

NHS Lothian

Internal Audit 2024/25

Workforce Planning Review

January 2025

FINAL REPORT

Emily Mayne
Head of Internal Audit
T: 0121 232 5309
E: emily.j.mayne@uk.gt.com

Hannah McKellar
Internal Audit Manager
T: 0131 659 8568
E: hannah.l.mckellar@uk.gt.com

Matt Lee
Assistant Manager
T: 0121 232 8784
E: matt.d.lee@uk.gt.com

Contents



This report is confidential and is intended for use by the management and directors of NHS Lothian. It forms part of our continuing dialogue with you. It should not be made available, in whole or in part, to any third party without our prior written consent. We do not accept responsibility for any reliance that third parties may place upon this report. Any third party relying on this report does so entirely at its own risk. We accept no liability to any third party for any loss or damage suffered or costs incurred, arising out of or in connection with the use of this report, however such loss or damage is caused.

It is the responsibility solely of NHS Lothian management and directors to ensure there are adequate arrangements in place in relation to risk management, governance, control and value for money.



Section	Page
Executive summary	03
Headline messages	05
Summary of findings	07
Detailed findings & action plan	09

Appendices	
Appendix 1: Staff Survey Results	13
Appendix 2: Our assurance levels	18
Appendix 2: Our recommendation ratings	19

Report Distribution

Executive Lead:

- Alison MacDonald, Executive Director of Nursing, Midwifery and Allied Health Professionals

For action:

- Fiona Tynan, Associate Nurse Director (Corporate Nursing)

For Information:

- Caroline Hiscox, Chief Executive
- Fiona Ireland, Nurse Director (Corporate Nursing)
- Craig Marriott, Director of Finance
- Audit and Risk Committee

Executive summary



Background

The Health and Care (Staffing) (Scotland) Act 2019 is legislation aimed at ensuring safe and effective staffing levels within health and social care services in Scotland. The Act, which came into force on 1 April 2024, requires that health boards, care service providers, and related agencies maintain appropriate staffing levels to deliver high-quality care and safeguard both patients and staff. The Act is primarily focused on ensuring appropriate staffing levels for healthcare professionals, including nurses, midwives, medical practitioners, and other clinical staff. The objective of this audit was to review and evaluate compliance with key statutory requirements of the Act. Given the Act's emphasis on appropriate staffing levels for healthcare professionals, our review concentrated on workforce planning for nursing staff and focussed on the following specific areas.



Objectives

Our review focussed on the following key risks:

- Inadequate staffing levels due to non-compliance could compromise patient care and increase staff turnover.
- Ignoring staff input and failure to clearly communicate staffing decisions may erode trust and lead to dissatisfaction.

We assessed the internal controls on the following statutory duty:

- Common Staffing Method (Section 12IJ): This involved assessing the use of approved staffing level tools and professional judgement tools to determine appropriate staffing levels, taking into account factors such as current staffing levels, skills mix, patient needs, and local context.

In addition to testing the statutory duty under Section 12IJ, the audit reviewed adherence to two of the eight broader statutory guidance principles within the Act.

- 1) Taking account of the views of staff and service users.
- 2) Being open with staff and service users about decisions on staffing.

This involved:

- Reviewing documentation, conducting an Online Staff survey and evaluating feedback mechanisms.
- Assessing Transparency in Decision-Making.

Sample testing was undertaken in the following areas, the Royal Infirmary of Edinburgh (RIE) and the Royal Edinburgh and Associated Services (REAS).

Executive summary



Limitations in scope

Our findings and conclusions will be limited to the risks identified above. The scope of this audit does not allow us to provide an independent assessment of all risks and controls linked to Workforce Planning.

Where sample testing is undertaken, our findings and conclusions will be limited to the sample tested only. Please note that there is a risk that our findings and conclusions based on the sample may differ from the findings and conclusions we would reach if we tested the entire population from which the sample is taken.

This report does not constitute an assurance engagement as set out under ISAE 3000.



Acknowledgement

We would like to take this opportunity to thank your staff for their co-operation during this internal audit.

Headline messages



Significant Assurance

We have reviewed the processes and controls around Workforce Planning and have concluded that the processes have provided **Significant Assurance**. This was confirmed through testing in specific areas of the organisation and through discussions with management.

