PUBLIC AUDIT AND POST-LEGISLATIVE SCRUTINY COMMITTEE

AGENDA

7th Meeting, 2020 (Session 5)

Thursday 5 March 2020

The Committee will meet at 9.00 am in the Mary Fairfax Somerville Room (CR2).

1. **Choice of Acting Convener:** The Committee will choose an Acting Convener.

2. **Key audit themes: Leadership and workforce challenges in the NHS:** The Committee will take evidence in a roundtable format from—

   - Professor June Andrews, Independent Health and Social Care Consultant;
   - Dr David Caesar, Chair, Project Lift;
   - Angiolina Foster, Chief Executive, NHS 24;
   - Theresa Fyffe, Director, Royal College of Nursing Scotland;
   - Caroline Gardner, Auditor General for Scotland;
   - Professor Paul Gray, Public Service, ethical leadership and governance, University of Glasgow;
   - Dr Donald MacAskill, Chief Executive Officer, Scottish Care;
   - Dr Lewis Morrison, Chair, British Medical Association Scotland;
   - Carol Shepherd, Head of Scotland, Medacs Health Care Services.

3. **Post-legislative Scrutiny - Freedom of Information (Scotland) Act 2002 (in private):** The Committee will consider a draft report.
Lucy Scharbert
Clerk to the Public Audit and Post-legislative Scrutiny Committee
Room T3.40  The Scottish Parliament  Edinburgh
Tel: 0131 348 5390
Email: papls.committee@parliament.scot
The papers for this meeting are as follows—

**Agenda Item 1**

Note by the Clerk  

**Agenda Item 2**

Note by the Clerk  

PRIVATE PAPER  

**Agenda Item 3**

PRIVATE PAPER
Public Audit and Post-legislative Scrutiny Committee
7th Meeting, 2020 (Session 5), Thursday 5 March 2020

Key audit themes: Leadership and workforce challenges in the NHS

Introduction

1. At its meeting today, the Public Audit and Post-legislative Scrutiny Committee (the Committee) will take evidence from witnesses on leadership and workforce challenges in the NHS. Further background about this session is provided below.

Roundtable

2. The evidence session will take place in a roundtable format with a view to encouraging discussion. It is more informal than usual in that MSPs and witnesses are interspersed around the meeting table, and witnesses are free to ask each other questions. The meeting will still be held in public and broadcast and an Official Report of the meeting will also be produced.

3. Those attending are—
   - Professor June Andrews, an independent consultant with extensive experience of supporting people and organisations in health and social care;
   - Dr David Caesar, Chair, Project Lift;
   - Angiolina Foster, Chief Executive, NHS 24;
   - Theresa Fyfe, Director, Royal College of Nursing Scotland;
   - Caroline Gardiner, Auditor General for Scotland;
   - Professor Paul Gray, Public Service, ethical leadership and governance, University of Glasgow and former Scottish Government Director-General Health and Social Care / Chief Executive of NHS Scotland;
   - Dr Donald MacAskill, Chief Executive Officer, Scottish Care;
   - Dr Lewis Morrison, Chair, BMA Scotland; and
   - Carol Shepherd, Head of Scotland, Medacs Health Care Services.

4. Suggested topics for discussion are set out in the Annexe.

5. Dr Caesar from Project Lift has provided a link to Project Lift’s progress report for 2019 entitled “Putting People at the Heart of Leadership in Health and Care in Scotland”.

Background

6. The role of the Committee is to examine whether public funds are being spent wisely and to hold to account those who are charged with spending taxpayer’s money. The Committee undertakes this work primarily through its scrutiny of audit reports prepared by the Auditor General for Scotland (the AGS).
7. The Committee scrutinises audits on an individual report basis. However, it became increasingly frustrated that issues highlighted in audit reports by the AGS reappear in subsequent reports. The Committee continues to see the same themes arising in audit reports across the public sector. These are—

- Leadership and workforce challenges
- Governance and accountability
- Data collection and evaluating outcomes
- Managing major ICT projects and structural change

8. In September 2019, the Committee published a report, Key audit themes, which drew on the audit reports and evidence it had received since the beginning of the parliamentary session.

