NHS CHIEF EXECUTIVES BUSINESS MEETING

DATE: Wednesday 8 May 2024
TIME: 14:00-16:00
VENUE: Virtual

Agenda

1. Welcome, Introductions and Apologies for Absence

2. Minutes of the Previous Meeting – 15 March 2024 – NHSCE/23/24/29

3. Matters Arising

4. Feedback from Chief Executives Meetings
   (Robbie Pearson, Chair of Chief Executives Group/Chief Executive, Healthcare Improvement Scotland)

5. NHS Performance and Recovery – NHSCE/24/25/01
   (John Burns, Chief Operating Officer)

6. NHS Reform – NHSCE/24/25/02
   (John Burns, Chief Operating Officer)

7. Any Other Business

8. Date and Time of Next Meeting – 12 June 2024 – To be cancelled due to Chief Executive full day Development Session on 11 June 2024.

Board Governance and Appointments Team
1 May 2024

Other Papers
Update from St Andrew's House - NHSCE/24/25/03

NHS Chief Executives Business Meeting

Paper no: NHSCE/24/25/01
Meeting date: 8 May 2024
Agenda Item: 5

Purpose: **For Discussion**

Title: **NHS Performance and Recovery**

Key Issue: **Performance** - John Burns will present slides updating on delivery actions, building on recent engagement, covering:

- Planned Care/waiting lists
  - CfSD heat maps
  - Enhanced 2024-25 plans and trajectories
- Unscheduled Care
  - Action programme building on CfSD discovery
- Cancer waiting times
  - Backlog reduction

Action Required: Chief Executives are invited to update on what work is being taken forward and what impact it would have, including sharing learning and good practice to scale up activity and improvement.

Key Issue: **Recovery** – John Burns will present slides to frame a discussion on the extant NHS Recovery Plan within context of reform.

Action Required: Chief Executives are invited to consider the NHS Recovery Plan and contribute to a discussion on how we most meaningfully respond to outstanding recovery actions and doing so within the context of wider reform.

Author: Dougie McLaren, Deputy Chief Operating Officer (Performance and Delivery)
Paula Speirs, Deputy Chief Operating Officer

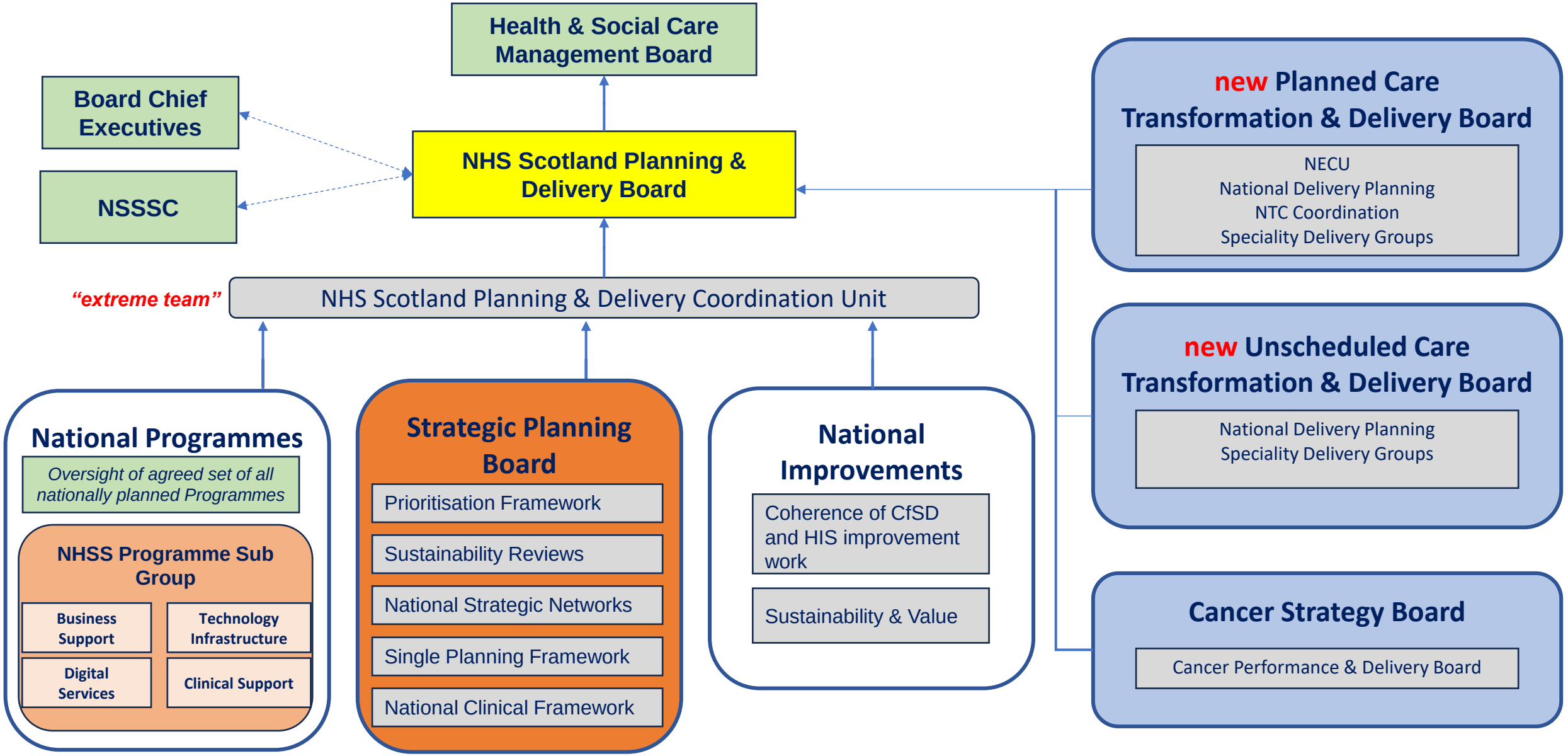
Date: 1 May 2024

NHS Chief Executives Business Meeting

8 May 2024

NHS Performance & Recovery

GOVERNANCE: NHS Scotland Planning & Delivery Board



System productivity

Whole system opportunity

- cf. NHS England productivity plan funded from 25/26

Building on Planned Care & Innovation:

- CfSD (PIR; ACRT; validation); SG guidance (joints & cataracts)
- theatre scheduling
- next opportunities – robotics?

