

## Internal Audit



### Workforce Planning

August 2020

#### Internal Audit Assurance assessment:

Objective One	Objective Two	Objective Three
Significant Assurance	Significant Assurance	Significant Assurance

#### Timetable

Date closing meeting held: No meeting held, client responded directly to draft report

Date draft report issued: 10 July 2020

Date management comments received: 27 July 2020

Date Final report issued: 4 August 2020

Date presented to Audit and Risk Committee: 24 August 2020

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## 1. Introduction

- 1.1 In December 2019, the Scottish Government issued guidance to NHS Boards on workforce planning arrangements and requirements. There has been a considerable delay in this guidance being produced, and in the absence of clarity from Scottish Government NHS Lothian took the decision to continue and agree a strategic workforce plan for the organisation. The plan was published and agreed by all parties including partnership and sets out NHS Lothian's workforce planning priorities and the framework for workforce planning.
- 1.2 The workforce plan is a three-year plan supported by an annual action plan, aligned to job families.

### Scope

- 1.4 Our review focussed on providing assurance over the process and controls in place in developing the workforce planning framework and the plans in place to agree actions, capture progress and reporting against the agreed framework. Given the Covid-19 pandemic and the pressure on HR and OD teams it was agreed we will focus this year on how the plan was devised. For 2020/21 Internal audit planning we plan to look more specifically at controls within either a job family, or the specific delivery of agreed actions, which underpin the wider framework and priorities.

### Acknowledgements

- 1.5 We would like to thank all staff consulted during this review for their assistance and cooperation.

## 2. Executive Summary

### Summary of Findings

2.1 The table below summarises our assessment of the adequacy and effectiveness of the controls in place to meet each of the objectives agreed for this audit. Definitions of the ratings applied to each action are set out in Appendix 3.

No.	Control Objectives	Assurance Level	Number of Findings			
			Critical	High	Medium	Low
1	All parties were sufficiently engaged in the development of the workforce plan, specifically the strategic priorities	Significant Assurance	-	-	-	-
2	The priorities within the plan are not them translated into the 12-month action plan	Significant Assurance	-	-	-	-
3	The workforce plan clearly articulates the strategic priorities for NHS Lothian	Significant Assurance	-	-	-	-
<b>Total</b>			-	-	-	-

## Conclusion

2.2 There is evidence to demonstrate that the development of the Workforce Plan has included input from all relevant stakeholders, with the Plan itself recording a number of local and national priorities. However, delay to the implementation of controls established earlier in the year to monitor the actions identified in the 12-month action plan could impact on the delivery of the plan.

## Main findings

- 2.3 The Workforce Planning & Development Programme Board (WPDPB) is chaired by the Director of HR & OD and has a membership that has been designed to ensure that all professions are represented by their Professional Director/Lead.
- 2.6 At the start of the Workforce Plan development process WPDPB members were consulted around how the plan would be developed, with the intention that the plan would reflect the input from service and professional leads and be owned by them.
- 2.7 On the 27 September 2019, the Head of Workforce Planning wrote to the Professional Leads, requesting that they contribute to a 12 month action plan. Including the intended outcomes, how progress will be measured and where support is likely to be required.
- 2.8 The 12-month action plan has been developed with contributions from professions including Nursing, Medical, Psychology, Facilities, Healthcare Science and Pharmacy. Comparison against the Workforce Plan has identified a number of actions that have been integrated into the 12-month plan. A schedule of reporting has been developed to direct specialities on when they will be expected to provide updates to the WPDPB.
- 2.9 Section1 of the workforce plan documents the key national policy and strategies set out by the Scottish Government.
- 2.10 Additional local priorities recorded in the Workforce Plan are representative of the feedback from the WPDPB and reflect the workforce planning priorities set out in the NHS Lothian's Annual Operational Plan 2019-20.
- 2.13 We identified one advisory point during this review:
- While it is noted that the disruption resulting from the Covid-19 pandemic has impacted on the WPDPB reporting schedule, there is a risk that without a formal appraisal of the progress made to date, milestones recorded in the 12-month action plan are not being met

Further details of this point is set out in the Management Action Plan.

