25 April 2018

Dear Jenny

NHS SCOTLAND: RESPONSE TO PUBLIC AUDIT AND POST-LEGISLATIVE SCRUTINY COMMITTEE ON RECENT AUDITOR GENERAL REPORTS

You wrote to me on 20 March in your capacity as Convenor of the Public Audit and Post-legislative Committee seeking information in respect of the Scottish Government’s position on the recommendations contained in two recent reports by the Auditor General: NHS Workforce Planning and NHS in Scotland 2017. This followed oral evidence taken by the Committee from NHS and Scottish Government officials.

Please find the response to the detailed issues set out by the Committee in the attached Annexes – Annex A, covering points dealt with in NHS Workforce Planning; and Annex B, covering those in NHS in Scotland 2017. Annex C outlines the progress made on the recommendations identified in Part 1 and Part 2 of The National Health and Social Care Workforce Plan. Annexes A and B follow the italicised sub-headings and the emboldened questions set out in your six-page letter.

I hope this is helpful to the Committee and I am happy to provide any further information members may require.

Yours Sincerely

SHONA ROBISON
Annex A: Auditor General's report: NHS Workforce Planning

Pace of Change

We believe that there is a clear and urgent need for the pace of change around workforce planning to be increased. We note that the Scottish Government will publish a combined health and social care workforce plan in 2017/18. We consider that this plan should take full account of the audit recommendations and encourage scenario planning, including for the particular staff groups mentioned by Audit Scotland.

The pace of change around workforce planning has already been substantially increased through the publication of recommendations covering NHS and social care in Parts 1 and 2 (and in the near future, for primary care, in Part 3) of the National Health and Social Care Workforce Plan. The National Workforce Planning Group provides oversight and monitors actions being taken to put recommendations into practice in a co-ordinated way. In order to support this work we have established a programme management office within the Health Workforce and Strategic Change Directorate.

Developing the capacity to scenario plan and model the future workforce against supply and demand factors is one of a number of issues common to each part of the Plans. A key element of this is ensuring workforce data is comparable and compatible. NES has already made excellent progress in initiating development of a data platform. A proof of concept will be ready by June 2018 and accessible scenario planning mechanisms, from early 2019.

Both Parts 1 and 2 and the integrated health and social care workforce plan which Scottish Ministers have committed to publishing in Autumn 2018 will address the recommendations on workforce planning set out by the Auditor General in recent reports.

Annex C outlines the progress made with the recommendations identified in Part 1 and Part 2 of The National Health and Social Care Workforce Plan.
A failure to plan?

Have a clear and shared understanding of how the Scottish Government’s new national approach will affect planning at a board and regional level. We therefore invite you to explain how the Scottish Government will ensure this shared understanding.

Responsibility for strategic workforce planning and the implementation of recommendations in the National Workforce Plan (Parts 1, 2 and 3) will be monitored and overseen by the National Workforce Planning Group (NWFPG) which is jointly chaired by Scottish Government (SG) and COSLA. This group has wide representation from across health and social care and provides the authorising environment for all parts of the Plan. The NWFPG reports in turn to the Delivery Plan Programme Board, which will ensure the developments in workforce planning fully compliment the Delivery Plan’s approach to regional working and to shifting the balance of care from acute to community.

Work is underway to provide clarity around the responsibilities for conducting workforce planning at a National, Regional and Local level. This will inform the revised workforce planning guidance. This will be supported by wide engagement with key stakeholders from health and social care, including the third and independent sector, to ensure a co-ordinated approach.

Please identify any specific measures in the new plans that will address the longstanding/ worldwide recruitment challenges mentioned.

Parts 1 and 2 of the Plan made a number of recommendations on recruitment and retention focussing not only on growing our own workforce but also on widening access to health and social care careers internationally and from a range of alternative sources. We are working closely with NES to realise specific commitments made in Part 1 of the Plan in tackling persistent recruitment challenges to provide sustainable national, regional and local solutions, and building the right conditions for better retention. For Part 2, across social care, progress on recruitment and retention takes account of contributions already being made by COSLA and local authorities, the Improvement Service, Scottish Care, Scottish Social Services Council, Care Inspectorate, CCPS and others.

