

Report To: Inverclyde Integration Joint Board **Date:** 12 September 2017

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Subject: **SUMMARY REVIEW OF THE AUDIT SCOTLAND REPORT ON
THE NHS CLINICAL WORKFORCE IN SECONDARY CARE
JULY 2017.**

1.0 PURPOSE

- 1.1 The purpose of this paper is to provide the Inverclyde Integration Joint Board (IJB) with a summary of Audit Scotland's NHS Clinical Workforce in Secondary Care Report published in July 2017.

2.0 SUMMARY

- 2.1 According to the Report, spending on NHS secondary care staff increased by 11 per cent to £6.5 billion between 2011/12 and 2016/17. Overall staff levels across all aspects of the NHS are at the highest level ever, with 139,431 whole-time equivalent (WTE) staff employed as at March 2017.
- 2.2 The report goes on to highlight that the NHS in Scotland is undergoing major reform, in particular seeking to shift towards more community and home-based care. However, dedicated funding to support NHS reform does not clearly identify associated workforce costs.
- 2.3 The Scottish Government intended to publish a single workforce plan covering health and social care in Spring 2017. It is now publishing it in three stages, with the first, covering the NHS workforce, published in June 2017. The second publication, covering the social care workforce, is due to be published in autumn 2017 and the third, covering primary care, due to be published by the end of 2017.
- 2.4 The Report asserts that urgent workforce challenges are facing the NHS, and improving workforce planning is critical to addressing these pressures.
- 2.5 The Report raises concerns around how workforce planning and recruitment of staff are undertaken and managed. It states that the responsibility for NHS workforce planning is confused, and is split between the Scottish Government, NHS boards, and three regional workforce groups.

- 2.6 The report found that the Scottish Government and NHS boards have not planned their NHS workforce effectively for the long term. There is a risk that responsibilities will further fragment as health and social care integration authorities develop their own workforce planning arrangements, in line with legislative requirements, and new specialist centres for certain medical procedures are established.
- 2.7 The work underpinning the Report found that there are separate planning processes for recruiting doctors, nurses and other professional groups. This makes it more difficult to ascertain how skills across different groups can be mapped and interface with each other. Also, vacancies for certain consultant and nursing positions remain high and are proving difficult to fill.
- 2.8 The Audit Scotland report stated that the Scottish Government is setting up a National Workforce Planning Group to improve joint working.
- 2.9 Audit Scotland made several improvement recommendations to the Scottish Government and also recommended a demand and supply criterion in which to frame future NHS Scotland workforce plans. These are set out at 6.2 of this report.

3.0 RECOMMENDATIONS

- 3.1 The IJB is asked to note the content of the Audit Scotland Report, and support the proposed principles of a more integrated approach to workforce planning.
- 3.2 The IJB is asked to note the timetable for the anticipated NHS and Social Care Workforce Plan due in autumn 2017 as well as the Primary Care Workforce Plan due in December 2017.

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4.0 BACKGROUND

- 4.1 NHS Scotland is made up of 22 NHS Boards. Of these 22 NHS Boards, 14 territorial Boards provide frontline healthcare services across the country. In 2016/17, staff costs across all NHS boards were £6.5 billion, accounting for around 57 per cent of the total revenue costs.
- 4.2 The Audit Scotland NHS Workforce Plan for Secondary Care in Scotland reports that the staffing levels in the NHS in Scotland are at the highest level ever, with 139,431 whole-time equivalent (WTE) staff employed as at March 2017, a 6.3 per cent increase since March 2012.
- 4.3 This is reported as an 11 per cent real terms increase – that is, allowing for the effects of inflation in staff costs, between 2011/12 and 2016/17.
- 4.4 In reaching current staffing levels, most NHS territorial boards overspent against their pay budget in 2016/17, with agency staff costs increasing in real terms by 107 per cent in six years, from £82.8 million in 2011/12 to £171.4 million in 2016/17.
- 4.5 Audit Scotland recommended a coordinated, national approach to workforce planning, outlining what changes in health and social care mean for NHS staff.
- 4.6 The Scottish Government intended to publish a single workforce plan covering health and social care in spring 2017. However, it has now been decided that this will be split and published in three stages, with the first, covering the NHS workforce, published in June 2017. The second publication, covering the social care workforce, is due to be published in autumn 2017 and the third, covering primary care, due to be published by the end of 2017.

5.0 The Report Overview

- 5.1 Since 2016, NHS boards and councils have collaborated as Integration Authorities (IAs) to provide health and social care services. These aim to deliver personal and practical help to enable people to live as independent a life as possible.
- 5.2 This report acknowledges the future importance of Integration Authority workforce arrangements, but focuses on those arrangements in NHS boards and within the Scottish Government.
- 5.3 As some health and social care resources are delegated to IAs, workforce strategies and planning within these partnerships will become increasingly important to delivering healthcare. This will be considered as part of our subsequent reports on health and social care integration, as well as being considered in our second report on the NHS workforce.
- 5.4 In February 2017, Audit Scotland presented data on the NHS workforce in Scotland highlighting key challenges facing the workforce. These included an ageing workforce, increasing agency staff costs and persistent vacancies in certain positions and specialties. They highlighted the risk that NHS workforces are being organised in response to budget pressures rather than strategic needs.
- 5.5 The focus of this report is based around three main clinical workforce groups in NHS secondary care. These are:
 - The medical workforce:
 - Doctors in all stages of training,
 - Consultants,
 - Those in dental specialties
 - General Practitioners (GPs) are excluded as they will be included the second NHS workforce report to be published in 2018/19.

- The qualified or in training nursing and midwifery
 - Healthcare support workers supervised by qualified nurses and midwives or other registered professionals
- Allied health professionals (AHPs)
 - Health professionals including paramedics, radiographers, occupational therapists and physiotherapists.