Supported by Board-level rigour:

- service and job planning

Overcoming barriers:

- mobilising workforce across NHS Scotland estate
- information governance

Develop framework and governance

- facilitate data flows & benchmarking
- incorporate into new PC and UC transformation boards

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Planned Care

Planned Care delivery 24/25

Modelling

- New Outpatient (NOP) and inpatient/day-case (TTG) lists continue to grow

- TTG: revised modelling shows Productive Opportunities and NTCs are insufficient to reduce backlog without additional investment:
  - Additional £20m pa to maintain backlog level
  - Additional £100m pa to clear backlog by 26/27

- Driving Productive Opportunities:
  - ACRT, PIR: 130k outpatient appointments released so far 23-24
  - waiting list validation: 79,000 patients (9% removal) achieved
  - Imminent rollout of National Theatre Scheduling Solution

24-25 approach

- £50m NRAC'd to sustain 23-24 activity levels (approx. 241k TTG; 1.25m NOP)

- National plans: ortho, ophthalmology, diagnostics, cancer, NTCs; long waits still prioritised

£30m 'first instalment' of £100m pa additionality

- Held by COO, allocated to provider Boards to maximise impact
- Bids approved so far c. £24m (includes some full-year contractual elements) – further bids under consideration for remaining £6m
- Confirmations to date include:
  - Endoscopy: £8.4m invested for mobile units, CCE and Cytoscot procedures as well as local initiatives.
  - NECU – national endoscopy validation (c. 36,000); >2,000 minor ops in urology and orthopaedics & 560 breast cancer see & treat
  - NTCs, Orthopaedics, Opthamology, Radiology and Cancer (details on next slide)

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Planned Care 24/25: key actions

NTCs	• Maximising capacity at Golden Jubilee, existing NTCs and Forth Valley. • Fife – allocation from £30m to utilise fallow capacity for additional 230 joints • Highland – allocation from £30m to support Shetland to carry out additional orthopaedic procedures and orthopaedic consenting clinics
Ophthalmology	• Once for Scotland – electronic patient record roll out • Allocation from the £30m to support almost 4k additional cataract procedures.
Orthopaedics	• NECU validating full orthopaedic TTG waiting list • NECU supporting the delivery of 11k Orthopaedic minor procedures • Anticipated £70m will support full year bids for additional ortho capacity including Gartnavel and Inverclyde.
Radiology	• £9m full year investment would support delivery of 90k additional procedures and achieve 90% against diagnostic target of 6 weeks by March 2025. • Allocation from £30m of £2.8m to support an addition 22k scans • Medium & Long Term Planning for Sustainable Services including transition from mobile units
Cancer Backlog	• Allocation from £30m to support reduction of cancer backlog of almost £1.2m with around 3k diagnostics and 2k procedures. • Allocation from £30m supporting additional Robotics capacity including how the future of robotics will evolve and expand to support treatment of care.

Heatmap 23/24 [Boards 1 of 2]

Programme	Appts Released through Redesign	% NOP Demand Managed	Heatmap Progress	NHS Ayrshire and Arran		NHS Borders		NHS Dumfries and Galloway		NHS Fife		NHS Forth Valley		NHS GJNH		NHS Grampian		NHS Greater Glasgow and Clyde	
ACRT - Gynaecology	12436	10%	100%	3%	316	5%	120	22%	1001	7%	788	5%	397	-	0	18%	1886	12%	3040
ACRT - General_Surgery	14153	9%	100%	4%	814	-	48	8%	502	9%	883	3%	245	-	0	22%	2033	14%	5308
ACRT - ENT	9496	9%	100%	2%	213	2%	60	10%	337	4%	465	18%	1327	-	0	6%	413	17%	3173
ACRT - Trauma_and_Orthopaedic	12836	7%	100%	4%	609	5%	229	5%	330	10%	1794	6%	767	-	0	11%	1081	15%	4200
ACRT - Urology	11459	15%	99%	4%	385	-	129	15%	407	9%	626	12%	669	-	0	33%	2087	21%	2664
ACRT - Gastroenterology	17078	24%	100%	3%	124	7%	70	22%	454	39%	1079	30%	828	-	0	38%	3334	58%	4604
ACRT - Dermatology	28675	20%	100%	10%	1090	-	27	41%	2063	22%	2350	2%	239	-	0	21%	2408	26%	8071
ACRT - Respiratory_Medicine	9632	16%	100%	4%	417	1%	11	24%	587	34%	1050	14%	300	-	0	28%	906	21%	3011
ACRT - Neurology	11144	24%	100%	13%	566	11%	96	25%	429	19%	630	10%	322	-	0	35%	1785	21%	2142
ACRT - Rheumatology	8955	27%	100%	-	0	-	23	30%	484	9%	295	8%	247	-	0	36%	1173	51%	3087
PIR - Gynaecology	6415	5%	100%	-	0	5%	197	21%	377	7%	586	84%	2954	-	0	3%	383	6%	634
PIR - General_Surgery	4353	3%	98%	-	0	0%	26	6%	247	1%	21	30%	2911	-	0	1%	215	0%	0
PIR - ENT	3641	5%	100%	-	0	14%	665	9%	256	6%	555	11%	315	-	0	2%	271	0%	0
PIR - Trauma_and_Orthopaedics	32990	13%	100%	-	0	19%	2954	22%	2265	49%	10340	50%	4084	88%	2745	9%	3726	0%	10
PIR - Urology	2739	2%	100%	1%	231	-	238	1%	54	0%	0	9%	775	-	0	-	15	0%	30
PIR - Gastroenterology	1779	2%	74%	-	0	2%	64	2%	36	2%	126	-	0	-	0	2%	543	0%	0
PIR - Dermatology	9630	4%	100%	2%	801	-	209	9%	696	2%	640	38%	2426	-	0	2%	564	2%	644
PIR - Respiratory_Medicine	1638	1%	69%	-	0	0%	4	4%	254	0%	0	3%	68	-	0	2%	221	0%	28
PIR - Neurology	3287	4%	100%	-	0	1%	30	0%	0	1%	38	22%	1231	-	0	1%	73	7%	943
PIR - Rheumatology	3028	2%	65%	-	0	1%	21	11%	320	2%	249	1%	107	-	0	7%	1107	1%	147