We have implemented a supply pipeline approach by investing over £23 million to increase the number of medical school places, 50 additional undergraduate places and the introduction of pre-medical year and graduate entry programme with primary care focus and 100 more training places for GPs, moving from 300 to 400. From 2019 onwards, additional GPs will be available to work in the community.

We have also increased medical and nursing training places. These will include a further expansion of training places during the lifetime of this Parliament to provide an additional 1,600 places, in addition to the 1,000 extra places already anticipated as part of our workforce planning, encouraging return to practice and widening access activity – for example through initiatives developed by the Chief Nursing Officer’s Directorate and an emerging partnership with the Prince’s Trust - and we are taking positive steps to re-energise our approach to international recruitment while acknowledging that many of the supply issues we are addressing are global in nature.

We are also working to develop a national integrated recruitment campaign with a strong core message across health and social care, reflecting the approach being taken across all
three Parts of the National Health and Social Care Workforce Plan. We anticipate that this campaign will cover nursing, social care and primary care.

Within medical specialties, we are piloting international recruitment activity, focussing initially on acute shortages in Radiology (the clinical specialism with the highest vacancy rate). Taking account of national and international shortages in certain clinical specialties, our involvement in an international recruitment campaign for Radiologists has focussed on developing an intelligence led social media campaign, working with Royal College of Radiologists and TMP international to target recruitment activity in areas of the globe with an available supply of clinicians within the relevant specialism.

**Outcomes**

We seek an assurance that the remaining parts of the workforce plan will be fully informed by an evaluation of previous outcomes (financial planning, budgeting and monitoring of spend - and assessment of whether recent increases in staff levels and costs have improved the outcomes delivered by the NHS).

The overall approach we are taking to workforce planning – across Parts 1, 2 and 3 of the Plan – is informed by programme management principles and aided by a governance structure which allows for progress on specific recommendations to be regularly reviewed and evaluated. Annual publication of a national Plan from 2018 onwards, as well as the development of enhanced workforce data and the capacity to apply this to scenario planning will allow medium to longer term assessment of outcomes deriving from these recommendations. As each part of the Plan makes clear, this is an iterative approach.

The Budget Process Review Group recommendations include a commitment for the Scottish Government to deliver spending reviews and multi-year budgets where possible. Both the Parliament and Scottish Ministers have accepted the review group recommendations, which are currently being implemented. There is a UK Spending Review due in early 2019 and any Scottish equivalent could be expected to follow that. This will help support medium term workforce planning ensuring clear alignment between service delivery, financial planning and workforce planning.

In addition, the review recommends that Scottish Ministers publish a Medium Term Financial Strategy (MTFS) annually. The first MTFS will be published in May 2018. The purpose of the MTFS is to provide a long-term perspective on the sustainability of devolved public finances and will consist of the following four elements –

- Forecast revenue and demand-led expenditure estimates from SFC and their effect on Scotland public finances;
- Broad financial plans for the next five years;
- Clear policies and principles for using, managing and controlling the new financial powers; and
- Scenario plans, based on economic forecasts and financial information in order to assess the potential impact of different scenarios on the budget.

Within Health we have committed to publish a financial framework which will underpin the strategic direction of travel set out in the Health and Social Care Delivery Plan. The framework will cover the next five years, with a key focus on shifting the balance of care towards community health services.
We therefore ask whether the Scottish Government's work on productivity will examine particular posts or particular health boards. (ie examining links between staff shortages and NHS Boards' performance)

We recognise that there is scope to address future workforce demand more cost effectively. As part of this we are working to further developing our capacity to assess and analyse the productivity and outcomes of clinical activities. In pursuit of this, we are developing detailed modelling on whole-system impacts as part of the Health and Social Care Delivery Plan, including its financial, performance and workforce implications. Currently this work is being developed using example scenarios, based on the optimisation of resources through transformational change, on shifts in models of care delivery such as:

- Supporting self-management;
- Reducing Inequalities in emergency admissions;
- Providing end of life care at home, not hospital;
- Optimised medicines management;
- New technologies and innovative practice;
- Reduced length of hospital stay;
- Extending available theatre time;
- Workforce availability.