Overall, NHS Lothian demonstrates good alignment with the key requirements of the in-scope sections of the Health and Care (Staffing) (Scotland) Act 2019, including the scheduling and completion of annual workforce planning reviews and the use of staffing tools and real-time systems such as SafeCare. Areas for improvement were identified in staff engagement, transparency, and governance, including one medium-priority recommendation. However, in the context of the strengths observed and the specific scope of the review, these issues did not result in the overall assurance rating being adjusted to moderate.

The results from the online staff survey, based on 25 responses, highlighted concerns regarding involvement in staffing decisions, with 80% of respondents indicating dissatisfaction and 68% feeling that decisions lacked transparency. These findings suggest opportunities to enhance engagement and feedback mechanisms. Addressing this area will strengthen alignment with the principles of openness and inclusion emphasised in the Health and Care Act.

Additionally, the absence of a formal process to gather service user feedback was identified. Section 12IB(1)(d) of the Act requires consideration of service user views in staffing decisions. While safety huddles provide opportunities for staff to voice concerns, including those raised to them by patients, current mechanisms do not provide sufficient evidence to demonstrate that patient views are systematically considered. Developing formal systems to address this gap will enable NHS Lothian to better demonstrate that workforce planning effectively integrates patient perspectives.

The governance structure for implementing the Common Staffing Method (CSM) is currently not formalised in a policy or Standard Operating Procedure (SOP). While not explicitly required by the Act, formalising this structure is recognised as good governance. Such a framework would promote consistent and transparent application of the CSM, defining roles, responsibilities, and processes clearly. We acknowledge that efforts are underway to address this issue.

We report by exception, focusing attention on areas for improvement; however, to provide context to the assurance provided, it is important to highlight we identified that NHS Lothian has several strengths in its workforce planning processes. The NHS Lothian intranet includes a 'Safe Staffing' resource aligned with the Act, supporting transparency and compliance. Approved Staffing Level and Professional Judgement Tools are utilised effectively, enabling data-driven workforce planning that incorporates feedback. BOXI reports consolidate this information into actionable recommendations, using metrics such as bed occupancy and patient dependency. These reports are disseminated to senior nursing leaders, to enable informed decision-making.



Headline messages



Conclusion

We have raised three recommendations. The grading of these recommendations, based on risk, is summarised in the table below.

Objectives	Assurance rating	Number of recommendations			
		High	Medium	Low	Imp
Inadequate staffing levels due to non-compliance could compromise patient care and increase staff turnover.	Significant Assurance	-	-	1	-
Ignoring staff input and failure to clearly communicate staffing decisions may erode trust and lead to dissatisfaction.	Moderate Assurance	-	1	1	-

Summary of findings



Examples of where recommended practices are being applied

- NHS Lothian has established a dedicated Safe Staffing section on its intranet, which is organised into 12 sections corresponding to the specific duties outlined in the Health and Care (Staffing) (Scotland) Act 2019. This resource provides guidance to staff on statutory requirements.
- The integration of SafeCare with Health Rostering supports real-time staffing assessments by calculating the required number of nurses based on patient numbers, acuity, and dependency, facilitating informed and transparent decision-making.
- NHS Lothian has implemented approved Staffing Level and Professional Judgement Tools to comply with the Health and Care (Staffing) (Scotland) Act 2019.
- The Professional Judgement Tool is used to supplement the Staffing Level Tool, allowing clinical leaders to incorporate practical information into workforce planning. Charge Nurses gather input from staff during ward meetings, using this feedback alongside SafeCare data to address real-world ward conditions. The process involves triangulating data from the Staffing Level Tool, Professional Judgement Tool, and patient acuity measures to make informed decisions.
- Output from the staffing tools is provided in the BOXI reports. These provide structured, data-driven information for workforce planning. The reports include key metrics such as Recommended Whole Time Equivalent (rWTE), patient dependency, and bed occupancy. They compare actual staffing levels with recommended values, highlight trends using graphs and tables, and account for factors like Predicted Absence Allowance (PAA). Key stakeholders, including Clinical Nurse Managers, Senior Charge Nurses, Associate Nurse Directors, finance representatives, and eRostering staff, review these outputs, to make data-driven workforce decisions.
- The four areas reviewed included the Emergency Department and Renal & Transplant Wards (206 and 215) at the Royal Infirmary of Edinburgh (RIE), and the Canaan and Blackford Wards at the Royal Edinburgh Hospital and Associated Services (REAS). Across all areas, staffing consistently aligned with the recommended skill mix ratios as advised by staffing tools, with any variances appropriately justified through professional judgement.
- The board is sufficiently informed about staffing decisions and compliance with the Health and Care (Staffing) (Scotland) Act 2019. Regular updates, such as the Quarterly Compliance Report, highlight staffing challenges, actions taken, and how workforce planning aligns with broader operational priorities. Discussions also address strategic risks like resource pressures and service delivery impacts, demonstrating appropriate oversight.