National Progress (Mar-24):
ACRT – 136k appointments released (14% of OP demand avoided)
PIR – 69k appointments released (5% of return activity)

205k unnecessary appointments released

Heatmap 23/24 [Boards 2 of 2]

Programme	Appts Released through Redesign	% NOP Demand Managed	Heatmap Progress	NHS Highland		NHS Lanarkshire		NHS Lothian		NHS Orkney		NHS Shetland		NHS Tayside		NHS Western Isles	
ACRT - Gynaecology	12436	10%	100%	6%	397	4%	640	10%	1766			-	0	15%	2085	-	0
ACRT - General_Surgery	14153	9%	100%	5%	201	1%	318	8%	1725			-	0	17%	2076	-	0
ACRT - ENT	9496	9%	100%	5%	316	6%	760	7%	1284			-	0	13%	1148	-	0
ACRT - Trauma_and_Orthopaedic	12836	7%	100%	5%	452	7%	1644	1%	368			-	0	9%	1345	7%	17
ACRT - Urology	11459	15%	99%	5%	186	10%	813	9%	1135			-	0	26%	2358	-	0
ACRT - Gastroenterology	17078	24%	100%	6%	161	33%	1320	9%	1543			-	0	20%	3561	-	0
ACRT - Dermatology	28675	20%	100%	6%	381	35%	4701	6%	1505			-	0	33%	5840	-	0
ACRT - Respiratory_Medicine	9632	16%	100%	6%	174	10%	578	10%	893			-	0	31%	1705	-	0
ACRT - Neurology	11144	24%	100%	5%	100	26%	1050	31%	2136			-	0	36%	1888	-	0
ACRT - Rheumatology	8955	27%	100%	5%	65	20%	1033	17%	958			-	0	51%	1590	-	0
PIR - Gynaecology	6415	5%	100%	0%	0	2%	410	1%	226			-	0	4%	648	-	0
PIR - General_Surgery	4353	3%	98%	0%	12	-	0	0%	0			-	0	5%	921	-	0
PIR - ENT	3641	5%	100%	5%	496	-	0	4%	425			-	0	5%	658	-	0
PIR - Trauma_and_Orthopaedics	32990	13%	100%	8%	1958	6%	2841	1%	266			-	0	5%	1732	16%	69
PIR - Urology	2739	2%	100%	7%	472	-	0	1%	233			-	0	5%	691	-	0
PIR - Gastroenterology	1779	2%	74%	1%	129	-	0	0%	132			-	0	3%	749	-	0
PIR - Dermatology	9630	4%	100%	2%	269	-	0	3%	1505			-	0	4%	1864	11%	12
PIR - Respiratory_Medicine	1638	1%	69%	0%	32	-	0	0%	14			-	0	8%	1015	3%	2
PIR - Neurology	3287	4%	100%	4%	267	-	0	0%	0			-	0	7%	705	-	0
PIR - Rheumatology	3028	2%	65%	0%	2	0%	93	1%	314			-	0	7%	664	9%	4
				-	558	-	546	-	0			-	0	-	26	-	5

National Progress (Mar-24):
ACRT – 136k appointments released (14% of OP demand avoided)
PIR – 69k appointments released (5% of return activity)

205k unnecessary appointments released

NECU – update May 2024

NHS Lanarkshire
NHS Orkney
NHS A&A
NHS Shetland
NHS Forth Valley
NHS Borders
NHS Grampian
NHS Tayside
NHS D&G
NHS Highland

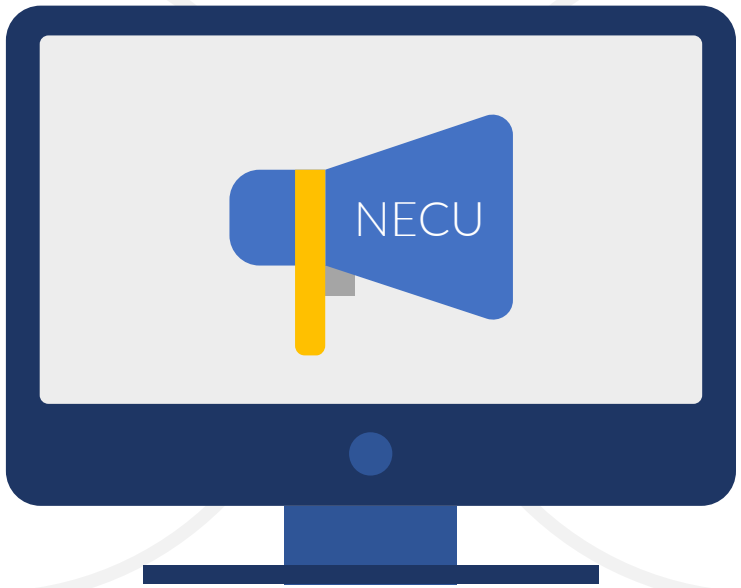
Validation Completed

Active Campaigns

39 Campaigns across 10 NHS Scotland Health boards.

Patients Treated

7,318 Patients treated to date across all NECU campaigns.



Waiting List Validation

96,710 patients validated

Orthopaedic Waiting List Validation

Plans in place to validate entire IPDC WL 45,000 patients

Digital Validation Platform

- 62% Patient response rate within 24hrs.
- Capacity for 10,000 messages per day.
- NECU team capacity for manual calls- 450 per day
- Overall combined response rate is 95%-98%

Validation Outcomes

9.0% median removal rate across national automated and administrative validation.

Cost Avoidance

£3.5M cost avoidance to NHS HBs through participation in national validation campaign.