The resulting analytical framework will augment our understanding of how the different strands of the Delivery Plan are affecting the pace and nature of transformational change, and give clear indications about how the recommendations we have set out to improve workforce planning can contribute to this.
Data Collection and Use

We expect NES to take full account of the deficiencies identified by the Auditor General as set out in paragraph 52 to 55 (Page 28) of the report and to ensure that all bodies holding potentially useful data be included.

In taking forward the work to develop a workforce supply platform, NHS Education for Scotland (NES) are taking full account of the data deficiencies identified by the Auditor General, and the National Workforce Planning Group will continue to ensure that is the case.

The "cloud-based" Data Lake technology underpinning the NES platform development enables them to take collected data from many disparate and complex sources, from numerous organisations in many forms, from different sectors and stores; and to model, link and then render these data as structured or unstructured reports and visualisation. Priority is being given to workforce planning data ‘as is’ to get the platform operational. NES has put in place a six-step programme to deliver the outcome from parts one, two and three, as below:

Step One – Proof of Concept: From October 2017 to January 2018 - completed successfully.
Step Two - Stakeholder engagement: This commenced in December 2017 with individuals involved in planning at a National, Regional, and Local level.
Step Three – Data Catalogue Commencing in April 2018 to identify all existing datasets known to and used by National, Regional and Local Planners across health & social care sectors that currently support workforce planning.
Step Four – Data Design: Commencing in summer 2018, NES will deploy data scientist resources to obtain, access and use the data, load it up to the platform, undertake a “gap analysis” and recommend ways to increase and improve the quality of data capture.
Step Five – Service Design: Commencing in July 2018 the NES team will engage with workforce planners in Health, then Social Care and then Primary care on the exact details of how they would like the Workforce Planning Platform Service to work for them;
Step Six – Development of the Platform: The technical component of the delivery will be undertaken in a collaboration between NES Digital and the data scientist cohort.
**Future Trends**

Given some existing recruitment difficulties, please explain how the NHS will be able to recruit more skilled staff in order to provide a work/life balance.

We recognise that many people in the NHS Scotland workforce are looking at their career in different ways and seeking a good work life balance through part–time working, career breaks etc.

NHS Scotland currently has a suite of workforce policies which, as part of staff entitlements under Agenda for Change, enable the workforce to work as flexibly as they require to meet their individual work/life balance needs. These include policies on:

Flexible Working
Job-share
Special Leave
Maternity Leave
Maternity Support (Paternity) Leave
Shared Parental Leave
Parental Leave

Evidence on patterns of working within the labour market suggests that the workforce of the future will continue to value the ability to work flexibly. Having these flexible working policies in place will help to identify NHS Scotland Boards as employers of choice, well placed to attract and recruit the skilled staff required to meet future needs.

Part 1 of the Plan made reference to these changing patterns of employment and the need to align them with our approaches to scenario planning and modelling the workforce. We are already taking account of these flexible approaches in our workforce planning - for example in the workforce modelling carried out for medical specialty training, and in designing our approach to recruitment activity.
Redeveloping the workforce

Please confirm whether the Scottish Government shares Mr Davison’s vision (of a generic workforce that provides care across health and social care, rather than individual professionals). If so, are all those who would be involved in redeveloping the NHS workforce – such as staff associations, universities and other training providers – fully committed?

Parts 1, 2 and 3 emphasise the need for a more integrated and multidisciplinary workforce that will help deliver that vision, within the context of health and social care integration and a shift to person-centred care that is increasingly delivered in a community setting. In taking that forward we need to find an appropriate balance between the need for specialism and generalism to meet the increasing complex medical and care needs of our population.

Recent technological developments, advances in knowledge and improvements in practice and policy mean that there is also an increasing need for specialist skills in parts of the workforce. The need for professional specialisation and the need for professionals to develop greater specialist skills therefore remains, and the recommendations in the workforce plan reflect this.

