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Health and Sport Committee

Via email: [healthandsport@parliament.scot](mailto:healthandsport@parliament.scot)

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Dear Lewis

### **Scrutiny of NHS Boards**

Thank you for your letter of 28 November.

Effective monitoring and accountability of NHS Boards is essential both for NHS Boards and the Scottish Government, and I am committed to further improvement of our approach where this is required. For example, and as noted in the Auditor General's Report on the NHS in Scotland 2019, as part of the Waiting Times Improvement Plan we have recently introduced new monitoring arrangements for NHS Boards that allow the Scottish Government to further scrutinise performance and ensure necessary action is taken. This includes monitoring of performance data to ensure progress against agreed trajectories and regular dialogue with NHS Boards where performance issues arise. In addition I have introduced a new three year planning and performance cycle that allows Boards to breakeven over a three year period and supports longer-term planning. The Auditor General commented that this represents "an important step towards more effective longer-term planning".

NHS Boards prepare Annual Operational Plans that are agreed with the Scottish Government and reflect key national and local priorities. Throughout the year, NHS Boards are required to report financial and operational performance on a regular basis to the Scottish Government and this performance is scrutinised by the Scottish Government's National Performance Oversight Group. The Group was established in August 2019 and is co-chaired by the Director of Delivery and Resilience and the Director of Community and Social Care.

The Health and Social Care Management Board (comprising all Health and Social Care Directors and chaired by the Director General) meets on a weekly basis and takes advice from the National Performance Oversight Group on issues relating to performance, delivery, finance, quality and safety. The Health and Social Care Management Board reviews Boards against the NHS Board Performance Escalation Framework, with Boards receiving additional oversight, tailored support and intervention dependent on their escalation level. Further detail

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on the Performance Escalation Framework and positioning of Boards is set out at the following [link](#).

In addition to the monitoring activity outlined above, I review performance of all NHS Boards on a regular basis and on the advice of my officials. This includes the programme of formal Ministerial mid-year and annual reviews of NHS Boards.

### **Integration Joint Board (IJB) Leadership**

In February 2019 the Ministerial Strategic Group (MSG) for Health and Community Care published its report on the progress with integration. The report sets out priority actions across a range of areas, including actions to ensure integrated budgets are fully operational. Work continues under the scrutiny of the MSG to ensure appropriate budget arrangements are in place in local systems. This will be further supported by the publication, due in January 2020, of revised statutory guidance for IJBs on issuing directions for delivery of their strategic commissioning plans by Health Boards and Councils.

### **Financial Sustainability**

The Health and Social Care Medium Term Financial Framework recognises the scale of the financial challenge facing health and care services, and as the Auditor General has commented, it represents an important step towards supporting improvements to achieve financial sustainability of the NHS in Scotland. The Framework sets out the types of initiatives required to deliver necessary reform and secure sustainability, and on the basis that the Scottish Government will not seek to recover historic brokerage for NHS Territorial Boards as at 31 March 2019, all Boards can focus their attention on delivering the measures set out in the Framework in a safe and appropriate way.

The Scottish Government has provided tailored financial support to each of the Boards that you reference in your letter, in order to assist the Boards in moving back towards sustainable financial balance. As you will be aware from our online monthly financial reporting, NHS Boards are currently forecasting a requirement for additional financial support amounting to £51 million in total this year, which represents less than 0.5% of the overall health budget and is a reduction from £66 million in 2018-19. The Scottish Government has made clear that we expect the additional support provided in 2019-20 to be repaid as soon as possible once the Boards return to recurring financial balance. My officials will continue to work with all Boards at a national, regional and local level to ensure that they continue to work towards a balanced and sustainable financial position whilst ensuring that patient care remains the top priority.

### **Delayed discharge**

While many health and social care partnerships have successfully addressed this issue, delayed discharges remain consistently high in some areas and the reasons vary from partnership to partnership. The Scottish Government has recently developed a Delayed Discharge Expert Support Team, comprising clinical and social care professionals from partnerships that have been more successful. South Lanarkshire will be the first partnership to have support from the Team.