### 3. Management Action Plan

#### **Control objective 1: All parties were sufficiently engaged in the development of the workforce plan, specifically the strategic priorities**

We identified no significant weaknesses in relation to the above control objective.

The Workforce Planning and Development Programme Board (WPDPB) is responsible for leading and directing the organisation's approach to workforce planning. The WPDPB is chaired by the Director of HR & OD and has a membership that has been designed to ensure that all professions are represented by their Professional Director/Lead, including:

- Nursing
- Pharmacy
- Psychology
- Facilities
- Allied Health Professions
- Healthcare Science
- Primary care
- Medical workforce

With a remit to facilitate and articulate the longer term strategic vision for the workforce, the WPPFB has been convened to:

- Ensure workforce planning and development activity robustly considers and supports service sustainability both locally and regionally.
- Ensure the annual production of the workforce plan and projections for the organisation in accordance with the Scottish Government requirements and timetable.
- Lead the implementation of the National Workforce plan and inform future iterations of this plan.

At the start of the Workforce Plan development process WPDPB members were consulted around how the plan would be developed, with the intention that the plan would reflect the input from service and professional leads and be owned by them. To support this, a template was distributed for members to record key service priorities, with progress reviewed at every meeting of the WPDPB.

**Control objective 2: The priorities within the plan are not them translated into the 12-month action plan**

<p><b>Finding 1: Progress against the action plan is not subject to monitoring and review</b></p> <p><b>Associated risk of not achieving the control objective: Milestones recorded in the 12-month action plan are not being met</b></p>	<p><b>No rating</b></p>
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Background

The Workforce Plan has been designed to take each profession and policy drivers and set out clear measureable priority actions over the next 3 years and the enabling workforce development required to provide support. The plan is accompanied by a 12 month action plan which will set out the key areas of focus over the next 12 months to ensure progress is maintained.

On the 27 September 2019, the Head of Workforce Planning wrote to the Professional Leads, requesting that they contribute to a 12 month action plan. Including the intended outcomes, how progress will be measured and where support is likely to be required. The plan has been developed with contributions from professions including Nursing, Medical, Psychology, Facilities, Healthcare Science and Pharmacy. Comparison against the Workforce Plan has identified a number of actions that have been integrated into the 12-month plan.

For each of the professionals there are workforce planning groups in place to manage progress and delivery. For the service priorities there are programme/project delivery groups in place to manage progress and delivery. With progress also shared with the Staff Governance Committee.

Observation and Risk

The progress against the actions will be monitored through the agendas of the meetings of the WPDPB. A schedule of reporting has been developed to direct specialities on when they will be expected to provide updates on particular actions. While updates were to have been given by now from representatives from Pharmacy, Facilities, Psychology and Nursing, this has not been possible as meetings of the WPDPB postponed due to the current Covid-19 situation. A meeting has been scheduled for August 2020 where updates will be given.

Also, Best Start, Mental Health and Recovery Plan sections of the action plan have yet to be completed.

While it is noted that the disruption resulting from the Covid-19 pandemic has impacted on the WPDPB reporting schedule, there is a risk that without a formal appraisal of the progress made to date, milestones recorded in the 12-month action plan are not being met.

Recommendation

Management should look to establishing the schedule of monitoring and reporting of progress

against the action plan as soon as possible.

Management Response

We welcome the findings of the report and believe it reflects the progress that has been made in developing a systematic and collaborative approach to developing our workforce plan. Many of the actions envisaged before the covid-19 pandemic such as the implementation of safe staffing legislation, the national elective centre program and implementation of the new GMS contract have been paused, suspended or materially impacted. It is therefore likely that there will be significant changes made to the required actions, timescales and prioritisation.

Management Action

The Workforce Planning and Development Programme Board members will be asked to critically review their actions in face of covid and remobilisation plans which will be subject to review and amendment. The 12 month action plan will be revised and approved by the Programme Board.

Responsibility:

Director of HR & OD

Target date:

30 September 2020



**Control Objective 3: The workforce plan clearly articulates the strategic priorities for NHS Lothian**

We identified no significant issues in relation to this control objective.