In taking forward the recommendations arising from the Shape of Training review, achieving the right balance of skills and competencies means that in the future:

- the needs of patients and employers should drive the skills and competencies that doctors need;
- doctors should have the breadth of training that ensures that they can provide continuity of patient care for increasing numbers of patients with multiple chronic conditions;
- that training curricula should adapt to prepare medical graduates to deliver safe and effective general care and that such skills should be maintained; and
- enhanced post-CCT training opportunities for General Practitioners should be developed.

The National Workforce Plan sets out recommendations which will support that work. The scale of change required is considerable and involves stakeholders and organisations involved at every stage of undergraduate and postgraduate education and training as well as employment.

Added Value

The report recommends that the Scottish Government should “improve transparency by including measures of performance covering all parts of the healthcare system which includes indicators of quality of care in addition to indicators of access”. We agree and consider that a framework should also examine the added value being provided by the NHS – taking into account factors over which it has no control – and whether it is maximising its value. There is also a clear and urgent need to improve how good practice is shared and then acted upon by NHS boards.

One of the principles of the recent review by Sir Harry Burns was the need for a stronger articulation of the overall objectives of the health and social care delivery system within the wider National Performance Framework (NPF), to place individual targets and indicators that exist across health and social care in a broader perspective. The NPF can be seen as the overarching outcomes framework which sets all our Health and Social Care outcomes and measurement frameworks in context and recognises that many health outcomes are the consequence of wider factors than health and social care service delivery.

Health and the Wider Scottish Government

Scottish Government ensures that other departments and agencies are aware of the role they play in improving [public] health [including factors like local environment, housing, transport and employment] and how they maximise those opportunities. For example, will all relevant departments and agencies be required to report on how they contribute to improving health and to reducing spending by the NHS?

There are no current plans to require Departments and Agencies to report on health improvement or impact on NHS spending. That is aside from the AOP reporting we ask of NHS Boards, and contacts we have with them and partners through Integrated Authorities, and wider activity to support Community Planning Partnerships to produce Local Outcome Improvement Plans.

The Scottish Government is currently working with COSLA and other partners across the public and third sectors to build a broad consensus around public priorities. This work will seek to set out, for the first time ever in Scotland, a broadly-agreed position on those issues that the wider system must focus on if we are to reduce health inequalities and improve public health.

These priorities will create a solid foundation for all parts of the system to understand the contribution they make to creating the conditions for good health, and to improving Population Health. The priorities will be supported by the establishment of a new national public health body in 2019, the role of which will be to support and enable the wider system to make the best use of data and intelligence to create the conditions for good health. This partnership approach, both in terms of the development of agreed priorities and building relationships with the new public health body, will raise awareness around the preventative agenda and will help embed public health thinking more widely across the system.

Within the Scottish Government, there are a number of key policies which seek to produce the national outcomes through closer working. Minimum Unit Pricing, for example, combines licensing, which sits with Justice, and Health policy to produce health benefits.
Over the last six months, partners from Scottish health and justice bodies have been brought together through the Health and Justice Collaboration Improvement Board. This aims to remove barriers to better joint working, and to encourage organisations to blend their organisational priorities. For example, there is a recognition that some complex challenges require a multi-agency approach, and that failure to work together more effectively impacts not only on patients’ outcomes, but also on the efficiency of frontline service providers. For example, the Board is prioritising work to identify how front line services, including the police, respond to people experiencing mental health distress, and is currently developing recommendations to advise how the investment into the mental health workforce, outlined in Action 15 of the Mental Health Strategy, might best be delivered in response.

There is also evidence of a specific demographic within the population which suffers from health inequalities and is in frequent contact with health services and the criminal justice system. The Board has established a programme to improve health and social care in prisons, in recognition of the opportunities presented by services where health and justice systems intersect.

Work within the education department supports a broad range of work on Health and Wellbeing as well as food standards in schools at a time when we are seeing many risky behaviours falling among young people.

Our employability programmes, including the devolved Fair Start Scotland which launches in April 2018, recognises the importance of health in addressing barriers to employment. The £2.5 million Employability Innovation and Integration Fund is supporting 13 projects across Scotland to test new approaches that will join up employability support with health, social care, justice and housing services. The recently launched No One Left Behind plan sets out the next steps in embedding more joined up employability support including health and wellbeing.

