

NHS TAYSIDE  
INTERNAL AUDIT SERVICE



**WORKFORCE OPTIMISATION**  
ANGUS COUNCIL INTERNAL AUDIT  
**REPORT NO. IJB18-01/AN06/19**

Issued To: V Irons, Chief Officer  
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Tayside Audit Follow-Up  
IJB Audit Committee  
External Audit

Date: 12 March 2019

## INTRODUCTION AND SCOPE

1. The 2018/19 annual internal audit plan included a review of the IJB's implementation of the integrated workforce plan and actions to address workforce risks. In March 2018 a fully integrated workforce plan covering the two main employers; Angus Council and NHS Tayside, was approved by the Staff Partnership Forum. The independent and voluntary sectors are also referenced in this plan.
2. The scope of the audit is to review the controls and mechanisms in place to implement the workforce plan and mitigate the workforce risks as detailed in the IJB risk register.
3. The work was carried out by Angus Council Internal Audit on behalf of FTF as part of the agreement of shared services. The audit was carried out over the Angus Health and Social Care Partnership.
4. The specific audit objectives are:
  - Confirm that an appropriate methodology was used to develop the Workforce Plan, including consultation with stakeholders, and that appropriate approval and reporting mechanisms for the plan are in place.
  - Ensure that the AHSCP Workforce Plan is aligned to existing partner strategies, as well as other IJB plans which have workforce elements.
  - Confirm that the Workforce Plan has been developed in line with the Angus Integration Scheme and is tailored to deliver the relevant elements of the Strategic Plan.
  - Confirm that SMART actions required to implement the Workforce Plan have been identified, with clearly defined lines of responsibility for each partner.
  - Confirm that appropriate mechanisms are in place to monitor the Workforce Plan, ensure it is progressing effectively and identify any blockages to implementation of the Plan.
5. Service Objectives Relevant to the Review

The Angus Health and Social Care Partnership sets out the vision for change and improvement in its strategic plan. The plan set out four strategic priorities through which change and improvement would be delivered.

- Priority 1: Improving Health, Wellbeing and Independence
- Priority 2: Supporting care needs at Home
- Priority 3: Developing integrated and enhanced Primary care and community responses
- Priority 4: Improving Integrated care pathways for priorities in care.

Below the strategic plan the Angus Care Model and the Improvement and Change programme encompass the majority of plans to effect change to deliver these priorities.

## RISKS

The following risks could prevent the achievement of the above objectives and have been identified as within scope for this audit:

Workforce Optimisation - As a result of changing demographics affecting our staff and people who use our services there is a risk that Angus HSCP will be unable to develop and sustain its workforce to meet its legal obligations under the Public Bodies (Joint Working) (Scotland) Act 2014 (Current Risk Exposure – Amber. Probability: High x Risk Exposure: Significant)

## AUDIT OPINION AND FINDINGS

The audit opinion is **Category C** – Adequate. There is a workforce plan in place which aligns with existing partner strategies and other IJB plans, however, improvements to monitoring and implementation of the plan are required to enhance the adequacy/effectiveness of risk management, control and governance.

A description of all audit opinion categories is given in the final section of this report.

The following chart shows where the grade lies within the band:

A	B	C	D	E	F
		X			

## **Key Control Objective 1 - Confirm that an appropriate methodology was used to develop the Workforce Plan, including consultation with stakeholders, and that appropriate approval and reporting mechanisms for the plan are in place.**

### **Findings**

6. The NHS workforce planning pack entitled “NHS Education for healthcare workforce planning resource pack” was used to develop the workforce plan.
7. There was consultation with lead officers in the Council and NHS, unions in the Council and NHS, the independent sector and HR in both the Council and NHS.
8. The AHSCP staff forum was consulted on drafts of the workforce plan until completion.
9. Part of the remit of the AHSCP staff forum is that all plans will be developed with input from the forum.
10. As part of our audit work we spoke to leads from the Independent sector, the Out of Hours review, Angus Model of Care review and Social Care Worker review. All staff said that they were satisfied with the input that they had to the AHSCP workforce plan. The lead of the independent sector did say that although there is a willingness of all partners to work together on workforce issues, he hoped that his sector would have greater involvement in future plans.
11. The Senior Leadership Team (SLT) were kept informed and given updates on the plan with the final AHSCP workforce plan going to SLT for discussion in January 2018.
12. The AHSCP workforce plan was approved in March 2018 by the Executive Management Team and the staff partnership forum. There is a review date of March 2020. The plan was approved by the IJB Board in October 2018.
13. Section 7.3 of the Angus Integration Scheme includes the following requirement; “...Reviews of the (Workforce) Strategy will be undertaken in conjunction with the Integration Joint Board.”

