Dear Cabinet Secretary,

The Committee recently considered two NHS-related reports by the Auditor General: NHS workforce planning\(^1\) and NHS in Scotland 2017\(^2\).

**NHS workforce planning**

We took oral evidence on this report from the chief executives of four NHS boards\(^3\) and from senior Scottish Government officials, including Paul Gray, the director-general health and social care, Scottish Government and the chief executive of NHS Scotland\(^4\).

The Auditor General’s report made a number of recommendations to the Scottish Government and health boards, all of which we endorse and expect to see progressed in full.

We do not repeat the Auditor General’s recommendations in this letter – although we very strongly echo the point that future workforce planning must be based on a


\(^3\) John Burns, Regional Implementation Lead for the West of Scotland and Chief Executive NHS Ayrshire & Arran; Tim Davison, Regional Implementation Lead for the East of Scotland and Chief Executive NHS Lothian; Caroline Lamb, National Board Implementation Lead and Chief Executive NHS Education for Scotland; and Malcolm Wright, Regional Implementation Lead for the North of Scotland and Chief Executive NHS Grampian

\(^4\) We also heard from Shirley Rogers, Director of Health Workforce and Strategic Change, and Dr Catherine Calderwood, Chief Medical Officer, Scottish Government.
thorough assessment of demand for future services and be underpinned by robust financial planning. Rather, we set out below various issues on which we would welcome your response.

Pace of change
We recognise the complexities of undertaking workforce planning, particularly at a time of fundamental NHS reform, and acknowledge Mr Gray’s view that many of the weaknesses identified by the Auditor General are being addressed.

The audit highlighted “urgent workforce challenges facing the NHS” but we do not believe that officials are responding as quickly as that statement makes clear they should. For example, the audit referred to a 2014 Scottish Government report recommending that the Scottish Government and health boards should conduct scenario planning5—

“It is now over three years since this recommendation was made. The Scottish Government does not carry out scenario planning of this type to anticipate the quantity and make-up of the future workforce required nationally.”

We heard from health board chief executives about the consequences of failing to plan properly, for example, difficulties in recruiting to GP vacancies; GP practices possibly failing; and potentially significant increases in waiting times for elective services6.

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 20187. 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.

A failure to plan?
We were concerned by the contradictory opinions expressed by Mr Gray and health board chief executives about the success – or failure – of previous workforce planning efforts.

Tim Davison, chief executive of NHS Lothian, stated—

“All of us—from health board to Government—have failed to pull together the link between short-term operational delivery and longer-term workforce planning.”

5 paragraph 61.
6 Col 28 CES.
Mr Gray said he did not agree with this view and added, “Nobody has failed to plan”.

The Auditor General’s report also described “misunderstandings” between the Scottish Government and health boards, for example, around how three-year workforce projections are used nationally\(^8\). The report said that responsibility for NHS workforce planning is “confused”.

It is not clear why such differences of opinion or misunderstandings have arisen, however, Scottish Government officials and health boards should reflect on any limitations of past practice as a means of improving future performance.

The key point is that all those involved in workforce planning must 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.**

As to the question of planning “failures”, Mr Gray said describing the situation as a failure of planning would mean “the whole world has failed to plan, because there are recruitment pressures in every health system in the developed world”.

**Given these comments, please identify any specific measures in the new plans that will address the long-standing/ worldwide recruitment challenges mentioned.**

**Outcomes**

The Scottish Government introduced an outcomes-based approach to budgeting ten years ago, through the national performance framework. Over that period, auditors general have repeatedly called for more effective financial planning and monitoring of spending. Despite these developments, the Scottish Government has not assessed whether recent increases in staff levels and costs have improved the outcomes delivered by the NHS – the audit notes the highest ever staff levels in the NHS\(^9\).

**We seek an assurance that the remaining parts of the workforce plan will be fully informed by an evaluation of previous outcomes.**

It is also relevant to note that various parts of the audit suggested there may not always be a clear link between staff shortages and the performance of NHS

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\(^8\) “… some NHS boards believe that their three-year workforce projections are used nationally to plan future workforce numbers, and are being monitored by the Scottish Government. In practice, while these projections are considered in the round, they are not in themselves the basis of training and recruitment decisions.”

\(^9\) The Auditor General notes a 6.3% increase in overall NHS staff levels since March 2012, and an 11% real terms increase in staff costs between 2011/12 and 2016/17.
We therefore ask whether the Scottish Government’s work on productivity will examine particular posts or particular health boards.

Data collection and use
A further specific issue that we highlight is data collection. We welcome that NHS Education for Scotland (NES) is working to improve the gathering of information that could inform workforce planning, as this work is long overdue. However, we are still unclear about exactly how much this exercise will cost, how long it will take and how it will feed into other work around workforce planning – this heightens our concerns about the need for greater urgency.

We expect NES to take full account of the deficiencies identified by the Auditor General and to ensure that all bodies holding potentially useful data be included.

Future trends
Mr Davison described work/life balance as one of main tensions involved in workforce planning; “we are now forming the view that we need 1.5 trained people for every medic who retires, to reflect the fact that people want to work less onerously and increasingly want to work less than full time”. He did not believe that such changes would necessarily lead to higher costs for the NHS.

Mr Gray separately said, “ … in general practice, we are now training two GPs for every one that we think we are going to need”.

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.

Redeveloping the workforce
The health board chief executives’ written submission said a continual expansion of the NHS workforce would be “neither affordable nor available”. The focus will therefore be on utilising the existing workforce and available future workforce “differently and more effectively in the future”.

While this approach sounds plausible, it has potentially significant implications for the NHS in terms of the time and budget required for retraining; aligning training providers; preserving salary differentials; etc. To give some context, the written submission noted around 350 different NHS roles many of which have different training and education pathways.

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10 For example: paragraph 18 says “We found no direct link between boards with higher vacancy levels and those that performed less well against … [key performance targets]; paragraph 28 states “We found no link between boards with higher vacancy levels and those with more negative responses to questions about staff.”
11 As set out in paragraph 52 to 55 of the report.
12 Col 10
In oral evidence, Tim Davison added—

“Increasingly, we are going to have to think about having a generic workforce that provides care right across the spectrum of health and social care rather than individual professionals who provide a little slice of somebody’s care in the community … Some of us understand that challenge, but we are still a long way from distilling it into exactly what the workforce is, what its role is, what its job description is and what its grade of pay is.”

Please confirm whether the Scottish Government shares Mr Davison’s vision. 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?

NHS in Scotland 2017

We have not taken oral evidence from the Scottish Government on this report and therefore request a detailed written response to its recommendations. In doing so, please take into account the following points—

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.

Health and the wider Scottish Government
‘NHS in Scotland 2017’ states—

“Although public health has traditionally been seen as the domain of the NHS, as little as ten per cent of a population’s health and wellbeing is linked to access to healthcare. Factors such as the local environment, housing, transport and employment all affect people’s health. It is therefore important that, across all parts of the public sector, there is a shared understanding of, and commitment to, improving the health of the public in Scotland.”

We have taken little evidence on this issue and understand it will be examined in more detail in a future Audit Scotland audit. However, given the longstanding recognition of the wider determinants of health, we are keen to understand how the
Scottish Government ensures that other departments and agencies are aware of the role they play in improving health 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?

I would be grateful if you could respond by **20 April 2018**.

Jenny Marra MSP  
Convener of the Committee