NECU Workplan 2024/25

NECU 2024/25 Pipeline

NHS Grampian Breast Cancer See and Treat Pathway

530 see and treat patients through NECU/NHS Forth Valley treatment campaign

NHS Shetland Treatment Campaign

120 patients treated through visiting team- Dermatology minor ops

National Orthopaedic Validation

46, 000 patients
Patient Validation + Optimisation and Assessment

Endoscopy National Validation

36,000 patients
Patient validation + Clinical Validation

National Minor OPs Campaign

NECU commissioned campaign supported by non recurring revenue budget- 2100 patients for minor ops treatment

Ongoing NHS Board Patient Validation

Aim for total of 100,000 patients over 2024/2025

Management of ongoing campaigns

Vascular RFA
Uro-Gyn
Minor Ops
Diagnostics NTC
Endoscopy Clinical Validation
GJ/Lan Hernia pathway

NECU Planned Care update

Bid	Provider HBS	Capacity Projected Q1	Capacity Identified	Patients Booked as at 01.05.24
Endoscopy	National Validation Campaign	N/A	N/A	N/A
NHS Grampian Breast See and Treat	NHS Forth Valley	530	500	58
Minor Ops General and Ortho	NHS Forth Valley and NHS Lanarkshire	1100	728	77
Minor Ops Urology	NHS Forth Valley	900	180	180

Urgent & Unscheduled Care

Unscheduled Care: action & impact

CfSD 'Discovery' - analysis process has identified four themes –

- Frailty – this patient group account for 3% of all ED attendances but occupies 29% of hospital bed days
- Long-stay patients – account for 13% of admissions but 64% of all hospital bed days
- Rehabilitation & reablement – Around 74% of patients in acute beds that did not meet the criteria to reside in acute would be clinically suitable for domiciliary rehabilitation
- Emergency Department Out of Hours – average non-admitted performance for patients arriving during the day is 83% but falls to 67% overnight

Builds on evidence from Delayed Discharge & Occupancy Action Plan

Improvement action

- To conclude the Discovery work, Boards' UC Plans are due on 26 April – detailing how they will deliver the commitments in their ADP. Boards have been asked to commit to scenarios they will most likely achieve, and this will be extrapolated into projected impact.
- Areas of focus relate predominantly to releasing capacity through increasing proportion of patients on short-stay pathways (/ discharged within 24-72 hrs) and reducing number of patients with length of stay > 14 days. Also continuing system-wide focus on flow navigation, minors pathway, pre-noon discharge.
- UC improvement programme predicts reducing unmet need by 686 beds/day (based on each Board addressing their identified 'leverage points')

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Hospital at Home

Winter Plan 23/24 additional funding to expand H@H

- Boards confirmed provision of c. 340 additional beds

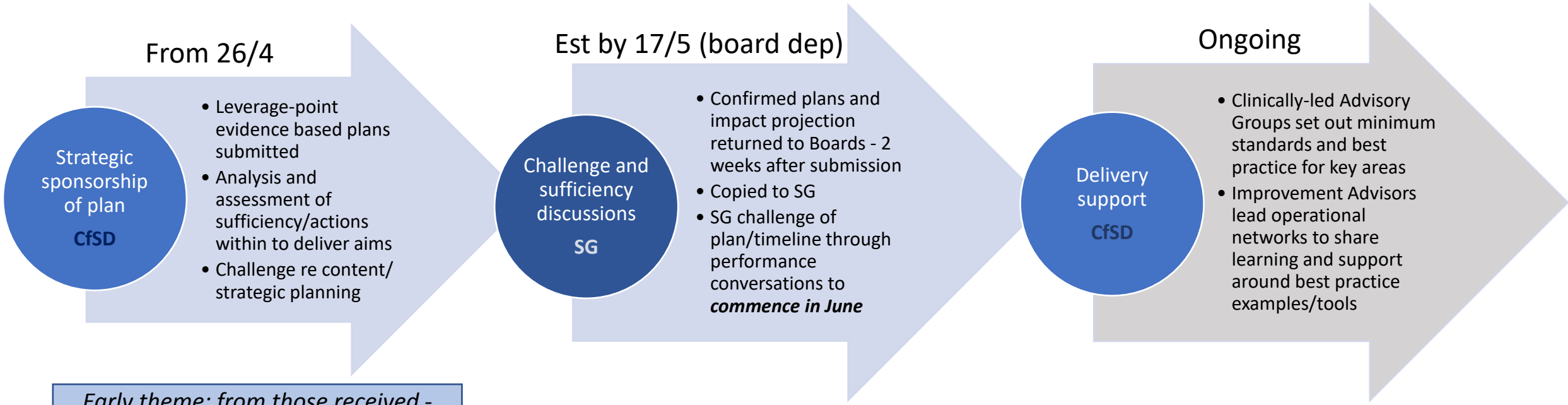
Redesign of Urgent Care

- Self-presentations between March 2023 – February 2024 down by over 88,000 (around 10%) compared to pre-Covid levels.

Next steps

- To inform planning for 2024-25 officials are working to identify the critical actions to support improvements in unscheduled care across the whole system.
- Workshop session in May with key policy and clinical leads covering 3 areas – Primary Care, Acute and Social Care.
- Comms: refresh Right Care, Right Place campaign to help manage patient flows and expectations

UC Improvement Planning Timeline



Early theme: from those received - most boards have clear improvement aims around the leverage points but the actions contained within are unlikely to be enough deliver them – ***more action planning support required from CfSD team for v2***

UC Improvement Planning Status Update

Mainland Board	Discovery CE report shared	Leverage point webinar and FAQ session held	Improvement plan v1 received deadline *26/04/24*	Conversations to refine/upgrade next iteration of plan	Feedback and impact projection shared with Board and SG (within 2 weeks)	Final plan shared back (SG copied)	SG performance conversations commenced
A&A	15/02/24	08/04/24	30/4/24	ongoing	by 14/5/24	c. end May	from June
Borders	29/03/24		25/04/24		by 10/5/24		
D&G	04/04/24		03/05/24		by 17/5/24		
Fife	29/03/24		Chased				
FV	29/03/24		chased				
GGC	29/03/24		29/04/24		by 13/5/24		
Grampian	29/03/24		26/04/24		by 10/5/24		
Highland	29/03/24		26/04/24		by 10/5/24		
Lanarkshire	29/03/24		Chased				
Lothian	29/03/24		Chased				
Tayside	04/04/24		Chased				