## **Key Control Objective 2 - Ensure that the AHSCP Workforce Plan is aligned to existing partner strategies, as well as other IJB plans which have workforce elements.**

### **Findings**

14. We viewed the Angus Model of Care Review, the Social Care Worker Review, the Out of Hours Workforce Plan (review), the NHS workforce plan and the Angus Council workforce plan and confirmed that workforce elements of these reviews were reflected in the AHSCP workforce plan.
15. The Angus Model of Care review covered in-patient, minor injuries and care homes. The workforce implications highlighted in this review were the need to work as an integrated partnership to explore the utilisation of staff, the need to retain staff within Angus, engage with education providers and utilise employability programmes for work experience and education. The lead for this said that she was kept informed of the development of the AHSCP workforce plan through the SLT and was given the opportunity to input to and comment on the plan.
16. The lead for the Social Care Worker review said that the AHSCP workforce plan was taken to SLT meetings as well as the staff partnership forum and comments and input were asked for. We were informed that there was an excellent PowerPoint presentation with figures and facts which raised awareness of causes for concern in some workforce areas especially the aging workforce, retention issues and that Angus has difficulty recruiting young staff. The Social Care Worker review addresses the need for all staff over all sectors in the AHSCP to be reviewed to enable the workforce issues to be tackled. The review was still in draft at the time of the audit and had not been reported.
17. The Out of Hours (workforce plan) Review recognised the ageing workforce along with difficulties recruiting and the need for a more flexible workforce and appropriate training. The lead in the Out of Hours review stated that she had been consulted in the AHSCP workforce plan; communication was good, with work being done for the Out of Hours project feeding in to and being considered in the AHSCP workforce plan.
18. All IJB plans viewed were aligned with the AHSCP workforce plan.

### **Key Control Objective 3 - Confirm that the Workforce Plan has been developed in line with the Angus Integration Scheme and is tailored to deliver the relevant elements of the Strategic Plan.**

#### **Findings**

19. The AHSCP Integration scheme states that a workforce and organisation development strategy for integrated functions will be developed. The strategy will set out how support and development will be provided for and to the workforce.
20. The workforce and organisational development strategy 2016 – 2019 states in the foreword the need to commit to youth employment and the challenges of attracting applicants to a rural setting. These issues are highlighted in the workforce plan.
21. The AHSCP strategic plan acknowledges that staff may choose to work longer and there is a vital need to commit to youth employment. The challenges of attracting staff to a rural setting are also highlighted as is the need to develop the workforce skills and knowledge.
22. The workforce plan has been developed in line with the Angus Integration Scheme and addresses issues highlighted in the Strategic Plan.

## **Key Control Objective 4 - Confirm that SMART actions required to implement the Workforce Plan have been identified, with clearly defined lines of responsibility for each partner.**

### **Findings**

23. Section 5 of the AHSCP workforce plan is the action plan, with priority actions for 2018 – 2020.
24. The action plan has an ambition, and an action to achieve that ambition plus the lead for the ambition / action.
25. The action plan is not really SMART i.e. specific, measureable, achievable, relevant and time-bound. Some actions are not specific i.e. “We need to utilise local and national workforce tools across health and social care to manage and plan” and there is no timescale against any of the ambitions / actions. Under the ‘Lead’ column it states that “All actions will be carried out by the Senior Leadership Team and communicated to the Angus Staff Partnership forum. The executive lead for the plan is the Head of Service.”
26. Actions need to be specific, measurable and have a deadline to enable them to be achieved. Also each action should be allocated to one responsible person with that person being the ‘owner’ of the action and with responsibility to ensure the action is completed within the timeframe.

