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14 July 2022

Dear Convener

Thank you for your letter of 17 June 2022. Further to your request, I am happy to provide further information on the timescales for key workstreams referenced in our previous correspondence.

### **NHS leadership**

As your letter notes, the Scottish Government is engaged in a wide array of work support talent identification, leadership development and succession planning. I am happy to share further information on the anticipated milestones for these workstrands.

The National Leadership Development Programme (NLDP) builds on Project Lift and centres around the engagement with social work and social care stakeholders in its activities. Engagement with social care and social work is embedded within the development of the NLDP: our governance structures have membership from partners in social care and social work such as the Chief Social Work Adviser, Scottish Social Services Council, Social Work Scotland, Coalition of Care and Support Providers in Scotland (CCPS) and Scottish Care. We have also established a social work and social care reference group that has representation from across the sector. These actions ensure that the complexity and diversity of the sectors is understood, thereby creating a thorough recognition of any specific needs and relevant measures to be considered within a system-wide approach to leadership development. The NLDP will be formally launched in autumn this year, with a new name and branding to promote leadership opportunities across social work, social care and health. We will, of course, be happy to share further details of this with the Committee closer to the launch.

The Succession Planning workstream can be broken down into four phases: Discovery Design, Development and Delivery. The first three phases will run as short term projects to produce the finalised Succession Planning process. The Discovery phase completed in Summer 2021 and the Design phase, which encompasses the development of the CEO Leadership Success Profile (LSP) and stakeholder engagement, is set to be completed by late July 2022. The Development phase, which identifies and develops talent, will run from Summer 2022 until Winter 2023. The final Delivery phase will follow and will be an ongoing programme of work, supporting succession planning, talent management and CEO recruitment nationally. Recruitment will be delivered locally, with support as needed available to boards and to applicants from the NLDP.

The Scottish Government is acutely aware of the pressing need to address diversity and inclusion in the health, social work and social care workforces. The landscape is complex and the equalities agenda often requires tailored approaches. In order to fully embed and mainstream equalities within the NLDP development we have created a series of interventions that will take place over the course of the next year. These are: publishing a digital diversity blog series; developing a diversity coffee connect programme and hosting a diversity conference for networks across health, social work and social care sectors. We will also develop a diversity allyship programme and develop a diversity leadership at all levels programme. We are working with partners to identify delivery priorities but expect to deliver these at pace, with a number in 2022/23 and the rest falling shortly after.

The NLDP is designed to help develop a robust and rounded leadership development offer for new and existing NHS Scotland Chief Executives (CEOs). The offer will align to the new Leadership Success Profile (LSP) for Chief Executives and will be linked to the ongoing work on succession planning for these roles. This offer will include executive coaching, learning sessions with global leaders, and Round Table sessions with other leaders, focused individual development aligned to the LSP, and a cohort development programme focused on how the CEOs work together as a collective, national cohort.

The CEO Development programme, which is designed to complement and influence the wider public sector leadership work taking place elsewhere in Scottish Government, is currently being developed and the first learning event is scheduled to commence in autumn 2022.

## **Diagnosis and treatment backlog**

The Committee will note that the Cabinet Secretary for Health announced last week ambitious new targets for NHS Scotland, which aim to address the impact of the COVID-19 Pandemic has had on waiting times for planned care. NHS Scotland has been tasked with eradicating waits of more than two years for planned care, before moving to eradicating waits of more than one year in most specialities by September 2024.

These targets will aim to treat patients waiting longer than:

- Two year waits for outpatients in most specialities by the end of August 2022;
- Eighteen months for outpatients in most specialities by the end of December 2022;
- One year for outpatients in most specialities by the end of March 2023;

- Two years for inpatient / daycases in most specialties by the end of September 2022;
- Eighteen months for inpatient / daycases in most specialties by the end of September 2023;
- One year for inpatient / daycases in most specialties by the end of September 2024.

Some patients may be offered appointments outwith their local health board area to provide treatment more quickly. As an example, as National Treatment Centres come online over the next year, it may make sense for some individuals to be referred to these specialist settings to ensure quicker access to treatment, whilst we work to tackle the backlogs caused by the wider pandemic.

The National Clinical Prioritisation Framework will also be revised, to ensure that anybody waiting more than two years, as well as those who require urgent clinical care, is prioritised and treated. Funding to help eradicate these long waits will be allocated through the £1 billion which has been provided through the NHS Recovery Plan.

We intend to publish a Delivery Framework for Health and Social Care in September 2022 in conjunction with an update on the NHS Recovery Plan. The Delivery Framework will set out the overarching scope, actions and desired trajectory at a central level, for health boards to develop their plans for how they will deliver NHS recovery and reform at a local level. This will include how we will recover Planned Care as well as an update on the actions being progressed through the Unscheduled Care Collaborative.

## **GP data**

As your letter notes, the Scottish Government is currently engaged in a range of activity to improve the quality and availability of GP data. I am happy to provide further detail on what is set to be collected and how it will be made available to the public.

The GP In-Hours activity data project looks to electronically capture data on encounters with patients in general practice. This includes face to face consultations, telephone consultations, medicines management and administration by all practice staff. This data is extracted directly from the GP electronic health records, which are used in general practice to support patient care.

We know that there is currently substantial variation in how GP practices each code their data, according to local information needs and processes. To address this, we currently have practice dashboards within pilot practices that will allow individual practices to view their own summary data, and are providing guidance to help them code data more consistently. Reviewing and learning from this approach will then be used to support roll out to all practices in Scotland. While this data quality improvement work is underway activity data will be made available to Health and Social Care Partnerships and Health Boards at a national level, so that they can support data improvement activity.

In order to routinely publish GP in-hours activity as official statistics, we must be assured that the data and statistics are accurate and reliable. To publish before this could damage

future confidence and trust in these statistics from the profession and general public. We recognise that there are lessons to be learnt from the recent challenges experienced by NHS England in publishing GP data.

Following on from our most recent meeting with Royal College of General Practitioners and Scottish General Practitioners Committee colleagues, in which we presented our work to date, consensus was reached that there needed to be data quality criteria developed to assess when the data is appropriate for wider use. Public Health Scotland and National Services Scotland are currently developing these as well as a forward plan for publication. Whilst we aim to formally commence publication of this data by early 2023, it is difficult at this stage to give clear timescales since it is dependent on the outcomes of the data quality improvement work that is being undertaken.

In the meantime, the SG also continues to support the NHS data extraction tool SPIRE, which provides practices with reports on their own data to help in the day to day running of the practice, and can take summary extracts from around three quarters of GP practices in Scotland. PHS have recently published a visualisation of [disease prevalence](#) data extracted through this mechanism and continue to support further data extract requests.

I hope this information is useful to the Committee.

Kind regards,

Caroline Lamb  
Chief Executive, NHS Scotland and Director-General for Health and Social Care