Priority Leverage Point		Aims	A&A	Borders	D&G	Fife	Forth V	Grampian	GG&C	Highland	Lanark	Lothian	Tayside
Reduce Attendances	1	Reduce the number of patients attending ED from an average of X to an average of Y per week.											
	2	To reduce ED attendances from Care Home residents from an average of X per week to an average of Y per week.											
Rate of Admissions	3	Reduce the number of unplanned admissions from an average of X to an average of Y per week.											
	4	To reduce emergency admissions from Care Home residents from an average of X per week to an average of Y per week.											
Short stay pathways	5	Increase the number of patients discharged with a LOS of 24-72 hours from an average of X per week to an average of Y per week.											
Long-stay patients	6	Reduce the number of patients in hospital beds with a LOS >14 days from an average of X per day to an average of Y per day.											
	7	To reduce the average number of non-delayed patients in hospital with a LOS >14 days from an average of X to an average of Y per day.											
	8	To reduce average LOS for residents admitted from Care Homes from an average of X to Y.											
	9	To reduce average number of delayed discharges in hospital beds from an average of X per day to an average of Y per day. (@11/01/24)											
	10	To reduce average number of AWI delayed discharges in hospital beds from an average of X per day to an average of Y per day. (@11/01/24)											
Release ED Capacity	11	To reduce the average time to first assessment for ADMITTED patients arriving in ED between the hours of 5pm to 5am from X to Y											
	12	To reduce the average time to first assessment for ADMITTED patients arriving in ED between the hours of 5am to 5pm from X to Y											
	13	To reduce the average time to first assessment for NON-ADMITTED patients arriving in ED between the hours of 5pm to 5am from X to Y											
	14	To reduce the average time to first assessment for NON-ADMITTED patients arriving in ED between the hours of 5am to 5pm from X to Y											
	15	To reduce the average ED LOS for ADMITTED patients arriving in ED between the hours of 5pm to 5am from X to Y											
	16	To reduce the average ED LOS for ADMITTED patients arriving in ED between the hours of 5am to 5pm from X to Y											
	17	To reduce the average ED LOS for NON-ADMITTED patients arriving in ED between the hours of 5pm to 5am from X to Y											
	18	To reduce the average ED LOS for NON-ADMITTED patients arriving in ED between the hours of 5am to 5pm from X to Y											

Cancer Waiting Times

National Improvement Plan: Cancer

BCEs were asked to agree to following approach for cancer diagnostic and treatment backlog clearance:

- The Framework for Effective Cancer Management is fully embedded.
- There is intensive analysis of breaches to understand the pathway blockages.
- All productive opportunities are embedded in cancer pathways.
- All patients on the backlog list are clinically reviewed to ensure they are clinically prioritised appropriately.
- Clearance of cancer backlogs is prioritised.
- All regional and national capacity is fully utilised to support cancer diagnostics and treatment – including that of NTCs and NECU.
- Robotic surgery capacity is reviewed and cancer patients are prioritised – particularly those for prostate cancer surgery.

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National Improvement Plan: Cancer

A national plan has been drafted that requires BCE support to ensure sustainability in cancer services and improve CWT performance, outcomes and patient experience including:

- Introduction of non-exec cancer lead with a focus on cancer improvement
- Procurement and implementation of a national system for cancer tracking to support escalation and movement of patients across NHS Scotland.
- Move to one stop diagnostic pathways where possible
- Maximise SNRSS* including oncology reporting (discussion at early stage to increase reporting capacity)
- National ringfenced CT capacity for cancer patients
- Hub and Spoke model for cancer radiology
- National Digital Pathology reporting
- Additional regional hubs for cancer surgery incl robotic surgery – prostatectomies & colorectal.

** Scottish National Radiology Reporting Service*

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April CPDB Discussions:

- Current performance
  - PHS performance data for Q4 (ending Dec):
    - 31 day standard - 94.1%, 62 day standard - 71.7%
  - Feb breaches for 62 day standard – primarily urology, colorectal and H&N.
  - USC referrals are increasing.
  - Challenge to CPDB:
    - How can we improve performance – short, mid and long term?
    - How do we remove Board barriers and utilise a Scotland-wide approach?
    - How can we address the workforce element – e.g. standardised approach to cross-Board working, clear contractual obligation etc?
- Board ideas to prevent cancer breaches
  - National and regional ideas to prevent breeches received from most boards.
  - Ideas included: National tracking tool; national capacity; national MDTs; increased role for NECU; national clinical prioritisation (risk stratification); oncologist shortage solutions; qFIT consensus.

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April CPDB Discussions:

- Key lessons in effective cancer management (FECM)
  - Key component of FECM is corporate responsibility.
  - All elements of FECM must work well.
  - Dynamic tracking and escalation is fundamental
  - National tracking forum – new initiative from Lothian, trackers will be able to share information and support.
  - FECM will be updated / refreshed – the action plans are paused while this is underway (end of year).
- Additional funding opportunities
  - £30m of additional, non-recurring funding available to clear planned care, diagnostics and cancer backlogs in Q1/2

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April CPDB Actions:

- All Boards to collate and share examples of effective pathways at the next CPDB
- Cancer manager Forum to share examples of best practice from the Best practice repository.
- Boards to contact CP&ED team with additionally funding bids/ideas.
- Additional areas of focus for CWT improvement were discussed including national tracking systems, increased role for NECU, risk stratification and clinical prioritisation of cancer backlogs. CI&ED team to pull together a cost-benefit analysis of the Board improvement ideas.
- CPDB members are to contact CP&ED team if they are unable to deliver against the 31/62 pathways to arrange an informal visit.