Healthy Working Lives seeks to support businesses to be more productive and profitable by reducing the impacts of ill-health and sickness absence in the workplace.

The Place Standard developed by the Scottish Government, Architecture and Design Scotland, and NHS Health Scotland provides a tool to support the delivery of high quality places in Scotland. The tool provides a simple structure for conversation on issues and outcomes, linking physical and social aspects of placemaking.

Housing recognises the links between poor health and homelessness and works with health services to identify how homeless people can be supported to address both health and housing issues. Fuel poverty is a significant contributor to poorer health outcomes and this is reflected in our approach to reducing it.
# Annex C – Recommendation progress Parts 1 and 2

## Part 1 – NHS Scotland

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Progress to date</th>
<th>Next steps: 3-6 months</th>
</tr>
</thead>
</table>
| Governance                      | - The National Workforce Planning Group (NWPG) established and is meeting quarterly to discuss progress and proposals on recommendations.  
- Regional Plans will be submitted, enabling a more joined-up approach to improving services and patient outcomes.                                                                                                                                  | - The NWPG will continue to meet, with continued engagement more frequently if required.  
- Regional Plans will be analysed to determine how best regional workforce plans can help clarify roles and improve workforce planning practice.                                                                                              |
<p>| Workforce Planning Roles        | - The National Workforce Planning Forum has met to discuss guidance and projections. However, to reflect an integrated health and social care environment a new Workforce Planning Practice Sub-group has been created to take forward these recommendations. | - The NWPG Workforce Planning Practice Sub-group will be the focal point of practical advice and guidance on workforce planning practice, with an active agenda which feeds into the quarterly NWPG meetings.                                      |
| Workforce Data                  | - NES is delivering a data platform to help rationalise workforce data and build evidence about current and future requirements. This is being shared with stakeholders to further aid development.                                                          | - A proof of concept will be ready by June 2018.                                                                                                                                                                                                       |
| Recruitment and Retention       | - We are working with SG Marketing colleagues to develop a national recruitment campaign covering nursing, social care and primary care.                                                                                                                                              | - Finalising design and delivery arrangements for national campaign.                                                                                                                                                                                      |
| Guidance                        | - First draft of refreshed guidance has been produced by the National Forum and shared with the NWPG on 22 March.                                                                                                                                                                  | - Further work will be carried out on the guidance, taking on board Part 2 (and potentially Part 3) issues.                                                                                                                                                 |
| Student and Post-Graduate       | - Scoping and evidence gathering underway. Approach to projecting forward future training is being considered by NES and National Forum.                                                                                                                                       | - NES preparing position paper for NWPG.                                                                                                                                                                                                                 |
| Training Intakes                |                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                      |</p>
<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Progress to date</th>
<th>Next steps: 3-6 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integrated Workforce Data</td>
<td>• NES is delivering a data platform to help rationalise workforce data and build evidence about current and future requirements in social care. This is being shared with stakeholders to further aid development.</td>
<td>• NES is about to commence the second phase of work which surrounds Cloud services and data visualisation software.</td>
</tr>
<tr>
<td>National labour market and workforce analysis</td>
<td>• Scoping meeting with key stakeholders has taken place</td>
<td>• Project plan to be developed and costed.</td>
</tr>
<tr>
<td>Guidance</td>
<td>• First draft of refreshed guidance has been produced by the National Forum and shared with the NWPG on 22 March.</td>
<td>• The Workforce Planning Practice Sub-group will finalise the refreshed guidance.</td>
</tr>
<tr>
<td>Workforce Planning Tools</td>
<td>• The Care Inspectorate have agreed to take this recommendation forward and will shortly advise on a date to commence scoping.</td>
<td>• Further advice from CI.</td>
</tr>
<tr>
<td>Recruitment and Retention</td>
<td>• We are working with SG Marketing colleagues to develop a national recruitment campaign covering nursing, social care and primary care.</td>
<td>• Design and development of campaign with professional input and stakeholders.</td>
</tr>
<tr>
<td>Career pathways/ training and education</td>
<td>• Discussion paper has been developed and shared with lead organisations for action.</td>
<td>• Lead organisations to advise on next steps.</td>
</tr>
</tbody>
</table>