9. The Committee’s report calls for the Scottish Government to lead a debate across the public sector to address the key challenges that the Committee has identified in its report. As part of its contribution to this debate, the Committee agreed to hold roundtable evidence sessions to hear from key stakeholders, on each of the key themes identified in its report. This is the first of these roundtable sessions.

Clerks to the Committee
2 March 2020
Annexe

Key audit themes: Leadership and workforce challenges in the NHS

Key themes for discussion

Leadership

Key points for discussion

1. Participants may wish to consider the following points for discussion during the round table—

   • possible reasons for the high turnover of senior leaders;
   • challenges in recruiting effective leaders in health and social care;
   • the impact of a lack of stable leadership on health and social care reform;
   • is a different style of leadership required, if so what changes are needed;
   • what additional support senior leaders may require, including skills and experience within their teams as well as more general leadership support;
   • what can be learned from other related sectors and their approach to leadership?

Background information

2. Paragraphs 20 to 33 of the Committee’s Key Audit Themes report set out incidences of poor leadership identified during the Committee’s scrutiny of audit reports. The report refers to section 22 reports\(^1\) on a variety of public sector organisations where poor leadership was a contributing factor to governance and financial concerns that had arisen. The report also refers to section 23 reports\(^2\) where the quality of leadership was a contributing factor in problems which have arisen in the delivery of major projects. While leadership issues are a recurring theme across the public sector, the Committee believed it would be beneficial to focus its attention specifically on the leadership issues faced by the NHS in Scotland.

3. Since the Committee’s report was published, the AGS has published her annual overview report on the NHS in Scotland for 2019. Participants may be interested in the following points contained in the report (pages 37-39):

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\(^1\) Section 22 reports are prepared by the Auditor General if any specific concerns or issues have been raised in the audit of one of the public bodies for which she is responsible. This is done under Section 22 of the Public Finance and Accountability (Scotland) Act 2000.

\(^2\) These reports are laid in Parliament under the powers of Section 23 of the Public Finance and Accountability (Scotland) Act 2000, which confers upon the Auditor General the ability to examine the economy, efficiency and effectiveness of public bodies and report the findings to Parliament.
• The lack of stable leadership in the NHS is impeding reform. There has been a significant turnover of senior leadership positions during 2018/19.

• At October 2019, over half of NHS boards in Scotland have senior leaders holding dual positions.

• NHS boards are finding it difficult to recruit future leaders. It often takes a long time to appoint people to these positions. Vacancies, interim roles and short tenure can lead to short-term decision-making. This can affect the level of reform and the effective working relationships needed across NHS Scotland.

• The Scottish Government has improved its approach to senior leadership recruitment and development. Greater collaboration and partnership working are needed to support health and social care integration and to improve staff engagement and workplace culture. The Scottish Government recognised that to achieve this, a different style of leadership was required. This was an important factor in the creation of its new leadership development programme called Project Lift.

• Project Lift has introduced a series of changes that have been progressed over the past two years. Project Lift focuses on building positive relationships, respect and kindness. It intends to help people work together more effectively across health and social care services, communities, local authorities and the third sector to improve outcomes. The changes include values-based recruitment, a new approach for appraisal for board chairs and deputy chairs, a stronger process for induction and professional development, a new talent management process and improved engagement across health and social care and the wider public sector.

4. Exhibit 15, page 37 of the AGS’s report, shown below, sets out the changes on senior leadership appointments across the NHS in Scotland 2018/19.
5. The AGS’s recent section 22 reports on The 2018/19 Audit of NHS Highland, and The 2018/19 Audit of NHS Tayside, also provide current examples of the challenges in recruiting and retaining leaders within these boards. NHS Highland was reported as having “significant leadership issues” with the Chair and Chief Executive leaving the organisation and several senior positions being filled on an interim basis due to recruitment difficulties. In NHS Tayside, its executive leadership team was required to put interim arrangements in place due to several senior staff members leaving the board over the last year.

6. In the AGS’s blog in October 2019, entitled “Supporting leaders to lead can help cure bad behaviours”, she comments that—

“Accountability matters, but it needs to exist alongside collaboration, understanding, kindness and compassion – for staff as well as those they care for. The alternative is to continue on the leadership merry-go-round of recent years, and the stop-start, short-term organisational culture that breeds. And that’s no alternative at all.”

