

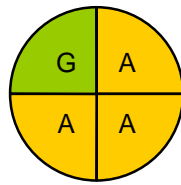
Internal Audit



Workforce Planning – Inpatient Nursing and Midwifery

June 2015

Report Assessment



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Introduction

Workforce planning is concerned with ensuring that an organisation has the right people, with the right skills, in the right place, at the right time to support the delivery of the organisation's objectives. This is particularly important for NHS Lothian as a healthcare provider.

In December 2011, the Scottish Government issued CEL 32 (2011) Revised Workforce Planning Guidance. The CEL requires health boards to use a range of workload measurement and planning tools to inform nursing and midwifery staffing levels. Developed by NHS Scotland, 15 specialty-specific tools plus a tool for professional judgement are used along with care-quality indicators to estimate establishment needs.

Scope

This audit followed up on the findings from the 2014/15 audit fieldwork, including a review of the use of workforce planning tools across NHS Lothian nursing and midwifery teams. We met with a sample of the clinical nurse managers, chief nurses and charge nurses responsible for using workforce planning tools. The audit also took cognisance of the findings from the Audit Scotland Best Value Toolkit assessment of people management during 2014/15.

The control objectives for the audit are set out in the Summary of Findings, along with our assessment of the controls in place to meet each objective.

Acknowledgements

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

Executive Summary

Conclusion

We have identified several areas where improvements are required to both the design and application of key controls relating to workforce planning within nursing and midwifery. In particular, issues relate to the consistent application of the tools across NHS Lothian, the development of formal workforce plans using the output from the tools, reporting of the implementation of these actions plans to senior management and Board Committees, along with use of risk management processes to manage the lower priority staffing pressures.

Summary of Findings

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 1.

No.	Control Objective	Control objective assessment	Number of actions by action rating			
			Critical	Significant	Important	Minor
1	The tools set out in CEL 32 (2011) are used effectively to inform analysis of workforce requirements.	Amber	-	1	1	-
2	Workforce plans are in place that identify existing workforce requirements and include prioritised actions to address gaps in skills and numbers.	Amber	-	1	2	-
3	Scrutiny arrangements are in place and management information is used to monitor and report progress against action plans.	Amber	-	2	1	-
4	Staffing requirements for new developments or service change are subject to detailed scrutiny and appropriate approvals before being presented to the Board or relevant governance committee.	Green	-	-	-	1

Control Objective Ratings

Action Ratings	Definition
Red	Fundamental absence or failure of controls requiring immediate attention (60 points and above)
Amber	Control objective not achieved - controls in place are inadequate or ineffective (21 – 59 points)
Green	Control objective achieved – no major weaknesses in controls but may be scope for improvement (20 points or less)

Main Findings

We noted a number of areas of good practice during the review.

The Nursing & Midwifery Workload and Workforce Planning (NMWWP) tools are completed through the Scottish Standard Time System (SSTS) and are therefore used in a consistent manner across NHS Lothian. In addition, training was provided on using the tools and we were informed that training is readily available for any staff member who requires it.

The NMWWP tools are used alongside a professional judgement tool in order to ensure that local knowledge of the ward/area can be taken into account when identifying the appropriate staffing levels for a particular area of nursing and midwifery.

There are processes in place to manage workforce gaps in the short-term. This is primarily achieved through rota planning and the utilisation of supplementary staffing (internal, bank and agency staff).

The Assistant Director of Nursing, Workforce and Business Support provided a central resource for pulling together the output from the tools. This helped demonstrate the nursing and midwifery staffing gap across NHS Lothian and identify those areas of greatest need.

We identified four significant areas for improvement during the review.

- The Scottish Government mandated that from April 2013 the NMWWP tools should be applied at regular intervals for all applicable areas of nursing and midwifery. However, we obtained evidence which showed that the tools were not utilised in all relevant wards/areas in both 2013 and 2014.
- The NMWWP tools are utilised alongside a professional judgement tool. The output from the tool(s) identifies the gap between the actual and ideal nursing and midwifery staffing levels and the skill mix in each ward. However, the output from the NMWWP tools has not been used to develop workforce plans for all areas, particularly those of greatest need.
- The Nursing and Midwifery Workforce Group is responsible for co-ordinating the application of the NMWWP tools across the services and for maintaining a central record

of the output of the tools. However, documented procedures to support the application of the tools have not been developed.

- There is no feedback mechanism in place to report back to the Corporate Management Team where funding released to mitigate on staffing pressure is subsequently allocated by the Clinical Management Team to another area. This may lead to misunderstandings about the level of risk associated with staffing levels in different parts of the organisation.