In the service of Scotland

National Improvement Plan: Endoscopy

BCEs were asked to agree to following approach for endoscopy improvement:

- Boards implement the National Endoscopy & Urology Diagnostics Improvement Plan
- Ensure all fallow time is fully utilised booking to the maximum of 12 points per list
- Ensure all NTC and GJ capacity is utilised
- National waiting list validation is supported across all boards via NECU
- Continue to invest in upskilling workforce / work force review
- Improve straight to test pathways and fully utilise qFIT
- Minimise DNA & short notice cancellations through pathway redesign.
- Boards to continue to develop Urology diagnostic hubs which include cystoscopy

The national Endoscopy & Urology Diagnostics Renewal Plan runs until 2026. Areas remaining to be developed include:

- Implementation of the National Endoscopy Reporting System across NHS Scotland
- Continual programme of NECU validation for new patients and surveillance lists
- National & regional capacity to support endoscopy
- Maximising new technologies – CytoScot and TNE
- National Digital Pathology reporting
- Expand the non-medical workforce
- Embed qFIT as part of triage and vetting of new and surveillance lists
- Use of National and local dashboards to review duplicate referrals

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Endoscopy National Improvement Plan – RAG 1

Programme	Endoscopy Improvement Plan	Date	April 2024	Programme RAG	

Workstream	Key activity / Requirements of SG/Boards	Future Milestones / Actions / Deliverables	Risks / notes / challenges	RAG
Backlog	• Short term capacity and funding secured through the extension of mobile units for 9 months • Boards to provide an action plan to clear backlog (over 6 weeks) • Detailed improvement plan inline with the recovery plan • Solutions to improve current waiting time position over a short and medium term time	• Boards to provide a progress updates • Evidence of reduction in the number of patients waiting more than 52 wks	• Boards unable to use agency staff to run lists, lists will be stepped down if safe staffing levels are not met. • Core Workforce / vacancies gap's • Financial pressures • Acknowledgement that treatment of long waits will negatively affect cancer performance	
DCAQ / Waiting time improvement plan	• Supportive and effective calls • Regular contact points for Boards • Face to face meetings / site visits • Planned care templates shared with boards for completion • Board implementing the high impact actions details in the recovery plan • DCAQ – data to be shared with national lead	• Agreement of final financial ask and trajectory • Creation of regular monitoring reports to determine progress against trajectories • Move to national digital pathology model – national reporting • Implementation of Endoscopy Action Plan • Showing effective value for money • New innovations • Scoping exercise with NECU - National clinical validation campaign • DCAQ – out puts re gaps / plans to close gap	• Digital pathology programme would require investment • Variation of data • Some funding required – admin, validation, travel and accommodation. • Workforce pressures • Financial pressures • Boards have indicated they will not be using GJ for endoscopy, the plan to repurpose the money locally to support endoscopy • Potential for surveillance list to increase	
Job Planning	• Boards to carry out meaningful Job planning • Clinical leadership / AMD / CD ownership • Encourage boards to adopt a consultant led - Active Clinical Referral Triage (ACRT) • Consider the use of Data reports on triage and activity levels	• Increase core capacity • Develop Job plan activity / beanchmarking to ensure job plans are delivering • Utilisation of lists increase • consistent and agreed templates / number of scopes on lists	• Risks to Job plans & core capacity - re-evaluated lives, / tax limit issues / medical staff requesting flexible job plans	
Non Medical workforce	• Joint partnership between CfSD and NES we have successfully funded and recruited 21 trainees for Cystoscopy across the 3 Cohorts • 20 trainees recruited over cohorts 1-3 for non Medical	• Develop detailed non medical workforce plan linked to an activity growth • NES will carry out a scoping exercise with boards to establish if they wish to continue with training	• Upskilled workforce unable to access theatre lists / lack of accommodation • Pay up lift / unable to fund once training complete • Lack of succession planning	

Endoscopy National Improvement Plan RAG 2

Programme	Endoscopy Improvement Plan	Date	April 2024	Programme RAG	

Workstream	Key Activity / Requirements of SG/Boards	Future Milestones / Actions / Deliverables	Risks / notes / challenges	RAG
Specialty Delivery Group (SDG)	• Transitioning clinical forum to SDG • Supporting boards to adopt good practices • Remove unwarranted variation among boards	• Forum for shared learning and development • Recommendations based on consensus and best practice that can be scaled and spread • Oversight of progress nationally • Support / encourage boards to look for opportunities for innovation		
Triage	• A range of triage / ACRT measures are in place to ensure referrals are robustly vetted	• Fully embed Regrading/ ACRT in all pathways • Job planned ACRT time (meaningful communication to Patients and GP') • Develop Triage protocols through SDG		
USOC 31 & 62 day pathway	• Acknowledgement that access to diagnostic and long waiting times for patients will negatively affect cancer performance	• qFit guidelines to be updated as part on the cancer referral pathways (June 2024) • Boards plans to continue with CCE / Cytoscot		
TNE	• Board engagement / Road show with support of TNE lead(nhs Lothian) • Scope out the equipment required to deliver TNE in all boards and associated costs	• Support boards to move to Implementation of outpatient, community setting TNE. • Scope out training needs, training currently offered by Company – is there opportunities within NES /	• Resistance / culture change • Funding costs – for boards that don't have scopes	
CCE / Cytoscot	• 7 health boards have developed a Cytoscot service as a - simpler alternative to endoscopy procedures for diagnosing conditions such as Barrett's Oesophagus • Boards that have opted in to use CCE have developed Triage guidance using CCE for:USC / Urgent & routine and surveillance patients	• Require clear directives from boards on their intentions to use / fund Cytoscot & CCE going forward.	• Moved to BAU from April 24 – boards may no continue to fund	

