Public Audit and Post-legislative Scrutiny Committee

Key audit themes

Leadership and workforce challenges: health and social care sectors

Introduction

1. At its meeting on 5 March 2020, the Public Audit and Post-legislative Scrutiny Committee held a roundtable session to examine leadership and workforce challenges within the health and social care sectors.

2. Those attending were—

   - 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 Fyffe, Director, Royal College of Nursing Scotland;
   - Caroline Gardiner, then 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.

Background

3. 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 and highlighted the key themes which continued to reoccur in its audit scrutiny—

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

4. The Committee's report called for the Scottish Government to lead a debate across the public sector to address the key challenges that the Committee's report had identified. As part of its contribution to the debate, the Committee agreed to hold initial roundtable evidence sessions on each of the themes. The Committee decided that, given the particular challenges faced by the health and social care sectors, its roundtable session on leadership and workforce challenges should focus on these sectors.

Leadership challenges

5. Reports from the Auditor General have regularly commented on the need for strong and effective leadership if health and social care reforms are to be delivered. For example, the joint Auditor General and Accounts Commission report on Health and social care integration: update on progress, commented that, given the complexity of health and social care integration, it was important that leaders were "highly competent, have capacity to deliver and are well supported", noting that without this, the reforms would not succeed.[1]

6. As well as noting the importance of high quality leadership to deliver reforms, the report also highlighted the type of leadership required. The report emphasised that "top-down leadership which focuses on the goals of a single organisation" would not work in the context of integration and referred to the need for 'systems leaders', who have an ability to 'have a perspective from the wider system" and who "recognise that it is necessary to distribute leadership responsibilities to bring about change in a complex interdependent environment".[2]

7. Although the report was clear on the leadership required, getting the right leadership in place has been a challenge for some organisations. The Auditor General's reports have noted leadership recruitment and retention challenges in the health care sector. The Audit Scotland annual overview report, NHS in Scotland 2019 indicated that there had been a significant turnover of senior leadership positions during 2018/19 and that NHS boards were finding it difficult to recruit future leaders. As at October 2019, over half of NHS boards in Scotland had senior leaders holding dual positions. Similarly, section 22 reports on The 2018/19 Audit of NHS Highland, and The 2018/19 audit of NHS Tayside, provided examples of the challenges in recruiting and retaining leaders.

8. The NHS in Scotland 2019 report emphasised that long-term vacancies in key leadership positions, interim roles and short tenure can lead to short-term decision-making and is impeding reform of the NHS.[3]

Workforce challenges

9. The Auditor General's reports have similarly commented on workforce challenges across the health and social care sectors. The NHS in Scotland 2019 overview report stated that the NHS in Scotland continues to face significant workforce challenges**,** particularly in some rural areas. The report further noted that temporary staffing costs remained significant and that, in 2018/19, NHS boards spent £169.5 million on agency staffing.

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[1] https://www.audit-scotland.gov.uk/uploads/docs/report/2018/nr_181115_health_socialcare_update.pdf
[2] https://www.audit-scotland.gov.uk/uploads/docs/report/2018/nr_181115_health_socialcare_update.pdf
[3] https://www.audit-scotland.gov.uk/uploads/docs/report/2019/nr_191024_nhs_overview.pdf

10. The Auditor General's report on NHS workforce planning – part 2: The clinical workforce in general practice, published just prior to the NHS in Scotland 2019 report, also noted pressures on workforce supply, including an ageing workforce and problems with recruitment and retention. The report indicated that, while the Scottish Government had acknowledged these workforce pressures, it had not estimated the impact they would have on primary care services. The report suggested that progress on national workforce planning has been slow, with a series of delays to planned outputs by the Scottish Government.[4]

11. On 16 December 2019, the Scottish Government announced the publication of its joint integrated workforce plan with COSLA. It has also established a new Unit to oversee the implementation of the workforce plan. The Scottish Government has also sought to improve its approach to senior leadership recruitment and development, recognising that a new style of leadership was required to support health and social care integration. It has introduced a number of initiatives, including Project Lift.[5]

Summary of evidence

Leadership

12. During the roundtable session, the Committee sought to explore:

- the 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;
- whether a different style of leadership was required and, if so, what;
- what additional support senior leaders require.