5.6 The report highlights that planning the NHS workforce is complex because of the variety of skills, locations and experiences needed to meet the specific needs of patients. It is acknowledged that several of the key issues and pressures are felt throughout the four NHS health systems of the UK.

6.0 The Report Findings

6.1 Audit Scotland made the following improvement recommendations to the Scottish Government.

6.2 The Scottish Government should

1. Improve understanding of future demand to inform workforce decisions, including:
 - Collating, comparing and monitoring NHS boards assessments of demand and supply to help form a national picture and manage risk.
 - Carrying out scenario planning on the future population health demand and workforce supply changes (such as staff retiring), including how this will affect the types of treatments provided.
 - Considering and clarifying potential future skills mix with NHS boards and stakeholders to determine how a future team can work to meet this demand.
2. Demonstrate how training and recruitment numbers will meet estimated demand for healthcare – if it does not, document and
3. Cost how the gap between demand and supply in the future will be covered.
4. Provide a clear breakdown of the costs of meeting projected demand through additional recruitment across all healthcare staff groups.
5. Demonstrate how policy initiatives, such as safe staffing levels and elective centres, are expected to affect staffing requirements in NHS boards.
6. Set out the expected transitional workforce costs and expected savings associated with implementing NHS reform. This includes collating transitional costs attached to greater regional and national working, costs in relation to moving staff into elective centres and into the community, and savings through increased efficiencies.
7. Determine the data required for decisions on the workforce. This will include data on the training pipeline for medical and allied health professional (AHP) staff, data on EU citizens working in the NHS in Scotland, and agency spending by professional group.
8. Create national and regional registers of, as required, bank staff.

6.3 Audit Scotland made recommendations that future workforce plans should be based on a demand and supply criterion. This would include:

- A. Projecting future workforce against estimated changes
- B. Include population demography and health factors
- C. The detail of the expected workforce required, supported by analysis of workforce supply and demand trends
- D. Fully cost the workforce changes needed to meet policy directives, such as –
 - I. Proposed elective centres,
 - II. Safe staffing levels and
 - III. More regional working

E. Provide accurate budgeting for agency spending.

7.0 Impact on the HSCP People Plan

- 7.1 The Audit Scotland report states that this is the first of three documents to be produced for the Scottish Government based on NHS Scotland's performance on workforce planning. The second publication due, in autumn 2017, will focus on the social care workforce which is anticipated to have a significant impact on HSCP services. The third, covering primary care, is due for publication by the end of 2017.
- 7.2 The Inverclyde HSCP People Plan 2017/2020 was approved by the IJB in June 2017 and covers all of the health and social care workforce which was delegated to the IJB under the Public Bodies (Joint Working) (Scotland) Act, 2014.
- 7.3 There is a concern that NHS Scotland continues to develop workforce plans in isolation without the input of Integration Authorities. This approach will impact on how the HSCP will deliver its local Workforce (The People Plan) 2017/2020.
- 7.4 The People Plan raises the same concerns over workforce succession, recruitment and retention of staff across all of the health and social care sector in Inverclyde, Scotland and the wider UK, as have been raised by Audit Scotland.
- 7.5 The HSCP is reliant on the accuracy of data presented by NHS Scotland which appears to be confused with various systems and processes being incompatible with each other.
- 7.6 A People Plan delivery group has been set up to implement the actions identified in the People Plan document.
- 7.7 As the HSCP has delegated authority for community health care services including allied health and nursing professionals, there are implications for the HSCP in planning for professional development of such staff if this is considered in isolation and on the basis of what has been done in the past, rather than what should be done in the future.

8.0 IMPLICATIONS

FINANCE

There are no financial implications from this report at this stage.

8.1 Financial Implications:

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments

LEGAL

8.2 There are no legal implications from this report.

HUMAN RESOURCES

8.3 There are no human resource implications from this report at this stage.

EQUALITIES

8.4 Has an Equality Impact Assessment been carried out?

	YES
X	NO

8.5 As this is an Audit Scotland Report there is no requirement to produce an equalities Impact Assessment.

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

8.6 The Audit Scotland report will be included in the Clinical and Care Governance Group agenda to consider wider impact and any necessary action.

NATIONAL WELLBEING OUTCOMES

8.7 How does this report support delivery of the National Wellbeing Outcomes?

8.8 The report supports the delivery of the National Well-being outcomes in the following ways.

8.8.1 **People are able to look after and improve their own health and wellbeing and live in good health for longer.**

N/A

8.8.2 **People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.**

N/A

8.8.3 **People who use health and social care services have positive experiences of those services, and have their dignity respected.**

N/A

8.8.4 **Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.**

N/A

8.8.5 **Health and social care services contribute to reducing health inequalities.**

N/A

- 8.8.6 **People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.**

N/A

- 8.8.7 **People using health and social care services are safe from harm.**

The improvement recommendations made by Audit Scotland to the Scottish Government will assist in safe and more effective clinical care for service users.

- 8.8.8 **People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.**

This report and the further two anticipated documents will have a direct impact in terms of recruitment, retention, and professional development of the workforce.

- 8.8.9 **Resources are used effectively in the provision of Health and Social Care.**

This report and the anticipated companion documents will inform and influence how services will be effectively delivered by the HSCP using the right people and financial resources available.

9.0 CONSULTATION

- 9.1 This document has not been developed by the HSCP.

10.0 LIST OF BACKGROUND PAPERS

- 10.1 NHS workforce planning: The clinical workforce in secondary care Prepared by Audit Scotland July 2017. <http://www.audit-scotland.gov.uk/report/nhs-workforce-planning>