### **Recommendation 1**

Actions in the AHSCP workforce plan should be SMART to ensure that actions are specific, measurable and have a timeframe to be completed by and are allocated to a named person.

## **Key Control Objective 5 - Confirm that appropriate mechanisms are in place to monitor the Workforce Plan, ensure it is progressing effectively and identify any blockages to implementation of the Plan.**

### **Findings**

27. We were informed that the actions in the AHSCP workforce plan should be monitored by the Executive Management Team.
28. There was no clear evidence of the actions in the workforce plan progressing or being reported on. There are no specific monitoring reports on the workforce plan, showing updates on each action.
29. Some areas where the workforce plan was progressing were reported to the Executive Management Team and the senior leadership team i.e. an update on modern apprenticeships was reported. This links to the ambition to increase the number of staff aged less than 20 years old to at least 2% by 2020. In relation to this, although the AHSCP supported a recruitment event for the independent sector, it was brought to our attention during the audit that the independent sector is not invited to Council school career events. Rectifying this position would contribute to achieving this ambition.
30. In relation to the Workforce Optimisation risk identified on page 2, the IJB risk register includes a mitigating action, to be completed by 31 March 2017, to develop joint employer protocols which permit flexible staffing arrangements to allow immediate risks to be managed. At the time of the audit no progress had been made on this action, which impedes implementation of the plan.

### **Recommendation 2**

Monitoring/highlight reports on the actions in the workforce plan should be monitored at least quarterly by the Executive Management Team.

### **Recommendation 3**

The Council's Schools and Learning service should consider the possibility of inviting the independent care sector in Angus to school career events.

### **Recommendation 4**

The action for the joint employer protocol should be monitored until completion.



31. Recruitment and training practices are highlighted in the AHSCP workforce plan, and our findings in this regard are highlighted in paragraphs 32 – 38 below. We have recommended actions to improve recruitments practices, however joint training between sectors of AHSCP was found to be satisfactory.
32. There are two separate recruitment processes in the AHSCP for the Council and the NHS. We were informed this is due to differing conditions and pay scales within the two services. For instance there were recently apprenticeships available in the AHSCP, with these being paid at £8,000 per annum for Council employees and £16,000 for NHS employees. It is intended to take on more apprentices annually. The IJB has a responsibility to achieve Best Value, and this requires to be considered in future recruitment exercises. The possibility that in future apprentices could all be employed under Shared Apprentice Limited (formerly Angus Shared Apprenticeship Partnership) is one that could be considered.
33. There were two recruitment processes for these apprenticeship posts, with both the Council and NHS HR departments carrying out their own recruitment process. This causes duplication and offers no opportunity for one HR service for the AHSCP and any potential savings this might achieve.
34. A single advert was recently placed by another IJB for occupational therapist posts with different terms and conditions for the Council and the NHS. This suggests that other IJBs have integrated their recruitment processes, and this is an approach which could benefit the AHSCP.
35. We were informed during the course of the audit, and have subsequently confirmed, that Care Commission and NHS rules do not allow for staff in one sector to work / cover in another sector. All services commissioned by Angus Council on behalf of Angus Health and Social Care must be registered with the Care Inspectorate. A condition of the registration is that all staff employed in social services are registered with the Scottish Social Services Council (SSSC). Therefore NHS staff, who are not registered with the SSSC, cannot work within the Partnerships social care services. Likewise staff employed in NHS Services must be registered with their professional body e.g. nurses with the Nursing and Midwifery council and Health Care Support workers are subject to Healthcare Support Worker Regulations, which prohibits Council employed staff being employed within the NHS on a temporary basis.
36. This will hamper implementation of the Workforce Plan, as allowing suitably qualified staff to be redeployed from one area to another would increase flexibility in the workforce. This is not an issue which can be tackled at a local level, however AHSCP officers and HR officers within the Council and NHS should raise the issue with the relevant national working groups/forums, as this issue will impact on all IJBs across Scotland. The “need to influence national policy makers to make it easier for staff to transfer between NHS and local authority employers

especially within a Health & Social Care context” is noted in the AHSCP Workforce Plan, however there is no action associated with this.