Endoscopy National Improvement Plan RAG 3

Programme	Endoscopy Improvement Plan	Date	April 2024	Programme RAG	

Workstream	Key Activity / Requirements of SG/Boards	Future Milestones / Actions / Deliverables	Risks / notes / challenges	RAG
NECU - Waiting list validation	• Support boards / encourage boards to engage with NECU • NECU able to support Boards scale up admin validation of waiting list	• Reduction in waiting list • Clinical validation of patients • Travel campaign – offer out with HB area appointments • Keeping in touch with patients / patient support (not forgotten about)	• Boards ability to action the outcomes in a time manner • The need for ongoing validation if boards don't manage the “front door” of referrals • Boards don’t carry out validation • Patients attending unnecessary appointments	
Mobile units / External Providers	• Boards are funding the use of external provider using local board funding • Mobile units extended for 9 months	• Boards to provide a progress updates • Evidence of reduction in the number of patients waiting more than 52 wks • Value for money • Evidence lists are fully utilised	• Boards have become increasingly reliant on this capacity to meet demand • The waiting list position will deteriorate if boards don’t have a recovery plan when funding ends.	
Housekeeping	• Monitor the use of DNA policy via dashboards – Boards to update • Use Redcap and local dashboards to review duplicate referrals	• Cancellations less 24 & 48 hours are problematic - look for solutions to fully utilise lists / pooled list of patients • Dashboard development from RedCap – to allow boards to audit and prioritise patients according to waits, diagnosis and cancer risk. • Surveillance data requires integration with PHS, intersystem, BI and Board clinical teams.		

NHS Chief Executives Business Meeting

Paper no: NHSCE/24/25/02
Meeting date: 8 May 2024
Agenda Item: 6

Purpose: **For Discussion**

Title: **NHS Reform**

Key Issues: John Burns will present slides providing an update following Cabinet approval and the last meeting with Chief Executives on 28 March. Key topics will include:

- Reform through NHS Scotland Planning and Delivery Board
- Approach to NHS Reform

Action Required: Chief Executives are invited to feedback on the presentation and summary approach outlined.

Author: Paula Speirs, Deputy Chief Operating Officer
Date: 1 May 2024

Reforming our Services and reforming the way we work

Update to Board Chief Executives

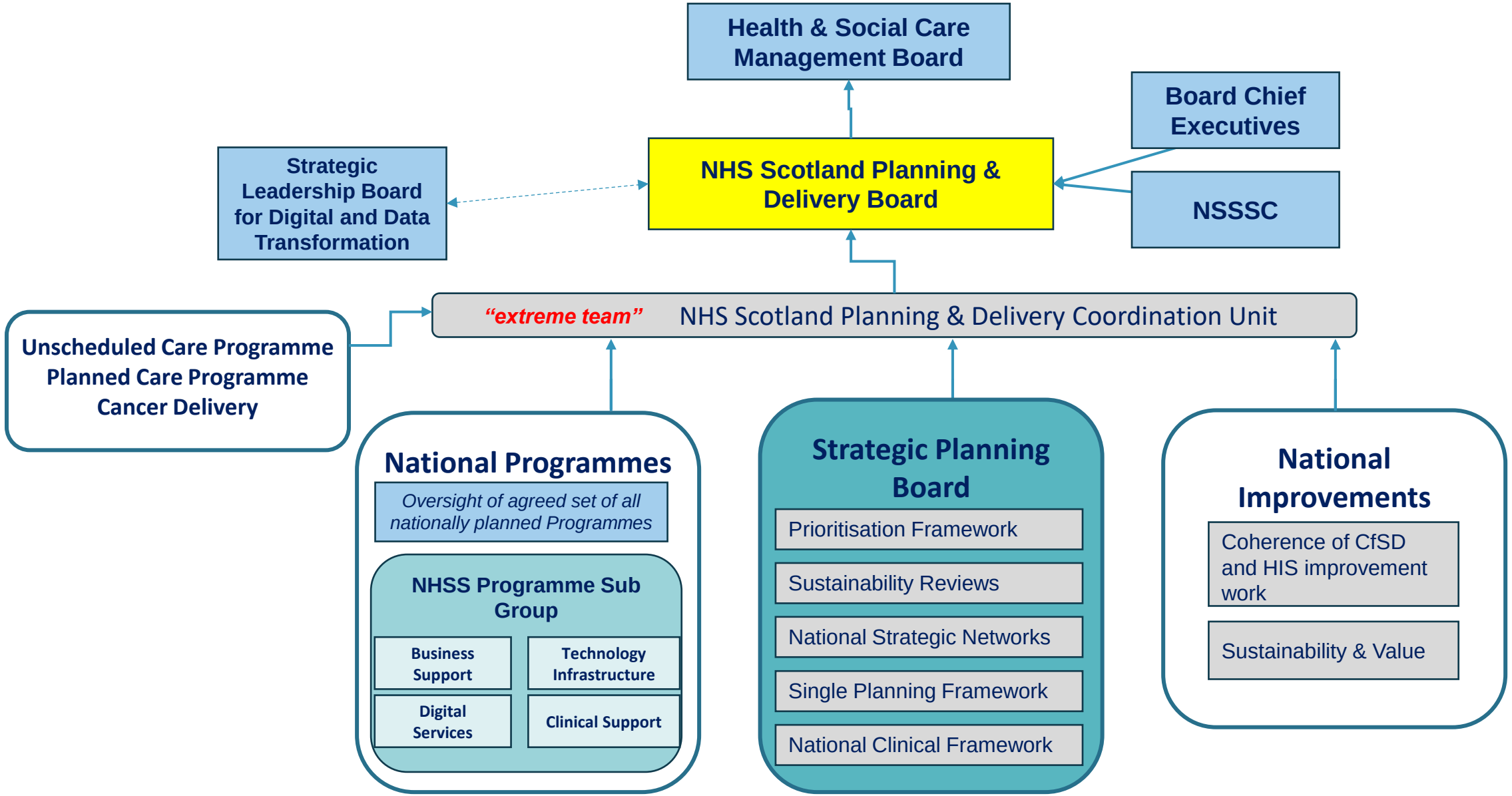
May 2024

Reforming our ways of working

- HSCMB agreed in September 2023 to establish the NHS Scotland Planning and Delivery Board (NHSSPDB) with the first meeting held on 14th November 2023.
- Meetings take place on a monthly basis, co-chaired by John Burns and Richard McCallum with membership of Regional BCE Leads, National Board rep and Functional Directors.
- The PDB focuses on coherence of NHS Scotland across three key areas: **Strategic Planning; National Programmes; and National Improvements**
- PDB is supported by the NHS Scotland **Co-ordination Unit** bringing together robust processes around planning and delivery, communications, commissioning, reporting and assurance. It operates as an *extreme team* with input and support from NSD National Planning, CfSD, BCE Exec Support, Digital Leads, Health Planning, DHAC, Workforce and Finance.
- The Co-ordination Unit is in the process of undertaking an effectiveness review to identify any areas for refinement as we seek to learn from six months of the Board being established.