Further details of each of these points, as well as some less significant issues, are set out in the Management Action Plan, at page five of this report.

Management Action Plan

Control Objective 1: The tools set out in CEL 32 (2011) are used effectively to inform analysis of workforce requirements.

1.1: The tools were not used in all relevant areas in 2013 and 2014.

Significant

Observation and Risk

CEL 32 (2011) mandated that, from April 2013, the Nursing & Midwifery Workload & Workforce Planning (NMWWP) tools should be used in all relevant areas / wards at least annually, with the output being used to inform decisions on staffing needs at a local level.

Charge nurses are responsible for the actual completion of the tool for their particular area / ward. The tools require the Charge Nurse to input bed numbers and occupancy levels in order to identify the required staffing levels for their particular area / ward. The output from the tools is then gathered centrally and recorded on a spreadsheet for further analysis.

However, we noted that the tools were not completed for all relevant areas / wards in both 2013 and 2014. Our review of the 2013 central spreadsheet noted that, of 94 areas / wards reviewed, data was not available for either of the possible tools in 11 instances. A further 36 areas / wards had data for only one of the possible tools. This latter issue was because of data extraction issues from SSTS.

We noted that in 2013, the Assistant Director of Nursing, Workforce and Business Support provided a central resource for pulling together the output from the tools. However, Chief Nurses are not currently required to maintain records to evidence that tools have been run in their areas or to provide reasons for why they have not been run.

There is a risk that NHS Lothian is not fully complying with CEL 32 (2011). In addition, there is a risk that decisions are made about staffing based on incomplete or inaccurate information.

Recommendation

Charge nurses should be reminded of the importance of utilising the NMWWP tools at the agreed intervals. Chief nurses should be asked to maintain a record of the NMWWP tools to be used in each of their wards and to confirm that they have been run at the agreed intervals in all applicable areas/wards. Where the tools have not been run at the agreed intervals, the reasons for doing so should be reported to the Nursing & Midwifery Workforce Group.

NHS Lothian should investigate and address the data extraction issue from SSTS to determine if a solution can be implemented. This may require discussion at the national level.

Management Response

The recommendations are accepted.

Management Action

- 1) The procedure document being developed (issue 3.1) will include actions around reminders, recording and reporting.
- 2) The issues around the SSTS platform and reporting will be highlighted at the National Steering Group.

Responsibility: Assistant Director (Nursing
Workforce & Business Support)

Target date: 31 December 2015

1.2: The NHS Lothian Local Delivery Plan contains inaccurate information in relation to the utilisation of the NMWWP tools.		Important
<p><u>Observation and Risk</u></p> <p>From 2014/15, NHS Lothian's annual Local Delivery Plan (LDP) was required to include a statement confirming which NMWWP tools had been used, in which wards / areas and the frequency with which they had used.</p> <p>The 2014/15 and 2015/16 LDPs stated that the NMWWP tools had been used across all applicable inpatient areas and wards. However, as highlighted at MAP 1.1, the tools were not utilised in all relevant wards / areas in both 2013 and 2014.</p> <p>There is a risk that the LDP provides the Board and Scottish Government with inaccurate assurance that NHS Lothian has fully complied with the mandatory requirements relating to the use of the NMWWP tools.</p>		
<p><u>Recommendation</u></p> <p>The Nursing & Midwifery Workforce Group should ensure that the information provided for inclusion in the LDP accurately reflects the utilisation of the NMWWP tools across NHS Lothian. Where the requirement to fully utilise the tools has not been met an explanation should be provided.</p>		
<p><u>Management Response</u></p> <p>The recommendation is accepted.</p> <p><u>Management Action</u></p> <ol style="list-style-type: none"> 1) The procedure document being developed (issue 3.1) will include actions around providing explanations for non use of the tools. 2) A collated summary of the areas where tools were / were not used will be presented to the Nursing and Midwifery Workforce Group annually. 3) This summary will be made available to the Workforce Planning team annually. 		
<p>Responsibility:</p> <p>Assistant Director (Nursing Workforce & Business Support)</p>	<p>Target date:</p> <ol style="list-style-type: none"> 1) 31 December 2015 2) 30 April 2016 3) 30 April 2016 	

Control objective 2: Workforce plans are in place that identify existing workforce requirements and include prioritised actions to address gaps in skills and numbers.

2.1: Formal workforce plans are not in place for all areas. **Significant**

Observation and Risk

The output from the NMWWP tools has not been used to develop workforce plans for each area of nursing and midwifery, although the output from the NMMWWP tools identified significant gaps between the current establishment and the ideal skill mix and staffing levels.