Summary of findings



Areas requiring improvement

- NHS Lothian does not have a formal policy or SOP to meet the requirements of the Health and Care (Staffing) (Scotland) Act 2019. Despite efforts to develop a Board-wide policy, progress has been delayed due to the late publication of statutory guidance. The Board does have some intranet resources on the Act, but formal procedures would help ensure consistent and compliant staffing practices across all services.
- Section 12B(1)(d) of the Health and Care (Staffing) (Scotland) Act 2019, mandates that organisations "take into account the views of staff and service users" in staffing decisions. This requirement highlights the importance of designing staffing arrangements that reflect both professional judgement and the experiences of those receiving care. Currently, NHS Lothian lacks a formal and operational process to gather service user feedback. Without a structured approach, the organisation cannot fully demonstrate alignment with this duty.
- An online survey was issued across four departments; the Emergency Department and Renal & Transplant Wards at the Royal Infirmary of Edinburgh, and the Canaan and Blackford Wards at the Royal Edinburgh Hospital and Associated Services (REAS). The survey aimed to gather staff opinions on engagement and communication in workforce planning. The findings point to staff concerns about limited involvement, poor transparency, and inadequate communication in staffing decisions. Many respondents expressed dissatisfaction with the feedback processes, lack of engagement opportunities, and the overall transparency of decision-making.

Detailed findings & action plan

1.1

Significant Assurance

Inadequate staffing levels due to non-compliance could compromise patient care and increase staff turnover.

Finding and implication	Audit recommendation	Management response, including actions
<p><u>Lack of a Formal Policy.</u></p> <p>The Health and Care (Staffing) (Scotland) Act 2019 mandates that Health Boards use staffing level and professional judgement tools as part of the common staffing method to ensure safe and high-quality care. NHS Lothian currently lacks a formal policy or Standard Operating Procedure (SOP) for its workforce planning assessments.</p> <p>While the Act does not explicitly require a formal policy, implementing a policy or SOP is considered good governance, supporting compliance by ensuring consistent and transparent application of the Common Staffing Method and clearly defining roles, responsibilities, and processes for workforce planning.</p> <p>Efforts are underway to address this issue. Following gaps identified in the Q1 Board Compliance Report, the Health & Care Staffing Lead recommended developing a Board-wide policy. This policy will define compliance requirements, clarify roles, and responsibilities in relation to the Act.</p> <p>Progress has been delayed as statutory guidance was only published upon on 1 April 2024. A Lead has been appointed to oversee policy development, supported by the Professional Leads Group. Interim measures include piloting a SOP for the Common Staffing Method in community nursing, with governance oversight by the Nursing and Midwifery Workforce Programme Board. Once tested, this SOP will be implemented across all Nursing and Midwifery areas.</p> <p>Additionally, NHS Lothian intranet provides information on the Act. However, the absence of a formal policy raises the risk of inconsistent practices.</p>	<p>Recommendation 1</p> <p>NHS Lothian should complete the development and implementation of a formal policy or Standard Operating Procedure (SOP) to ensure compliance with the Health and Care (Staffing) (Scotland) Act 2019 and promote consistent and transparent staffing practices.</p>	<p>Actions:</p> <p>The Health and Care Staffing Programme Board have already commissioned Board wide policy and guidance to be produced, laying out definitions and requirements to comply with the Act, which will ensure all staff understand their roles and responsibilities with regards to the Act. The Statutory Guidance will help inform this. This will include the finalised SOP for following the Common Staffing Method when undertaking staffing/establishment reviews.</p> <p>Responsible Officer: Fiona Tynan, Associate Nurse Director (Corporate Nursing)</p> <p>Executive Lead: Alison MacDonald, Executive Director of Nursing, Midwifery and Allied Health Professionals</p> <p>Due Date: Finalised and approved by March 2026</p>

Detailed findings & action plan

2.1

Moderate Assurance

Ignoring staff input and failure to clearly communicate staffing decisions may erode trust and lead to dissatisfaction.