Section1 of the workforce plan documents the key national policy and strategies set out by the Scottish Government, including the 2018 General Medical Services Contract in Scotland, National Waiting Times Improvement Plan, Development of a Scottish Trauma Network and the Health and Social Care Delivery Plan. Electronic versions of the Workforce plan contain graphics of the front pages of the policies and a hyperlink to the policies themselves.

Additional local priorities recorded in the Workforce Plan are representative of the feedback from the WPDPB and reflect the workforce planning priorities set out in the NHS Lothian's Annual Operational Plan 2019-20.

A 12-month break has been introduced to allow professions to consider progree against the Workforce Plan and identify any change priorities for inclusion in the Plan. This process is schedule to commence in December 2020 and will be supported by the WPDPB and Partnership Forum.

## **Appendix 1 – Staff Involved and Documents Reviewed**

### **Staff Involved**

- Head of Workforce Planning

### **Documents Reviewed**

- NHS Lothian Workforce Plan 2020-23
- Workforce Planning & Development Programme Board – Terms of Reference
- Minutes of the Workforce Planning & Development Programme Board
- Minutes of the Partnership Forum
- Minutes of the Corporate Management Team
- Minutes of the Staff Governance Committee
- 2020/23 Workforce Plan 12-month Action Plan
- Email to professional leads inviting feedback to Workforce Plan and actions for the 12-month Action Plan
- Agenda and schedule for Action Plan service updates to the Workforce Planning & Development Programme Board
- Process and dates for submitting the Annual Workforce Plan Update
- NHS Lothian Annual Operational Plan 2019-20

## Appendix 2 - Definition of Ratings

### Findings and management actions ratings

Finding Ratings	Definition
<b>Critical</b>	A fundamental failure or absence in the design or operating effectiveness of controls, which requires immediate attention
<b>High</b>	A key control failure has been identified which could be either due to a failure in the design or operating effectiveness. There are no compensating controls in place, and management should aim to implement controls within a calendar month of the review.
<b>Medium</b>	A control failure has been identified which could be either due to a failure in the design or operating effectiveness. Other controls in place partially mitigate the risk to the organisation, however management should look to implement controls to fully cover the risk identified.
<b>Low</b>	Minor non-compliance has been identified with the operating effectiveness of a control, however the design of the control is effective

## Report ratings and overall assurance provided

Report Ratings	Definition	When Internal Audit will award this level
<b>No assurance</b>	The Board cannot take any assurance from the audit findings. There remains a significant amount of residual risk.	The controls are not adequately designed and / or operating effectively and immediate management action is required as there remains a significant amount of residual risk (for instance one Critical finding or a number of High findings)
<b>Limited assurance</b>	The Board can take some assurance from the systems of control in place to achieve the control objective, but there remains a significant amount of residual risk which requires action to be taken.	<p>This may be used when:</p> <ul style="list-style-type: none"> <li>• There are known material weaknesses in key control areas.</li> <li>• It is known that there will have to be changes that are relevant to the control objective (e.g. due to a change in the law) and the impact has not been assessed and planned for.</li> </ul> <p>The controls are deficient in some aspects and require management action (for instance one 'high' finding and a number of other lower rated findings)</p>
<b>Moderate assurance</b>	The Board can take reasonable assurance that controls upon which the organisation relies to achieve the control objective are in the main suitably designed and effectively applied. There remains a moderate amount of residual risk.	<p>In most respects the "purpose" is being achieved. There are some areas where further action is required, and the residual risk is greater than "insignificant".</p> <p>The controls are largely effective and in most respects achieve their purpose with a limited number of findings which require management action (for instance a mix of 'medium' findings and 'low' findings)</p>
<b>Significant assurance</b>	<p>The Board can take reasonable assurance that the system(s) of control achieves or will achieve the control objective.</p> <p>There may be an insignificant amount of residual risk or none at all.</p>	<p>There is little evidence of system failure and the system appears to be robust and sustainable.</p> <p>The controls adequately mitigate the risk, or weaknesses are only minor (for instance a low number of findings which are all rated as 'low' or no findings)</p>