If actions to address short-term, medium-term and long-term staffing issues are not captured, monitored and reported, there is a risk that unsafe staffing situations may not be identified and addressed, potentially leading to patient harm.

Recommendation

Workforce plans should be developed for all areas of nursing and midwifery. The workforce plan should set out the current staffing position and the required staffing position (i.e. the workforce gap),

The workforce plans should also set out the remedial actions that will be taken by local management in both the short and long-term to address the workforce gap. Progress against the actions should be regularly reported to the relevant Clinical Management Teams and the Healthcare Governance Committee and / or the Staff Governance Committee.

Where resource constraints mean that some actions will be delayed, the action plans should highlight the associated risks to be recorded on Datix and monitored through the NHSL risk management process until such time as the mitigating action can be completed.

Management Response

The recommendation is accepted with the proviso that the “workforce plan” referred to is actually a uni- professional report of the outcome from the NMWWPP tools.

The findings from the NMWWPP tools provide intelligence to local CMT / H&SCP management teams which will inform but is separate to the wider multidisciplinary workforce plan based on planned service provision / developments.

Management Action

- 1) The outcome of each run of the NMWWPP tools will be reported at CMT / H&SCP management team meetings setting out the workforce gap, remedial action and risks to satisfy the recommendation.
- 2) Local reports will be collated in order to undergo peer review at the Nursing and Midwifery Workforce Group and enable recommendations made to the Chief Nurse Committee to determine a NHS L prioritised position.

Responsibility:	Target date:
1) Associate Nurse Directors (UHS) / Chief Nurses (H&SCP)	1) 31 March 2016
2) Assistant Director (Nursing Workforce & Business Support)	2) 31 May 2016

<p>2.2: There was too much reliance on central support to perform operational activities.</p>	<p>Important</p>
<p><u>Observation and Risk</u></p>	
<p>In 2013, the identification, risk assessment and prioritisation of nursing and midwifery staffing needs were carried out centrally. The Assistant Director of Nursing – Workforce & Business Support collated the output from the NMWWP tools, analysed the position and prepared a paper highlighting the areas of greatest need. Ideally, this work would be carried out locally to allow the Assistant Director of Nursing to have a “review and challenge” role, as opposed to an operational role. It is likely that local staff would be best placed to perform the operational activities using their expertise and experience for their own relevant specialties and wards.</p> <p>There is a risk that there is too much reliance on a centralised function. The lack of input from local staff may lead to decisions being made without all relevant information being available.</p>	
<p><u>Recommendation</u></p>	
<p>Responsibility for the analysis, risk assessment and prioritisation of the output of the NMWWP tools should be performed by local service areas. Clinical Management Teams should receive a report from the Chief Nurse which confirms that the tools have been run in all relevant areas and contains details of all staffing gaps identified and associated risks.</p> <p>The report should contain an action plan / workforce plan which recommends how the risks are to be mitigated in the short term and actions required to manage the risks in the medium to long-term.</p> <p>The Chief Nurses Group should receive copies of the workforce action plans, to consider whether actions are prioritised appropriately at an NHS Lothian level.</p> <p>The role of the Assistant Director of Nursing – Workforce & Business Support should be limited to advising on a consistent process to be followed by all local service areas, and reviewing the outputs to determine whether the agreed process has been followed consistently.</p>	
<p><u>Management Response</u></p>	
<p>The recommendations are accepted subject to the proviso described at issue 2.1.</p>	
<p><u>Management Action</u></p>	
<ol style="list-style-type: none"> 1) Co-ordination of runs in line with an agreed timetable and analysis of the findings will be devolved to local clinical management teams. 2) The outcome report developed for CMT / H&SCP (issue 2.1) management team meetings will include an action plan to address the workforce gap and risks. 	

3) The collated report developed for Nursing and Midwifery Workforce Group (issue 2.1) will be brought to the Chief Nurse Committee to determine a NHS L prioritised position.