Finding and implication	Audit recommendation	Management response, including actions
<p><u>Gaps in service user consultation.</u></p> <p>NHS Lothian partially aligns with the principles outlined in the Health and Care (Staffing) (Scotland) Act 2019. However, gaps in service user consultation and communication processes present a risk to full compliance with the Act.</p> <p>Section 12B(1)(d) of the Act states that organisations must "take into account the views of staff and service users" when making decisions about staffing levels. This requirement ensures that staffing arrangements are designed not only with professional and operational input but also with consideration of the experiences and needs of the people receiving care.</p> <p>Without a formal and operational process to capture service user views, NHS Lothian risks non-compliance with the Health and Care (Staffing) (Scotland) Act 2019. The absence of formal and documented process means NHS Lothian cannot fully demonstrate compliance with this statutory duty and may overlook critical perspectives essential to aligning workforce planning with the needs and experiences of service users.</p>	<p>Recommendation 2</p> <p>Introduce a formal process for consulting service users about staffing decisions to fully meet the principles of the Health and Care (Staffing) (Scotland) Act 2019.</p>	<p>Actions:</p> <p>The Associate Nurse Director for Corporate Nursing, responsible for the implementation of the Act to liaise with the Head of Patient Experience to consider how a formal process for consulting service users about staffing decisions can be introduced. Once agreed, tested and approved, this can be incorporated into the Board wide policy and guidance to be produced.</p> <p>Responsible Officer: Fiona Tynan, Associate Nurse Director (Corporate Nursing)</p> <p>Executive Lead: Alison MacDonald, Executive Director of Nursing, Midwifery and Allied Health Professionals</p> <p>Due Date: October 2025</p>

Detailed findings & action plan

2.2

Moderate Assurance

Ignoring staff input and failure to clearly communicate staffing decisions may erode trust and lead to dissatisfaction.

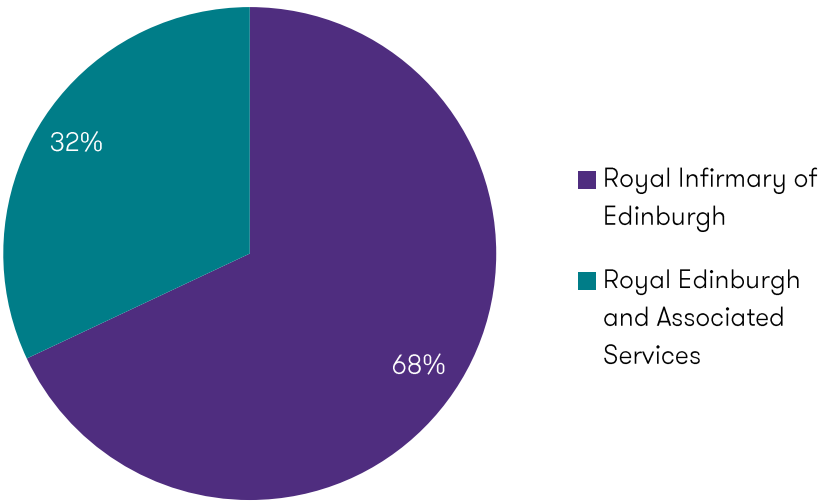
Finding and implication	Audit recommendation	Management response, including actions
<p><u>Staff concerns with the effectiveness of feedback mechanisms.</u></p> <p>An online survey was issued across four departments; the Emergency Department and Renal & Transplant Wards at the Royal Infirmary of Edinburgh, and the Canaan and Blackford Wards at the Royal Edinburgh Hospital and Associated Services (REAS). It aimed to assess staff opinions on engagement and communication in workforce planning. The survey results are included as Appendix 1.</p> <p>The survey results highlight staff concerns about a lack of involvement, transparency, and communication in staffing decisions. Respondents expressed dissatisfaction with the current feedback mechanisms, limited engagement opportunities, and insufficient transparency in the decision-making process.</p> <p>While data from systems like SafeCare is reviewed during daily ward huddles, with these meetings providing an opportunity for staff to raise immediate concerns about staffing levels or clinical risks, 52% of respondents said they were not involved in Staffing Decisions. 61% said they were not invited to provide feedback and 80% said they were not satisfied with the level of involvement in staffing decisions.</p> <p>In addition, 68% of respondents felt staffing decisions were not transparent, and 60% reported that the rationale behind decisions was not explained. Dissatisfaction with communication was high, with 60% expressing dissatisfaction with how staffing decisions are conveyed.</p> <p>These results reflect negative staff perceptions regarding engagement, the effectiveness of feedback mechanisms, including information cascading, and overall transparency in the decision-making process.</p>	<p>Recommendation 3</p> <p>Improve transparency in staffing decisions by enhancing communication, ensuring all staff feedback is considered, and actively involving non-managerial roles. This will align practices with statutory principles and help improve trust and engagement among staff.</p>	<p>Actions:</p> <p>The SafeCare tool is being updated with functionality which will address the effectiveness of the feedback mechanism. It will be in place with upgrade to version 11.4.2 estimated Spring 2025. In the interim, work will be undertaken to reinforce the escalation and feedback through the Nursing and Midwifery Workforce Programme Board, and the Health and Care Staffing Leads Group for other professions.</p> <p>Responsible Officer: Fiona Tynan, Associate Nurse Director (Corporate Nursing)</p> <p>Executive Lead: Alison MacDonald, Executive Director of Nursing, Midwifery and Allied Health Professionals</p> <p>Due Date: March 2026</p>

