

Issues for non-executive
NHS board members

Using locum doctors in hospitals



 AUDIT SCOTLAND

Prepared for the Auditor General for Scotland
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Auditor General for Scotland

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Introduction

1. Audit Scotland published its national report, *Using locum doctors in hospitals* on 17 June 2010. This paper accompanies that report and sets out some issues that non-executive members may wish to consider in relation to how the use of locum doctors is managed within their own boards. It also aims to help them pose questions they may want to ask of executive directors to seek assurance about local service delivery.
2. Copies of the national report can be downloaded from our website www.audit-scotland.gov.uk

Part 1: Using locum doctors efficiently

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| <p>Page 7</p> | <p>Expenditure on locum doctors varies across Scotland, from 2.4 per cent of total medical staffing expenditure in Greater Glasgow and Clyde and Golden Jubilee National Hospital to 11.4 per cent in Orkney and 36 per cent in Western Isles.</p> | <ul style="list-style-type: none"> ▪ Has the board developed a strategy to reduce expenditure on, and minimise demand for, locum doctors? Has this been implemented? |
| <p>Pages 7 and 9</p> | <p>Most NHS boards now have basic information on locum doctors such as expenditure by grade and speciality but they are less likely to know why locum doctors are being requested, the length of each locum episode or the shift times that locums are requested for.</p> <p>All NHS boards except Ayrshire and Arran, and Lanarkshire still use paper records to store at least some information and this makes it more difficult and time-consuming to collate and monitor the information.</p> | <ul style="list-style-type: none"> ▪ Is the board collecting information on expenditure, demand for, and use of locum doctors to understand why, and in which areas, locum doctors are being used? Is this information held electronically in an easily accessible format? Is the board using this information to monitor and reduce spending on locum doctors? |
| <p>Page 9</p> | <p>Half of NHS boards provide management information on locum expenditure, mainly on a monthly basis, to service managers or lead clinicians in service departments. Only NHS Forth Valley, and Golden Jubilee National Hospital, however, provide management information on locum demand and locum use to service departments on a monthly basis.</p> | <ul style="list-style-type: none"> ▪ Is the board analysing and reporting performance information on expenditure, demand and use of locum doctors to appropriate management level? ▪ Is the board benchmarking information with other NHS boards? |

| Page references to main report | | Issue | Questions for non executive board members to consider |
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| | | Only six NHS boards (Dumfries and Galloway, Fife, Greater Glasgow and Clyde, Lanarkshire, Lothian and Tayside) have performance indicators in place to monitor the use of, and expenditure on, both internal and agency locum doctors. | |
| Page 11 | | In 2006, the Scottish Executive instructed NHS boards to use only the contract agencies. However, expenditure on non-contract agencies increased from 31 per cent of total agency expenditure to 33 per cent between 2006/07 and 2008/09. | <ul style="list-style-type: none"> Is the board monitoring its use of the new national contract for locum agencies? Is there an action plan for ensuring levels of use of the contract are maintained and improved where necessary? |
| Page 13 | | Nine NHS boards have a policy in place setting out the procedures that should be followed for procuring locum cover, but only five of these policies also set out when it is appropriate to use locum doctors. | <ul style="list-style-type: none"> Does the board have a corporate policy setting out when locum doctors can be used and the procedures for procuring locum doctors? Is compliance with this policy monitored and actions set out to improve compliance where necessary? |
| Part 2: Managing the demand for locum doctors | | | |
| Page 19 | | NHS boards mostly request agency locum doctors to cover vacancies and planned absences, including annual leave and study leave. | <ul style="list-style-type: none"> Is the board reducing the use of locum doctors for annual leave and study leave by ensuring planned leave is factored into rota planning? Are rotas large enough to be re-organised to try and minimise demand for locum doctors? |

Part 3: Ensuring patient safety

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| <p>Page 25</p> | <p>All NHS boards have a checklist setting out the documents that should be received when employing locum doctors, but only eight formally set out within their locum procurement policy who is responsible for each element of the appointment process. Only five NHS boards have a corporate induction policy relating to locum doctors.</p> | <ul style="list-style-type: none"> ▪ Does the board have corporate policies relating to pre-employment checks, induction, supervision and performance management of locum doctors? ▪ How does the board ensure these are implemented across the organisation? |
| <p>Page 26</p> | <p>Feedback to locum doctors is primarily verbal rather than written with few NHS boards reporting consistent use of written assessment forms.</p> | <ul style="list-style-type: none"> ▪ Is the board collecting centrally, in an electronic format, performance information from locum doctor assessment forms and recording any action taken to ensure risks to patient safety are minimised? |
| <p>Page 26</p> | <p>In three of our sample NHS boards, locum doctors are not always assigned their own passwords and there is a risk they are sharing them with other doctors.</p> | <ul style="list-style-type: none"> ▪ Does the board have a system for providing IT passwords to each locum doctor used? |

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