The challenge

13. Witnesses discussed challenges in recruiting leaders in the health and social care sectors. Dr Macaskill considered that Scotland was not short of exceptional leaders or that there was a difficulty in attracting them. Similarly, Angiolina Foster considered that there was not a straightforward marketplace problem, indicating that "Scotland's public services offer a tantalising thing to senior leaders."[6]

14. Angliolina Foster pointed out that an apparent insufficiency of individuals putting themselves forward" was not the same as saying that there is not the "talent, capability, motivation" in the next tier down and cautioned against conflating the two. Dr Caesar agreed, indicating that he was aware of "at least 17 people" who were "one step away from a chief executive or chief officer post in the public sector in Scotland". However, he advised that, of those 17 people, fewer than 20 per cent would state that their "aspiration" was "to step into a chief executive or chief officer

[4] https://www.audit-scotland.gov.uk/uploads/docs/report/2019/nr_190829_nhs_workforce.pdf
[55] https://projectlift.scot/
[6] http://www.parliament.scot/parliamentarybusiness/report.aspx?r=12565&mode=pdf

role". The problem, Dr Caesar commented, was not with the "pipeline", but with "the environment that they think that they might have to live through and what their experience of that would be."[7]

15. Angiolina Foster suggested that in order for individuals to choose to put themselves into leadership positions of such "extreme personal and professional exposure", the task had to be "doable" and the environment "values based." Witnesses pointed to both structural and cultural factors that were deterring individuals from seeking and remaining in leadership positions in the health and social care system and these issues are discussed below.[8]

Structural

16. The "doability" of leadership roles within the current health and social care structure was a theme picked up by a number of witnesses and was also linked in evidence to workforce capacity issues.

17. Angiolina Foster remarked that part of "the material disincentive" at the moment for prospective leaders with ambition in Scotland was the fact that "the current construct in health and care" was not "sustainable" and that the service models require reform. She said that the "unspoken message" to prospective leaders is that, "if they could only find some sixth gear to run in, with wonderful leadership and ambition, the current construct could somehow, with them at the helm, be rendered sustainable". Angiolina Foster suggested that that was "simply absurd".[9]

18. Dr Morrison stated:

> "There is a lot of talk about whether leaders are born or made. That is simplistic. I think that, in general, leaders are trained, but they must be given the tools to do their job. The job that they are asked to do must be doable, and it must be the one that the public and patients need, not one that is dictated in an artificial way."[10]

19. Dr Macaskill argued that the "crisis around leadership" in the social care system was to do with terms and conditions and the fact that "70 per cent of our social care workforce in Scotland is in the non-statutory sector". He emphasised that the nature of that dynamic and the relationships was "not always healthy".[11]

20. Professor Andrews stated that the reason why it was difficult to recruit individuals in the health and social care sectors was because the jobs were "impossible". She

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[7] http://www.parliament.scot/parliamentarybusiness/report.aspx?r=12565&mode=pdf
[8] http://www.parliament.scot/parliamentarybusiness/report.aspx?r=12565&mode=pdf
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[10] http://www.parliament.scot/parliamentarybusiness/report.aspx?r=12565&mode=pdf
[11] http://www.parliament.scot/parliamentarybusiness/report.aspx?r=12565&mode=pdf

said: “We keep focusing on how we keep this broken wheel turning rather than thinking about the big picture and what we should have in the future”.[12]

21. Professor Andrews emphasised that what was needed was “a plan for a future in which it is possible to do health and social care.” She told the Committee:

> “At the moment, we are not really thinking about what we have to do in order to make health and social care work in the future. We know what the population profile will be like, we have some idea of what finances we will have available, and we have some power to increase or decrease the amount of money that is available, but we also have some cultural changes to make, and that includes in relation to things such as the extent to which families are responsible for the care of their older relatives.”[13]

22. Dr Morrison agreed that fundamental questions needed to be asked such as: what are our health and social care services for? What is the need? Have we got that right?[14]

23. Witnesses discussed the different types of leadership. Angiolina Foster noted that reform of the health and care sectors required systems-based leadership, by which she meant “collaborative leadership that sees the bigger picture and which does not drive a narrow institutional focus.”[15]

24. Dr Macaskill emphasised that “the collective “we”” in the system” needed to enable “individuals to lead, rather than restrict their ability to do so.” Dr Morrison considered that there had been a “massive conflation of leadership and management” and suggested that people often assume that when they are put in a leadership position, they are there to manage those whom they have been put in charge of. He said:

> “Management is no longer enabling—the instructions come down the way from management, rather than management providing help to those who are under their care.”[16]

25. Angiolina Foster suggested that there was “a very chunky piece of work for us to do as a community to reflect on how we might better align the formal mechanisms of accountability with the excellent national performance framework.” She commented that, “If we were to do that, that would bring with it a more attractive

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[12] http://www.parliament.scot/parliamentarybusiness/report.aspx?r=12565&mode=pdf
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[16] http://www.parliament.scot/parliamentarybusiness/report.aspx?r=12565&mode=pdf

environment, in which collaborative leadership was visibly valued and rewarded."[17]