Appendices

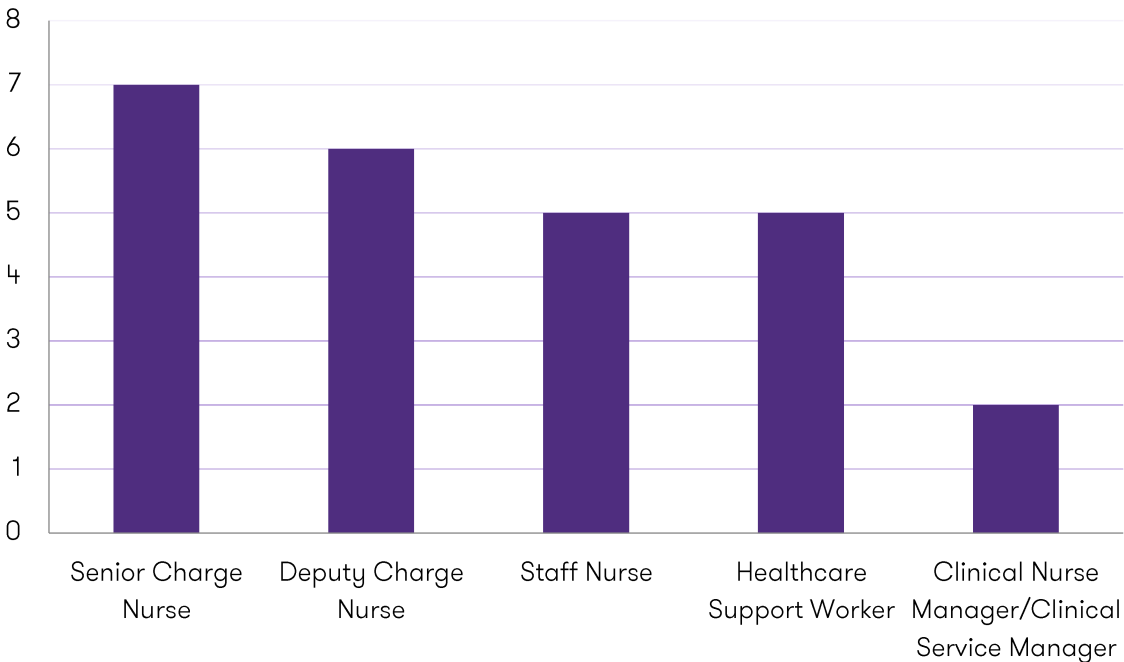
Appendix 1: Survey Results

Survey results from the four areas in our sample testing. For RIE this was Ward 206 (Renal and Transplant) and the Emergency Department, for REAS this was Blackford Ward and Canaan Ward.

Where do you work?

