

**Department of Health  
Departmental Response  
to recommendations in the Northern  
Ireland Audit Office's Report  
Follow-up Reviews in the Health and  
Social Care Sector: Locum Doctors and  
Patient Safety**

**Presented to the Northern Ireland Assembly  
by the Department of Health**

**04 June 2019**



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# Glossary of Abbreviations

<b>DoH</b>	Department of Health
<b>HRPTS</b>	Human Resources, Payroll, Travel and Subsistence System
<b>HSC</b>	Health and Social Care
<b>NHSI</b>	National Health Service Improvement
<b>NI</b>	Northern Ireland
<b>PAC</b>	Public Accounts Committee
<b>PSIMS</b>	Patient Safety Information Management System

**DEPARTMENT OF HEALTH DEPARTMENTAL RESPONSE TO NORTHERN IRELAND AUDIT OFFICE (NIAO) RECOMMENDATIONS IN THE NIAO'S REPORT OF 9 APRIL 2019 ON "FOLLOW-UP REVIEWS IN THE HEALTH AND SOCIAL CARE SECTOR: LOCUM DOCTORS AND PATIENT SAFETY"**

## **Department of Health**

### **Follow-up Reviews in the Health and Social Care Sector: Locum Doctors and Patient Safety**

#### *Introduction*

The responses within this Departmental Response have been made at official level. Where specific recommendations relate to issues of policy these will require Ministerial decisions.

#### *NIAO Recommendation 1*

**Locum doctors provide a valuable contribution to the health service, and help sustain a health system which is subject to constantly fluctuating demands. However, in the current circumstances, when expenditure on locums has become a major drain on Trust finances, the Department and Trusts must find more effective long-term workforce planning solutions which can help reduce reliance on locums, through providing a sustainable and recurrent workforce. In tandem with policy development, the Department should consider re-establishing short, medium and longer-term targets aimed at reducing the Trusts' current level of reliance on locum doctors.**

The Department of Health (DoH) partially accepts this recommendation.

DoH recognises that increasing locum costs are not sustainable. The Health and Social Care (HSC) Workforce Strategy 2026: Delivering for our People was published by DoH in May 2018, setting out ambitious goals for a workforce that will match the requirements of a transformed system.

DoH is responsible for longer term strategic workforce planning for the entire HSC, generally over a 10 year horizon. This includes assessment of workforce need aligned to the HSC transformation, and future workforce supply, with particular reference to ensuring that sufficient numbers of undergraduate and post graduate medical training places are commissioned. A review to determine the optimum number of medical student places that Northern Ireland requires per year up to 2026 to meet the medical component for the delivery of healthcare was completed for DoH in August 2018. This provides a sound evidence base for future undergraduate medical education commissioning.

In addition, DoH commissions from the Public Health Agency a rolling number of medical speciality workforce reviews year on year to inform the medical speciality training programme provided through the Northern Ireland Medical and Dental Training Agency. The level of training programmes is subject to financial resources being made available.

In relation to setting targets to reduce expenditure on locum doctors, DoH considers that the core issue is a system wide one and thus, setting individual organisational targets would not be the optimum approach. In addition, target setting in this area could add a perverse incentive to compromise safety/quality.

#### *NIAO Recommendation 2*

**The Trusts need to take action to strengthen their internal monitoring to ensure that pre-employment checks of locum doctors are being undertaken. The Department should also consider commencing central monitoring of this key area.**

DoH accepts this recommendation.

DoH will write to HSC Trusts to re-enforce the requirement, in line with the DoH Controls Assurance Standards, for HSC Trusts to ensure that pre-employment checks are being performed for all 'Contract' and 'Off

Contract' work. This will include the need for HSC Trusts to carry out an annual regional audit programme of all Contract locum agency processes, to ensure that they are satisfied that all necessary checks are carried out. The audits should be carried out in accordance with local audit protocols.

In addition, Business Service Organisation Procurement & Logistics Service will be asked to strengthen the wording in all agency/locum contracts to ensure that pre-employment checks for all doctors are undertaken as a major part of the contract, and that failing to undertake these checks will result in a breach of contract.

HSC Trusts will report the result of the audits to DoH as part of their annual Controls Assurance Statement.

#### *NIAO Recommendation 3*

**The Trusts should routinely gather and report data on the use of non-contracted agencies and the Department should formally monitor trends in this area to gain assurance that usage of these agencies is being limited to exceptional circumstances.**

DoH accepts this recommendation.

Quarterly, cumulative, monitoring of 'Off-Contract' agency spend has been implemented for the 2018-19 financial year and this will be maintained.

#### *NIAO Recommendation 4*

**Since the PAC reported, progress in developing a regional system to facilitate learning from Adverse Incidents has been limited. The Department should now strive to ensure that the work under way to try and ensure that the HSC sector can participate in the new PSIMS system which is being developed for use in England and Wales is successfully completed.**

DoH accepts this recommendation

The new Patient Safety Incident Management System (PSIMS) being developed by NHS Improvement (NHSI) in the UK is now at the private beta<sup>1</sup> trial stage which is scheduled to run from March to June 2019. DoH has engaged with NHSI and arranged that two HSC organisations in Northern Ireland (NI) will participate in this trial phase. HSC participation from NI at this operational level is aimed at informing our understanding of the new system, its structure, user interfaces and the question set for incident reporting. The NHSI timeframe is progression to the public beta<sup>2</sup> trial phase in mid-2019 with full implementation of the operational system in 2020.

DoH is also working with HSC organisations in NI to align current local adverse incident reporting systems and the question set for incident reporting on the new PSIMS to enable full HSC participation in PSIMS in line with the NHSI programme.

#### *NIAO Recommendation 5*

**Staff appraisal levels in the HSC sector have increased in recent years, but scope exists to sustain and build on these improvements, including maximising the use of the HRPTS system. The Department and Trusts also need to actively address the potential risks to patient safety created by staffing shortfalls in key clinical disciplines and, as far as possible, introduce appropriate workforce planning measures to mitigate these risks.**

DOH accepts this recommendation.

DoH welcomes the increase in evidence of staff appraisals levels being completed and appropriately recorded on Human Resources, Payroll, Travel and Subsistence System (HRPTS), and will continue to hold HSC Trusts accountable for compliance with the targets set.

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<sup>1</sup> Private Beta testing refers to limited tests specifically designed to gather feedback from a targeted group of users.

<sup>2</sup> Public Beta tests are where the product is made available to the general public.

As reflected in the response to recommendation 1, DoH is responsible for longer term strategic workforce planning for the entire HSC sector, generally over a 10 year horizon. This includes assessment of workforce need (taking account of safety requirements) aligned to the HSC transformation, and future workforce supply, with particular reference to ensuring that sufficient numbers of undergraduate and post graduate medical training places are commissioned.

Local vacancy management and immediate workforce planning is the remit of the employing HSC Trusts. The primary aim of this is to ensure that safe and effective services are sustained at all times for patients. HSC Trusts must maintain services with safe staffing levels to cover for example sickness and maternity/paternity leave, cover for existing vacancies, and when demand increases over the winter months. DoH accepts that increasing reliance on agency staff deployment is unsustainable and that the long-term answer is transformation of HSC services. This will involve innovative workforce changes, to ensure the most effective use of staffing.