Responsibility:

- 1) Assistant Director (Nursing Workforce & Business Support)
- 2) Associate Nurse Directors (UHS) / Chief Nurses (H&SCP)
- 3) Assistant Director (Nursing Workforce & Business Support)

Target date:

- 1) 30 September 2015
- 2) 31 March 2016
- 3) 31 May 2016

<p>2.3: Where additional resources were not provided, we found minimal evidence of staffing risks being escalated in line with NHS Lothian’s risk management policy.</p>	<p>Important</p>
<p><u>Observation and Risk</u></p> <p>As noted at 2.1 NMWWP tools identified significant gaps between the current establishment and the ideal skill mix and staffing levels. While action was taken centrally to prioritise and take action to address those areas of greatest need, we noted that only one of the areas we sampled took follow up action to escalate the staffing risks through line management to Executive Nurse Director level. Generally reliance has been placed on the work carried out through the central monitoring and reporting process and service areas have not carried out individual risk assessments of the output from the NMWWP tools.</p> <p>Where the risks associated with the staffing gaps highlighted by the NMWWP tools are not effectively recorded, assessed and monitored, there is a greater risk that they materialise.</p>	
<p><u>Recommendation</u></p> <p>Where additional resources are not provided and risks cannot be effectively managed locally, they should be escalated to the Nurse Director and an entry made on to the local risk register.</p>	
<p><u>Management Response</u></p> <p>The recommendation is accepted.</p> <p><u>Management Action</u></p> <p>The procedure document being developed (issue 3.1) will include the requirement to escalate to the Nurse Director any risks being recorded on the local risk register around nurse staffing levels.</p>	
<p>Responsibility: Assistant Director (Nursing Workforce & Business Support)</p>	<p>Target date: 31 December 2015</p>

Control Objective 3: Scrutiny arrangements are in place and management information is used to monitor and report progress against action plans.

3.1: Procedures for the application and reporting of the NMWWP tools have not been formalised.	Significant
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Observation and Risk

The Nursing and Midwifery Workforce Group is responsible for co-ordinating the application of the NMWWP tools across the services and for maintaining a central record of the output of the tools. However, documented procedures to support the application of the tools have not been developed.

The absence of formal documented procedures increases the risk that the NMWWP tools are not applied consistently across NHS Lothian. This may lead to issues in relation to nursing and midwifery staffing not being identified and addressed.

Recommendation

Comprehensive procedures should be developed, which cover the full application of the NMWWP tools. This should include allocation of responsibilities, reporting, and oversight. The procedures should be fully documented and made available to all relevant staff.

Management Response

The recommendation is accepted.

Management Action

A procedure document will be developed setting out the responsibilities, reporting and oversight arrangements.

The procedure document will be cascaded via the Associate Nurse Directors / Chief Nurses and made available on the corporate nursing intranet pages.

Responsibility: Assistant Director (Nursing Workforce & Business Support)	Target date: 31 December 2015
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3.2: The output of the workforce and workload tools is not validated.		Important
<u>Observation and Risk</u>		
<p>Charge nurses were required to input the workforce data in to the NMWWP tools and also complete the professional judgement tool. The data is input to SSTS (Scottish Standard Time System), the national time-recording system. We met with Chief Nurses and Clinical Nurse Managers during the review, who confirmed that they sense check the output from the tools for their wards. However, no evidence of these sense-checks is maintained.</p> <p>The Assistant Director of Nursing – Workforce and Business Support advised that she carried out her own sense-check prior to entering the data on to the 2014/15 spreadsheet, which led to the update of the output from some wards in order to correct data input errors. These errors were caused in part by difficulties in obtaining information from SSTS.</p> <p>There is a risk that decisions about staffing levels and workforce planning needs may be based on inaccurate information, due to the data input to the NMWWP tools not being reviewed and validated.</p> <p>There is a risk that if the output from the tools is not reviewed and validated prior to inclusion in the central record or for use in local workforce planning, decisions about staffing levels may be based on incomplete or inaccurate information.</p>		
<u>Recommendation</u>		
<p>The Chief Nurse and/or Clinical Nurse Manager should be required to formally review and validate the data input to the NMWWP tools for their relevant wards. This should be evidenced and reported to the Nursing & Midwifery Workforce Group, alongside the data from the tools.</p>		
<u>Management Response</u>		
<p>The recommendation is accepted.</p>		
<u>Management Action</u>		
<p>The procedure document being developed (issue 3.1) will include the requirement to formally review data input and validate the outcomes.</p>		
Responsibility: Assistant Director (Nursing Workforce & Business Support)	Target date: 31 December 2015	