Cultural issues

26. Witnesses also pointed to concerns about psychological safety and wellbeing that were deterring individuals from taking up leadership positions. Theresa Fyffe spoke of the difficulties in recruiting senior charge nurses and said: "A lot of them really love the job that they do, but they feel that they cannot carry the responsibility and the burden". Similarly, Dr Morrison, who had also recently interviewed for a new charge nurse, confirmed that, at that level, "people are afraid of being exposed."[18]

27. Dr Caesar added that "psychological safety" was a key contributor to feeling valued and able to make a difference in roles. He said that, among the issues that public sectors leaders had identified were "being punished for creating change, powerlessness to achieve counter-cultural change and talking about kindness but being routinely unkind".[19]

28. Theresa Fyffe emphasised, that in challenging circumstances, "how the Scottish Government reacts and behaves is as important as how leaders behave".[20]

29. Witnesses also spoke of the need for a change in culture and for greater focus on values-based leadership. Dr Caesar commented that leaders should have the ambition to make a difference for the service that they lead and that leadership that involved "a strong element of service" was what "people need now." Dr Caesar suggested that this was a "fundamental component" that was "wrapped up in the values statement, and it comes out over and over again when we speak to people".

30. Theresa Fyffe welcomed the work that had been undertaken on values-based recruitment, but noted that it was "early days for what that work is seeking to do" and that there was a "long way to go with that". She also suggested that there was a "perception" that "the values that are spoken are not the values that are placed when we are under pressure". She went on: "The value that is placed under pressure is to get the job done. That does not enable leadership to think about solutions or think differently."[21]

31. Carol Shepherd commented that the private sector faced similar challenges when it came to leadership. She advised that her company had recently introduced a "promise-based culture", from the leaders all the way down. She said:

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[20] http://www.parliament.scot/parliamentarybusiness/report.aspx?r=12565&mode=pdf
[21] http://www.parliament.scot/parliamentarybusiness/report.aspx?r=12565&mode=pdf

> "We have learned from that that, if people do not have the time to be able to reflect and to have the conversations that they need to have with everybody around them so that we are all on the same page and are all working together and working collaboratively, the learning and the investment stop there. It must trickle down to everybody—it cannot rest with one person. One person cannot make or break a board, a business or a company."[22]

Leadership at all levels

32. Witnesses emphasised that leadership occurred at all levels, Professor Gray noting that "Leadership is not exercised only by chief executives, medical directors or executive nurse directors; it is exercised throughout the system, and we should value that."[23]

33. While Dr Macaskill stated that:

> "For me, leadership starts on the front line. It is about the care worker who goes into somebody's house and who is able to, and trusted to, exercise autonomy. At the moment, our systems are not enabling that to happen. It is about the front-line nurse in a care home who is able to exercise her or his ability to make clinical decisions. We are not enabling that to happen, because we remunerate them at an insufficient level."[24]

Workforce challenges

34. During this part of the session, participants discussed:

- challenges faced in the recruitment and retention of enough people with the right skills;
- 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.

The challenge

35. Witnesses pointed to the significant workforce capacity pressures in both the health and social care sectors. Dr Macaskill told the Committee that:

> "Undoubtedly, the biggest challenge facing the social care sector in Scotland, whoever provides that care, is workforce. We have major, and potentially catastrophic, issues around recruitment and retention".[25]

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[25] http://www.parliament.scot/parliamentarybusiness/report.aspx?r=12565&mode=pdf

36. He indicated that the sector had an average vacancy level among nurses in the social care sector that was between 25 and 30 per cent, but that, in some parts of Scotland, particularly the north, that increased to 40 per cent, describing the situation as "simply unsustainable". Dr Macaskill suggested that we were "deluding ourselves if we think that we can continue to keep the system going at the present rate", pointing out that 86 per cent of the workforce was female, that the majority were over the age of 45 and that the majority were choosing to leave the sector.[26]

37. Dr Macaskill told the Committee that "we must start to be honest that this is a whole system, and if social care disintegrates, as it might very well do if we cannot recruit, the NHS will follow the next week".[27]

38. Dr Morrison told the Committee that:

> "Five years ago, in my unit, I was the last man standing, because two colleagues had just had enough and left. Were they asked a single question about why that was? No—they were just allowed to leave. We are kidding ourselves if we think that we are in a decent position at the moment."[28]

Remuneration levels

39. Witnesses pointed to a range of reasons as to why the health and social care sectors struggled to recruit and retain staff, one of which was remuneration. Dr Macaskill commented that:

> "If you had looked at a certain newspaper last night—I will not mention its name—you would have seen an advert for a job as a dog walker in Edinburgh, paying £17 an hour. Alongside it, you would have seen an advert from a well-performing independent care sector home care provider offering £12 an hour, which is still more than the average Scottish living wage of £9.40 an hour. We cannot delude ourselves any longer that, in Scotland, we are not trying to purchase care on the cheap."[29]