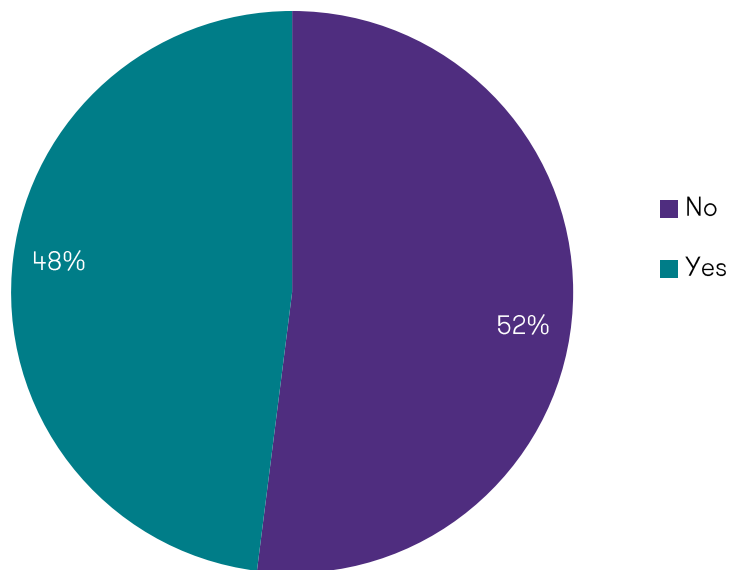


What is your job role?

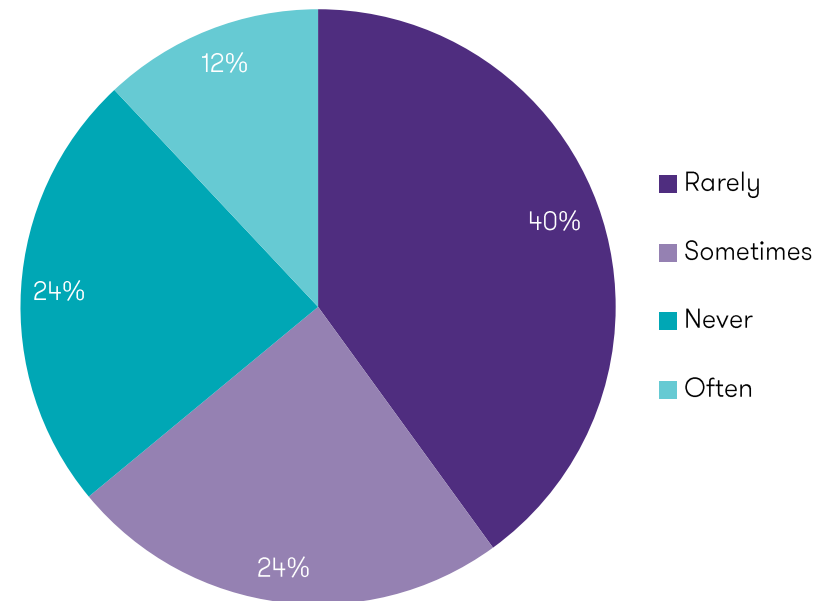


Appendix 1: Survey Results

Are you involved in staffing?

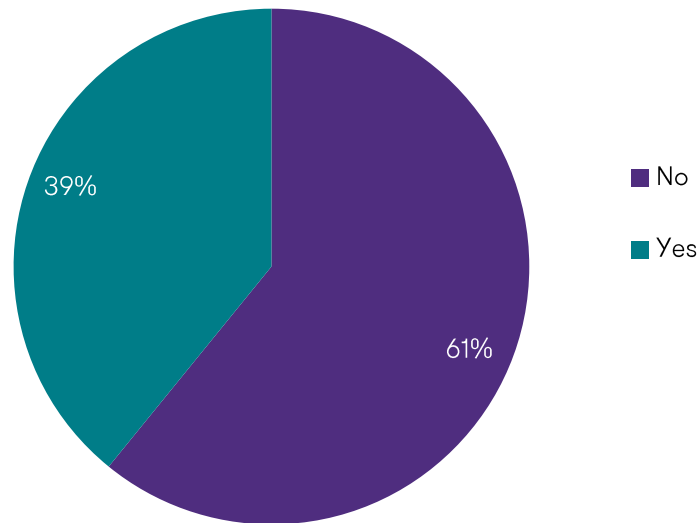


How often do you feel that your feedback on staffing levels is taken into account in decision-making?