7. Participants may also be interested in the following points contained in pages 23-26 of the joint AGS and Accounts Commission report entitled Health and social care integration: update on progress, which was published in November 2018—

- High-quality leadership is a critical part of the success of an organisation or programme of reform. Given the complexity of health and social care integration, it is important that leaders are highly competent, have capacity to deliver and are well supported. For transformation to succeed, the right leadership and strategic capacity need to be in place. Without this, the reforms will not succeed.
• Top-down leadership which focuses on the goals of a single organisation does not work in the context of integration. NHS Education Scotland has described ‘systems leaders’ as having an ability to ‘have a perspective from the wider system. They recognise that it is necessary to distribute leadership responsibilities to bring about change in a complex interdependent environment…They change the mind-set from competition to cooperation. They foster dialogue… which can result in new thinking… When leadership involves such a collective endeavour, the way people see their accountability matters.’ A lack of collaborative systems leadership and difficulties in overcoming cultural differences are proving to be significant barriers to change.

• Leaders from all partners are operating in a complex and continually changing landscape and, without appropriate support in place, cannot fulfil their role effectively. Leaders need support if they are to deliver public services to improve wider outcomes and work collaboratively across organisational boundaries. This is hard to achieve, especially where there have been changes in key staff and local politicians, and in the context of the current financial and performance pressures. Accountability arrangements are important to encourage and incentivise the right kinds of leadership characteristics.

8. Participants may also be interested in the statement released by the Scottish Government on 24 January 2020 on steps it is taking to strengthen NHS leadership, including by building capacity and increasing support in response to current issues in several NHS Boards. Some key points from the statement are—

• the escalation of NHS Greater Glasgow and Clyde to Stage 4 of the NHS Performance Escalation Framework, with principal areas of support focusing on scheduled care, unscheduled care, primary care out of hours, finance, culture and leadership.
• the Chief Executive of NHS Lanarkshire has been appointed as Turnaround Director at NHS Greater Glasgow and Clyde to directly manage operational delivery.
• a series of senior management changes to enhance leadership capacity and align better align skills and experience across NHS Scotland.

Workforce challenges

Key points for discussion

9. Participants may wish to consider the following points for discussion during the round table—

• challenges faced in the recruitment and retention of enough people with the right skills;
how these challenges are addressed in other sectors, such as third sector, and the independent and private sectors;
the reliance on and cost of temporary/ agency staff;
lack of adequate workforce planning to deliver changing models of healthcare provision and whether the newly published workforce plan will address concerns;
concerns in relation to workforce culture.

Background information

10. Paragraphs 34 to 51 of the Committee’s report provide examples of challenges in workforce capacity across the public sector, including challenges in the recruitment of finance professionals, IT staff and in the health sector. The Committee’s report also indicates that a number of audit reports have pointed to general difficulty in recruiting finance staff, and the consequences of this.

11. Participants may be interested in the following points contained in the AGS’s report on the NHS in Scotland for 2019.

12. At pages 25 – 29—

• The NHS in Scotland continues to face significant workforce challenges. The NHS is reliant on its workforce to deliver healthcare services. However, it is increasingly challenging to recruit enough people with the right skills, particularly in some rural areas.

• In 2018, the Scottish Government published the new General Medical Services Contract, also known as the GP contract. It included plans to expand the role of multidisciplinary teams in primary care, to ease GPs’ workload and improve patient access to appropriate care.

• Temporary staffing costs remain significant, and there is a wide variation between boards. As a result of recruitment and retention issues, sickness absence and pressures to meet waiting time targets, NHS boards supplement their workforce by using temporary staff. In 2018/19, NHS boards spent £169.5 million on agency staffing. Boards have carried out a range of initiatives to reduce temporary staffing costs.

• Withdrawing from the European Union is likely to exacerbate existing workforce and cost pressures.

13. And at pages 39 – 40—

• The NHS needs to improve its workplace culture.
• In September 2018, four senior doctors from NHS Highland publicly reported problems with bullying and harassment. As a result of this the Cabinet Secretary for Health and Sport commissioned an independent review to further explore the matters raised. John Sturrock QC published his review in April 2019. The recommendations included:
  o a requirement for person-centred leadership
  o working in partnership and engaging with staff at all levels
  o improvements in governance
  o improvements in the management of human resources processes.