40. A similar point was made by Professor Gray who pointed out that, in Scotland, individuals who look after "small children and elderly people" are among the lowest paid. He went on:

> "We have talked about values and culture: what does that say about our values? I am not saying that money is the only way that we can express value,

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[27] http://www.parliament.scot/parliamentarybusiness/report.aspx?r=12565&mode=pdf
[28] http://www.parliament.scot/parliamentarybusiness/report.aspx?r=12565&mode=pdf
[29] http://www.parliament.scot/parliamentarybusiness/report.aspx?r=12565&mode=pdf

but the fact that the jobs that are deemed to be worthy of least remuneration are those that involve our most vulnerable people says something."[30]

41. Theresa Fyffe emphasised that remuneration was also an issue for those considering the next level. She indicated that senior charge nurses take a drop in pay even though they are taking on a leadership role because they no longer receive the extra pay as a result of shift patterns. She indicated that she did not blame people for saying "Why take that responsibility on for no remuneration?".[31]

Workforce planning

42. Other witnesses pointed to shortcomings in workforce planning. Dr Morrison considered that "the holy grail" of workforce planning had never really been found. He suggested that, in his time, he had been through about four or five workforce planning processes and that, while some had worked better than others, "none had really worked". Dr Morrison suggested that the reason for this is that "we are chasing the tail—we are always trying to fix the now and, because we are so busy trying to do that, it is very difficult to plan for the future."[32]

43. Professor Gray suggested that transparency about the vacancy situation was "hugely important". He argued that "a system that has no vacancies is a static system and is therefore likely to be dead". He commented that having some vacancies was "good, because it shows that there is turnover, flexibility, ability to recruit and so on". Professor Gray pointed out, however, that it was important to have something that showed those posts which are apparently impossible to fill in order to be able to respond appropriately. He noted that:

> "In trying to recruit to a specialism that is internationally under pressure, the fact that you have a post might be utterly irrelevant: if there are 10 people who do the job and they are all employed elsewhere, there is not a person to recruit. We must therefore think about the types of roles that we are advertising."[33]

44. Theresa Fyffe told the Committee that boards had done some "excellent work" on "trying to get a bank system that reflects that flexibility". She said "I see why people choose to do bank work, noting that "We will never remove agencies, because bank will never cover particular specialisms". [34]

45. The then Auditor General considered that there had been some progress in workforce planning, but that the current plan did not assist in deciding which of the people who are coming into the workforce now should be trained and developed.

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She also noted that the plan did not help in respect of how to make the jobs more "doable", and the system more effective in the longer term, "for nurses and doctors such as those who are deciding that the game is not worth the candle and they cannot do it any longer."[35]

46. Dr Morrison summed up:

> "We do not have a workforce plan. We have a plan for a plan, but no plan."[36]

Moving forward

47. Dr Caesar emphasised that what was needed was "to understand the reality of work for people—it varies, so there is no single answer— and how that impacts on our taking a numerical approach to workforce planning." Like other witnesses, he emphasised the need to consider how "we use all the assets that are in play to deliver a healthy and well nation", noting that, at the moment, "we do not create space even to get under the surface. We are putting a finger in the proverbial dyke, but not working out where the water is coming from."[37]

48. The then Auditor General suggested that was a need to think not only about what the NHS and healthcare can do, but about what "Scotland as a whole can do" using the "other assets" that could be brought to bear. She suggested that these included communities, better education and early years services "and all the things that the national performance framework aims to pull together to make us healthier individuals throughout our lives, and to make our society a more resilient one that can support people better."[38]

49. While the Auditor General acknowledged that this was "not easy", she suggested that "difficult things can be done", pointing to the example of the social security system which, although much smaller, "will affect the lives of the most vulnerable people". She told the Committee that:

> "One of the things that we have reported on is how well the Government has lived up to its commitments to prioritising dignity and respect, to designing systems that are different, to involving people in designing those systems and to having checks and balances that ensure that those people's voices are part of the system. The staff who are delivering on those commitments—in Government, through its programme, and in the new social security agency—are working flat out in high-stakes, high-pressure circumstances. They are delivering information technology systems— which the committee will know all

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too well can go badly wrong—and, so far, are doing so very well and in a well risk-managed way."[39]

50. Finally, Dr Morrison commented that:

"I think that if we have a significant viral outbreak, one of the ill winds will be that it will teach us some hard lessons and some very important things about our services, which we must learn from."[40]

October 2020

[39] http://www.parliament.scot/parliamentarybusiness/report.aspx?r=12565&mode=pdf
[40] http://www.parliament.scot/parliamentarybusiness/report.aspx?r=12565&mode=pdf