<p>3.3: Outcomes from investments in addressing staffing issues are not reported.</p>	<p>Significant</p>
<p><u>Observation and Risk</u></p> <p>In May 2014 the Executive Nurse Director presented a paper <i>In Patient Nurse & Midwifery Staffing Levels & Skill Mix</i> to the Corporate Management Team requesting support for an investment of £1million from the Corporate Nursing Budget to address specific staffing issues and associated risks in three service areas which had been prioritised using the NMWWP tools.</p> <p>The funding was agreed and released. However, no feedback mechanism was in place by which the Executive Nurse Director was assured that the investment had been used as specified and that the identified risks had been addressed.</p> <p>We were informed that, following discussion at the Clinical Management Team level, the funding was actually allocated to different areas, which were considered a greater priority. As a result, the staffing risks associated with the original three service areas may remain higher than planned.</p> <p>Where local decisions regarding spending priorities are not communicated to relevant parties, including the Executive Nurse Director and Finance, there is a risk that subsequent decisions made by those parties are not fully informed.</p>	
<p><u>Recommendation</u></p> <p>All proposals for specific actions and investments to address particular staffing issues should include details of how the actions will be evidenced and how outcomes will be measured.</p> <p>Where the Corporate Management Team and Finance release funding for one purpose, which is subsequently used for another purpose, the Clinical Management Team responsible for the change of use should inform Finance and the Corporate Management Team,</p> <p>The information provided should set out the reasons for the change of use of funding, and the mitigating actions taken to address the risks the funding was originally intended to address.</p>	
<p><u>Management Response</u></p> <p>It is recognised that where funding is made available for specific projects or to meet existing pressures there needs to be a feedback process. Rather than rely on CMT feedback by exception it is proposed to enhance the financial planning process by including a professional sign off of the prioritisation of funding by the Nurse Director (or delegated deputy) and that assurances are sought from CMTs that the funding has been allocated as per the agreements at quarterly financial review meetings through a confirmation process.</p> <p><u>Management Action</u></p> <p>1) Financial pressures being put forward for funding from the annual financial planning process or any other proposal for investment (from any other source) to enhance nursing and</p>	

midwifery staffing levels will be required to include detailed workforce outcomes that will be delivered.

2) Allocation of funding to nursing budgets within the financial planning process will be subject to professional scrutiny and approval before disbursement.

3) Detailed breakdown of new funding allocated for nursing and midwifery budgets will be provided to CMTs in advance of quarterly financial review meetings and a positive confirmation of the allocation being utilised as per intention will be a requirement of the meeting.

Responsibility: Deputy Director of Finance

Target date: 30 September 2016

Control Objective 4: Staffing requirements for new developments or service change are subject to detailed scrutiny and appropriate approvals before being presented to the Board or relevant governance committee.	
4.1: The application of the NMWWP tools for service redesign is not confirmed.	Minor
<p><u>Observation and Risk</u></p> <p>NHS Boards are required to use the appropriate NMWWP tool to provide information for assessing staffing levels for new builds or areas where services are redesigned or relocated. The output from the tool(s) should then be factored into the planning processes for the project. However, there are currently no documented guidance or procedures detailing this requirement.</p> <p>We reviewed staffing proposals for new builds, service redesign, and efficiency and productivity projects. We were informed that all reprovision during the past two years has included the use of the relevant NMWWP tools. However, we noted that the proposals did not confirm that the NMWWP tools had been used in the planning process (or the reasons for not applying the tools).</p> <p>There is a risk that assurance is not provided over proposed staffing levels if confirmation is not given that the appropriate NMWWP tools have been used.</p>	
<p><u>Recommendation</u></p> <p>All service redesign projects should be required to confirm that the appropriate NMWWP tools have been used. Where it is decided that the NMWWP tools are not required, this should be documented in the service redesign proposal.</p> <p>This requirement should be documented in the procedures recommended at MAP 3.2.</p>	
<p><u>Management Response</u></p> <p>The recommendation is accepted.</p> <p><u>Management Action</u></p> <p>The procedure document being developed (issue 3.1) will include the requirement to use the NMWWPP tools in service redesign processes and to record as part of the planning process any deviation from this arrangement.</p>	
Responsibility: Assistant Director (Nursing Workforce & Business Support)	Target date: 31 December 2015

Appendix 1 - Definition of Ratings

Management Action Ratings

Action Ratings	Definition
Critical	The issue has a material effect upon the wider organisation – 60 points
Significant	The issue is material for the subject under review – 20 points
Important	The issue is relevant for the subject under review – 10 points
Minor	This issue is a housekeeping point for the subject under review – 5 points

Control Objective Ratings

Action Ratings	Definition
Red	Fundamental absence or failure of controls requiring immediate attention (60 points and above)
Amber	Control objective not achieved - controls in place are inadequate or ineffective (21 – 59 points)
Green	Control objective achieved – no major weaknesses in controls but may be scope for improvement (20 points or less)