• Senior leaders should consider how they can improve engagement with front-line staff. The everyone matters: 2020 workforce vision led to the introduction of the iMatter survey in 2015. The results of the 2018 national report showed that staff were clear about their work and had confidence in their line manager. Areas that were rated lower included how well staff were involved in decision-making and the visibility of senior leaders. The areas where responses scored lowest align with some of the important leadership and cultural issues discussed in this report.

14. The AGS’s report entitled [NHS workforce planning – part 2: The clinical workforce in general practice](#), was published in August 2019. Participants may be interested in its key messages which are set out below—

• Expanding the primary care workforce is central to the government’s 2020 vision of delivering more care at home and in the community. Primary care services face growing demand from an ageing population and an increase in the number of people with multiple chronic conditions. There are also pressures on workforce supply, including an ageing workforce and problems with recruitment and retention. The Scottish Government acknowledges these workforce pressures but has not estimated the impact they will have on primary care services.

• The Scottish Government is working to improve primary care workforce data, but progress has been slow. There is a lack of national data on the current numbers in the workforce, workforce costs, activity and demand. This makes it difficult to plan the workforce effectively or to monitor the impact of major policy changes, such as the new General Medical Services contract.

• The Scottish Government’s commitments to train additional GPs, paramedics, nurses and midwives are on track, but it is not clear how this increase in training will translate into numbers employed in the primary care workforce. The Scottish Government has implemented a range of initiatives to improve recruitment and retention of GPs but these have had limited success to date. UK-wide pressures on the workforce and increasing demand mean the government will find it challenging to meet its GP target of an 800 (headcount) increase over ten years. Meanwhile, similar workforce pressures will make it
difficult for integration authorities to increase the multidisciplinary workforce by 2021/22.

- People are generally positive about their experiences of primary care and would be happy to receive care from professionals other than doctors in a GP practice if they understood more about their roles. However, not enough has been done to engage with the public on a national level about these changes and why they are important.

- Progress on national workforce planning was slow, with a series of delays to planned outputs by the Scottish Government. The plan was published in December 2019 (see paragraph 18).

15. The AGS’s section 22 reports on The 2017/18 Audit of NHS Highland: Financial Sustainability, and The 2018/19 Audit of NHS Highland, provide examples of the extent of the board’s reliance on locum and agency staff and the high costs involved. The 2017/18 audit reported that the board had struggled to recruit sufficiently skilled staff, and this had resulted in an increased use of medical locums and agency staff. The 2018/19 audit reported that high levels of unfilled vacancies in key clinical posts in primary and secondary care resulted in a continued reliance on locum staff. The cost of locum staff rose from £14.9 million in 2017/18 to £15.6 million in 2018/19.

16. Participants may wish to note that on 16 December 2019 the Scottish Government announced the publication of its joint integrated workforce plan with COSLA. The report is entitled “An Integrated Health and Social Care Workforce Plan for Scotland” and states that it “sets out our future workforce requirements in a national context and provides revised workforce planning guidance to health and social care employers”.

17. In respect of the plan, the following key points made by the Scottish Government and COSLA may be of interest to participants—

- promises to boost worker numbers in areas such as mental health, primary care and stroke.
- new nursing posts spread across district nursing and musculoskeletal practitioners were also pledged.
- meanwhile third and independent social care sectors will receive support to contribute to the plans.

18. The Scottish Government has also established a new Unit to oversee the implementation of the workforce plan. In response to Parliamentary question S5W-27081 on 23 January 2020 on the progress that had been made since the
publication of the plan on 16 December 2019, the Cabinet Secretary for Health and Sport responded—

“The Scottish Government is working to strengthen the approach to the strategic challenges the Plan identifies, by introducing a new unit. Building on the published guidance and scenarios for health and social care employers, the unit is already:

- discussing actions to improve and further integrate approaches to workforce planning;
- overseeing the coordination of workforce planning across health and social care in implementing the Plan’s measures;
- working directly with NHS Boards on how they can support this.

These developments address recommendations by Audit Scotland and support a more coordinated, strategic approach by the Scottish Government to workforce planning.”