37. There is evidence of good joint training between sectors of the AHSCP. Staff we interviewed from all areas of the AHSCP were happy with the joint training opportunities. The Council and NHS can access each other's online training. Training has also been delivered in person to both parties; being delivered by the Council, the NHS and as a joint delivery. An example of this is the recent joint training for case recording for adult protection.
38. Training is also offered to the independent sector, which is invited to training events where appropriate. We were informed that live streaming of NHS training has been delivered to care homes and care at home services. Work is currently being carried out for joint training strategies on areas such as palliative care and dementia.

### **Recommendation 5**

AHSCP officers, together with the HR sections of Angus Council and NHS Tayside, should review methods of employing apprentices in future, in order to achieve Best Value for the IJB. Achieving Best Value for the IJB should be a key consideration in the recruitment process for all posts.

### **Recommendation 6**

The HR sections of Angus Council and NHS Tayside should review their current recruitment processes for the AHSCP and investigate the feasibility of integration, with one recruitment process for each position.

### **Recommendation 7**

AHSCP officers, and HR officers in Angus Council and NHS Tayside, need to raise the issue of transferability of staff between sectors with the relevant national policy makers at every opportunity, and attempt to influence changes in this regard.

39. An area of good practice which should be highlighted is the Staff Partnership Forum “Walkabouts”. These were introduced towards the end of 2017/18 to help the Forum appear more approachable by encouraging staff to enquire about the role of the forum and allow members to hear what issues affect the workforce, face to face. The walkabouts are also intended to improve communication by discussing, in an unfiltered setting, relevant topical issues affecting specific groups of staff e.g. proposed changes, and also to explore opportunities for specific staff groups. Walkabouts are undertaken by members of the Staff Partnership Forum, usually after their regular meetings, with a different location chosen each time, covering both clinical and non-clinical settings.

## **ACKNOWLEDGEMENT**

40. We would like to thank all members of staff for the help and co-operation received during the course of the audit.

**Action Plan**

Ref.	Finding	Audit Recommendation	Priority	Management Response / Action	Action by/Date	Action Allocated to (for Angus Council staff this will be put on Pentana)
1	Actions in the AHSCP workforce plan are not Specific, Measurable, Achievable, Relevant and Time-bound.	Actions in the AHSCP workforce plan should be SMART to ensure that actions are specific, measurable and have a timeframe to be completed by and are allocated to a named person.	2	Agreed – Future iterations of the IJB's workforce plan will have SMART actions. And these will be reported to the IJB's EMT and Board as required.	31 March 2019	Bill Troup, Head of Service
2	There was no clear evidence of the actions in the workforce plan progressing or being reported on. There are no specific monitoring reports on the workforce plan, showing updates on each action.	Monitoring/highlight reports on the actions in the workforce plan should be a standing item on the agenda for the Executive Management Team.	2	Agreed.	31 March 2019	Bill Troup, Head of Service

**Action Plan**

Ref.	Finding	Audit Recommendation	Priority	Management Response / Action	Action by/Date	Action Allocated to (for Angus Council staff this will be put on Pentana)
3	The Independent sector care organisations do not get invited to school careers events.	The Council's Schools and Learning service should consider the possibility of inviting the independent care sector in Angus to school career events.	4	Agreed – the IJB will progress this with colleagues in Angus Council	31 March 2019	Bill Troup, Head of Service / Alison Fraser, Schools & Learning Support Officer – Employability & Skills
4	The risk register action for a joint employer protocol to be completed by 31 March 2017 has not yet started.	The HR sections of Angus Council and the NHS should ensure that the action for the joint employer protocol is progressed as a matter of urgency, with a new completion date and monitored until completion.	2	While there remains a lack of clarity regarding this issue, it is a matter that transcends Angus IJB as one Partner (NHS Tayside) needs to work on pan-Tayside basis.  The IJB will seek further clarity from HR departments in due course regarding progress with pilot being developed in Perth & Kinross.	28 February 2019	Bill Troup, Head of Service