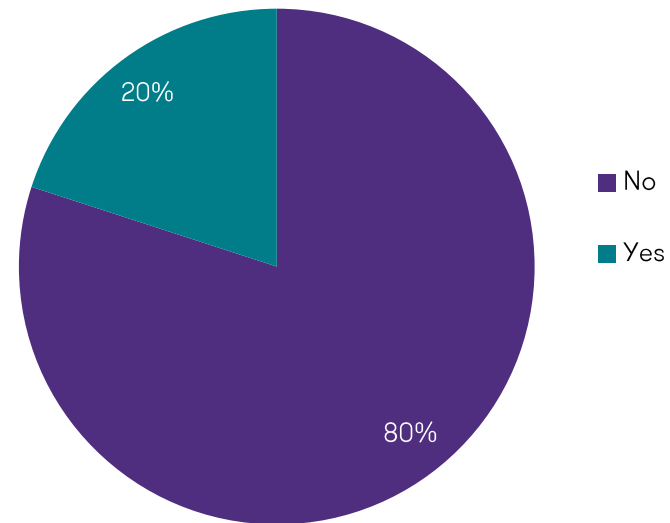


Appendix 1: Survey Results

Are you invited to provide feedback on staffing levels in your area?

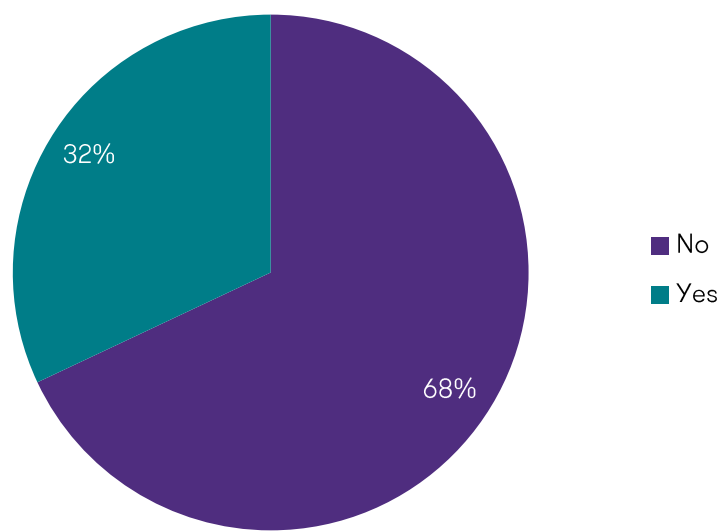


Are you satisfied with the level of involvement you have in staffing decisions?

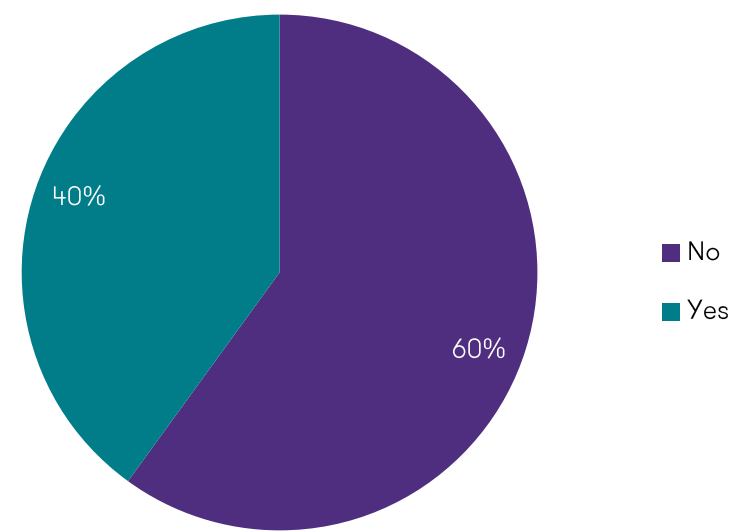


Appendix 1: Survey Results

Are staffing decisions in your department communicated openly with you?