In addition, the Director of Community and Social Care has established an Oversight Group to provide senior leadership and a focus on delayed discharge as it relates to the impact on hospital activity and unscheduled care performance. The intention is to see a reduction of 300

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delays before Christmas (from 1,500 to 1,200). This underlines the Scottish Government's commitment to continue to deliver progress and to increase both pace and scale.

## Cancer

As part of the Waiting Times Improvement Plan, an additional £10 million has been made available this year to improve cancer and overall diagnostic performance across NHS Scotland. Work will continue with Boards to ensure they meet performance trajectories, in line with the national Waiting Times Improvement Plan ambition to achieve the 62 day standard by Spring 2021.

We continue to embed the framework for effective cancer management across NHS Scotland, and as a key component of this, weekly cancer waiting times performance monitoring was introduced for all NHS boards in November 2019. This involves weekly reviews by Boards and the Scottish Government cancer management teams, and from our initial experience there has been an improvement in escalation and resolution procedures.

## CAMHS

The Scottish Government is clear that long waits are unacceptable and we have put in place a programme of work to monitor quality and performance, and to identify potential problems at an early stage.

We will shortly publish a new CAMHS specification that sets out expected standards, with this work having been informed by the SAMH Audit of Rejected Referrals. The 2019-20 Programme for Government set out our plans to work with NHS Boards to deliver trajectories to meet the mental health waiting times standard by December 2020. These trajectories will be included in NHS Boards' Annual Operational Plans, ensuring that performance is linked with funding.

My officials are working closely with Boards to monitor performance, and in recognition of the particular challenges faced by some Boards, we are adopting an approach that will involve enhanced engagement up until March 2020. This will include a series of site visits and meetings with NHS Board Chief Executives, Integration Authority Chief Officers and senior clinicians to review trajectories and support the development of local improvement plans.

## Recruitment

NHS staffing is at a record high level, with consultant numbers increasing by 51.4% since 2006 to 5,505.1 WTE as at September 2019. Consultant vacancies over 6 months or more have decreased by 2.2% over the last year (from 259.1 WTE in September 2018 to 253.4 in September 2019), and we expect NHS Boards to make every effort to fill outstanding vacancies.

We have taken action to support recruitment and retention in remote and rural areas - such as introducing Scotland's first entry medicine programme (ScotGEM) last year; funding a GP Speciality Training (GPST) £20,000 bursary; and expanding the remote and rural incentive scheme.

Scotland is the first nation in the UK to publish a national health and social care workforce plan. Medical workforce planning is being supported by development of the comprehensive

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NHS Scotland workforce platform by NES-Turas Data Intelligence (TDI), which is a collaboration between NES TDI team and the Scottish Government's Health Workforce Directorate. Our Integrated Workforce Plan will shortly be published.

Sickness absence rates have remained broadly stable under this Government, and are marginally lower in 2019 than in 2007 (having decreased from 5.55% in 2007 to 5.39% in 2019). We expect NHS Boards to work towards reducing sickness absence each year, with a national target of 4% or less from April 2019. As part of the Agenda for Change pay deal agreed in 2018, we also agreed the application of a new approach to absence management from 1 April 2019 designed to reduce the overall rate of sickness absence in NHS Scotland.

Our Managing Health at Work policy gives guidance to employers on how to support health and wellbeing. We continue to work with Boards to deliver initiatives that promote health and wellbeing and this includes the healthy working lives programme. All NHS Boards should either have achieved or be working towards a Healthy Working Lives Gold Award.

### **Agency spend**

There are over 35,000 nurses and 2,900 doctors registered as NHS bank staff, and the Scottish Government has made clear that NHS Boards should always make use of NHS bank staff in the first instance to address temporary staffing requirements. NHS Boards should only incur agency spend as a last resort, and the combined medical agency locum and nursing agency spending in 2018-19 represented less than 1% of the overall NHS budget. As part of the work overseen by the Sustainability and Value Programme Board, the Bank, Agency and Rostering Steering Group considers options to rationalise expenditure on temporary staffing across NHS Boards.

I trust that this response provides clarity on the approach we are taking to the various matters you raised in your letter.



**JEANE FREEMAN**

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