**Action Plan**

Ref.	Finding	Audit Recommendation	Priority	Management Response / Action	Action by/Date	Action Allocated to (for Angus Council staff this will be put on Pentana)
5	Apprenticeships available in the AHSCP are being paid at £8,000 per annum for Council employees and £16,000 for NHS employees.	AHSCP officers, together with the HR sections of Angus Council and NHS Tayside, should review methods of employing apprentices in future, in order to achieve Best Value for the IJB. Achieving Best Value for the IJB should be a key consideration in the recruitment process for all posts.	<b>2</b>	There is no flexibility to vary the rate of pay offered by NHS Tayside for apprenticeships. NHS Tayside must comply with the requirements of NHS Circular PCS (AFC) 2016/4 to achieve the National Living Wage for all employees. Consequently the IJB will ask Angus Council and NHS Tayside to document a short protocol regarding the routes through which Angus IJB should recruit apprentices in various circumstances.	30 September 2019	Bill Troup, Head of Service / Angus Council HR / NHS Tayside HR

**Action Plan**

Ref.	Finding	Audit Recommendation	Priority	Management Response / Action	Action by/Date	Action Allocated to (for Angus Council staff this will be put on Pentana)
6	There is duplication in the recruitment process with both the Council and NHS sections carry out their recruitment process for each AHSCP position resulting in two adverts having to be placed.	The HR sections of Angus Council and NHS Tayside should review their current recruitment processes for the AHSCP and investigate the feasibility of integration, with one recruitment process for each position.	<b>3</b>	Agreed – Angus IJB will request the HR Services of Angus Council and NHS Tayside work to develop this.	28 February 2019	Bill Troup, Head of Service
7	Care Commission and NHS rules do not allow for staff in one sector to work/cover in another sector. This will hamper implementation of the Workforce Plan, as allowing suitably qualified staff to be redeployed from one area to another would increase flexibility in the workforce.	AHSCP officers, and HR officers in Angus Council and NHS Tayside, need to raise the issue of transferability of staff between sectors with the relevant national policy makers at every opportunity, and attempt to influence changes in this regard.	<b>2</b>	Agreed – Angus IJB will flag this audit finding to NHS Tayside's Medical and Nursing Director and Angus Council's Chief Social Work Officer and ask them to, where possible, be considered in national forums.	28 February 2019	Bill Troup, Head of Service

## DEFINITION OF ASSURANCE CATEGORIES AND RECOMMENDATION PRIORITIES

### Categories of Assurance:

A	Good	There is an adequate and effective system of risk management, control and governance to address risks to the achievement of objectives.
B	Broadly Satisfactory	There is an adequate and effective system of risk management, control and governance to address risks to the achievement of objectives, although minor weaknesses are present.
C	Adequate	Business objectives are likely to be achieved. However, improvements are required to enhance the adequacy/ effectiveness of risk management, control and governance.
D	Inadequate	There is increased risk that objectives may not be achieved. Improvements are required to enhance the adequacy and/or effectiveness of risk management, control and governance.
E	Unsatisfactory	There is considerable risk that the system will fail to meet its objectives. Significant improvements are required to improve the adequacy and effectiveness of risk management, control and governance and to place reliance on the system for corporate governance assurance.
F	Unacceptable	The system has failed or there is a real and substantial risk that the system will fail to meet its objectives. Immediate action is required to improve the adequacy and effectiveness of risk management, control and governance.

## DEFINITION OF RECOMMENDATION PRIORITIES

The priorities relating to Internal Audit recommendations are defined as follows:

**Priority 1 recommendations** relate to critical issues, which will feature in our evaluation of the Governance Statement. These are significant matters relating to factors critical to the success of the organisation. The weakness may also give rise to material loss or error or seriously impact on the reputation of the organisation and require urgent attention by a Director.

**Priority 2 recommendations** relate to important issues that require the attention of senior management and may also give rise to material financial loss or error.

***Priority 1 and 2 recommendations are highlighted to the Audit Committee and included in the main body of the report within the Audit Opinion and Findings***

**Priority 3 recommendations** are usually matters that can be corrected through line management action or improvements to the efficiency and effectiveness of controls.

**Priority 4 recommendations** are recommendations that improve the efficiency and effectiveness of controls operated mainly at supervisory level. The weaknesses highlighted do not affect the ability of the controls to meet their objectives in any significant way.