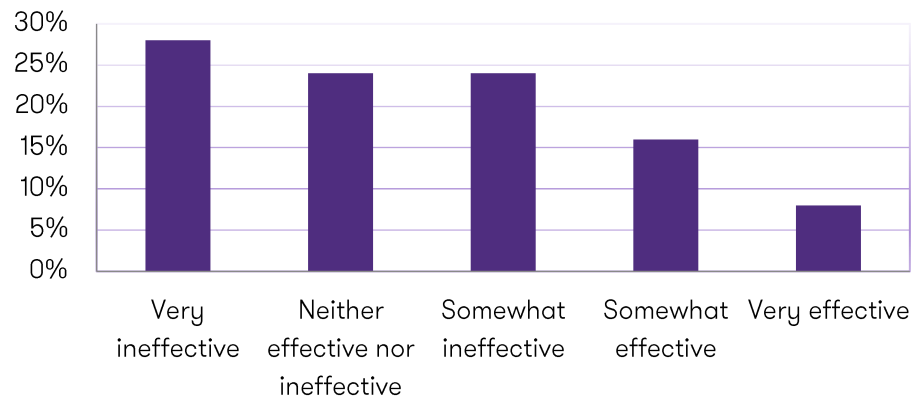


Is the rationale behind staffing decisions (e.g., resource limitations, patient needs) explained to you?

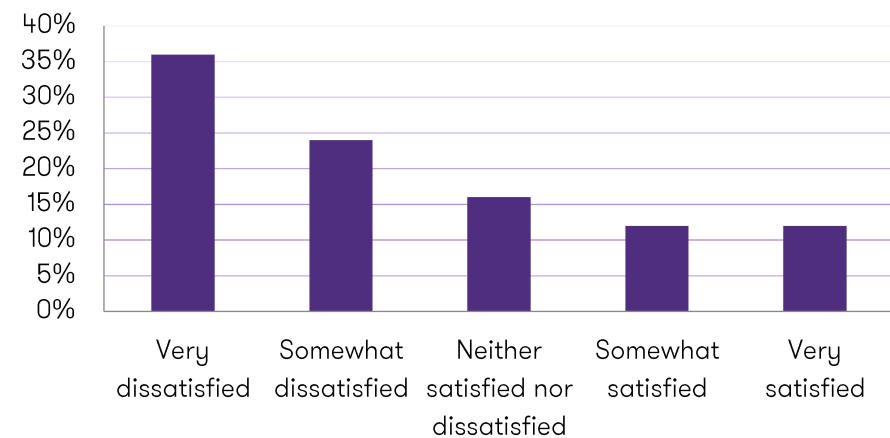


Appendix 1: Survey Results

How effective is the communication regarding staffing decisions in addressing concerns or clarifications you might have?



How satisfied are you with the level of openness about staffing decisions in your department?



Appendix 2:

Our assurance levels

The table below shows the levels of assurance we provide and guidelines for how these are arrived at. We always exercise professional judgement in determining assignment assurance levels, reflective of the circumstances of each individual assignment.

Rating	Description
Significant Assurance	<p>The Board can take reasonable assurance that the system(s) of control achieves or will achieve the control objective. 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. 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>
Moderate Assurance	<p>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> <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>
Limited Assurance	<p>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> <p>This may be used when:</p> <ul style="list-style-type: none"> • There are known material weaknesses in key control areas. • 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. <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>
No assurance	<p>The Board cannot take any assurance from the audit findings. There remains a significant amount of residual risk.</p> <p>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 a number of HIGH rated recommendations)</p>

Appendix 3:

Our recommendation ratings

The table below describes how we grade our audit recommendations based on risks:

Rating	Description	Possible features
High	Findings that are fundamental to the management of risk in the business area, representing a weakness in the design or application of activities or control that requires the immediate attention of management	<ul style="list-style-type: none"> • Key activity or control not designed or operating effectively • Potential for fraud identified • Non-compliance with key procedures/standards • Non-compliance with regulation
Medium	Findings that are important to the management of risk in the business area, representing a moderate weakness in the design or application of activities or control that requires the immediate attention of management	<ul style="list-style-type: none"> • Important activity or control not designed or operating effectively • Impact is contained within the department and compensating controls would detect errors • Possibility for fraud exists • Control failures identified but not in key controls • Non-compliance with procedures/standards (but not resulting in key control failure)
Low	Findings that identify non-compliance with established procedures, or which identify changes that could improve the efficiency and/or effectiveness of the activity or control but which are not vital to the management of risk in the business area.	<ul style="list-style-type: none"> • Minor control design or operational weakness • Minor non-compliance with procedures/standards
Improvement	Items requiring no action but which may be of interest to management or which represent best practice advice	<ul style="list-style-type: none"> • Information for management • Control operating but not necessarily in accordance with best practice

