Framework Contract rather than through the generally more expensive 'off-contract' agencies. In your evidence paper to this Committee you say that 96% of nursing agency staff are deployed through the Framework Contract. So why was there was a 27% rise in nursing agency spend (to £65.4 million) last year across the six largest health boards?

a. What effect has the implementation of the Nurse Staffing Levels (Wales) Act had on nursing agency expenditure, and why?

Q7. Your written evidence cites a wide range of projects to control and manage the cost and deployment of agency staff. How are you ensuring that these projects have addressed the Auditor General's call for leadership and membership of sufficient seniority, adequate financial, staffing and technological support, and close links with wider NHS workforce planning?