A Bulletin is issued immediately after each meeting to provide visibility to wider NHS Scotland of key decisions and actions.

NHS Scotland Planning & Delivery Board



Summary of impact since November 2023

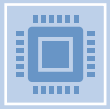
Sustainable Services *Oncology, vascular, diagnostics, forensics; Rural and Island*	In response to Board returns on fragile services, work is progressing on clinically-led single population level plans for **identified fragile services** that is aiming to deliver sustainable models by late summer. This work is also bringing in parallel work on forensics mental health model of care to ensure coherence across service reviews. Working with HIS-CE to ensure engagement on these plans and workshops with NES, SAS and PHS to establish their respective roles in supporting more sustainable services.
Critical clinical services *TAVI, CAR-T, Advanced Heart Transplant, Adult Renal Transplant, Paediatric Radiotherapy, Child Inpatient Psychiatry*	As a result of Boards being advised that no new expenditure should be agreed if in deficit position, a business case for NSSC related requests was taken through PDB and Strategic Planning Board with approval for additional risk share funding of £35m subsequently approved through RAF Committee process. *This work identified the critical need for development of a robust prioritisation framework that would enable finite resources to be robustly evaluated and prioritised*
Prioritisation framework	Agreement on development of defined approach to prioritisation (and de-prioritisation) across our system that can be used locally, regionally and nationally, that builds on robust approach for NSSC commissioned services expanded to incorporate health economics input.
Review of Networks	Following the SLWG on National and Regional Planning recommendations in Oct 23, a Review of Networks was commissioned with report considered by PDB in April 24 that noted over 70 national and regional clinical networks currently in place. PDB agreed a new framework for networks and work is now progressing on implementation of the new framework with cancer, diagnostics and paediatric networks.
Review of National Programmes	Review. more coherent programme of transformation (slide from Engagement deck) and Programmes Sub Group established To move from current discrete set of projects to a coherent portfolio of change. To consider a single plan – drawing in current programmes across various Boards (national, regional, local). Also ensure robust delivery of benefits from these programmes (i.e. M365).
Roadmap	Development of draft roadmap for the NHSSPDB with key milestones and critical paths.

SUSTAINABILITY UPDATE

1 May 2024

Sustainability Reviews Approach

The service review will take a population planning approach to produce recommendations primarily focused on the way service(s) are organised and delivered with the goal of improving the access and quality of care for our population.



Other issues may arise such as the future of digital connectivity, intelligence gathering, procurement etc and although these areas are not the central focus these areas may also have recommendations given they will be co-dependencies and will be considered through as key enablers.

Through these reviews data will be consolidated and analysed to provide a detailed national picture of services. This process will highlight variations in care, outcomes, finance and other factors across NHS Scotland including benchmarking

Clinical engagement will be key, and in each case, a clinical reference group will be established reporting to the task and finish group to ensure engagement and stakeholder involvement consistently. Communications plan developed for each service area.

The report will lead to targeted action within individual Boards where applicable, but also a national report, including recommendations, backed by a sustainable operating model to drive change and address unwarranted variation. The aim is that they should serve as a catalyst for action at an NHS Scotland level about the way services are delivered now and in the future.

NHS Scotland Assurance Report

1st May 2025

Sustainability Area: Vascular

Product: Single plan for vascular by Summer 2024

Enablers	BRAG	Comment on progress or mitigations	Due Date
Clinical Leadership		Clinical Reference group being established once site visits complete by external review lead at end of May as advisory to task and finish group	End of May
Executive Leadership		Task and finish group being established in parallel to above to ensure oversight. Terms of reference now fully drafted and letters as per service review drafted	May 2024
Stakeholder Engagement		Full communications plan and stakeholder mapping being completed individually and wider. Briefing at national vascular meeting on 19th of April	Mid May
Milestones Plan & Product		Gap analysis complete and further engagement on current capacity and demand data as well as SAS impact. Milestone plan developed	Ongoing
Digital/Data		Meeting with digital leads as part of overall sustainability to identify key issues and progress. National vascular register gaps identified	Ongoing
Governance & Commissioning		Full update to SPB at next meeting with interim report to NPDB May 2024. Commissioning model tbc	Ongoing

Risks and Issues for Awareness (*still in development)

Risk / Issue	Descriptor	Progress, Mitigations & Actions
Digital	Connectivity of records across Scotland to allow delivery of care	Securing dedicated time with digital leads to discuss and mitigation plan
Model of Care	The number of centres may need reduced to ensure sustainability and quality	Focus on quality of care and understand co-dependencies once SOM developed
Engagement	Key stakeholders not being aware of planning approach	Full communications plan developed. Partnership forum and workforce involved in task and finish group
Finance	May take additional investment as a bridge to new model	To be considered with the Directors of Finance

Focus for next period

Site visits concluded to ensure clinical engagement although there appears to be widespread support for new way forward. Establishment of clinical reference group and task and finish group by end of May to ensure engagement and governance at a product level. Understanding key issues with digital and mitigating actions. Financial impact to be understood

NHS Scotland Assurance Report

1st May 2025

Sustainability Area: Oncology

Product: Single plan for oncology by Summer 2024

Enablers	BRAG	Comment on progress or mitigations	Due Date
Clinical Leadership		Clinical Reference group being established which will utilise membership of National Oncology Co-ordination Group previously established as an operational group	End of May
Executive Leadership		Task and finish group being established in parallel to above to ensure oversight of progress. Terms of reference now fully drafted and letters as per service reviews drafted. Cancer Centre MDs meeting in next two weeks to ensure alignment across Scotland	May 2024
Stakeholder Engagement		Full communications plan and stakeholder mapping being completed individually and wider. Engagement with Regional CE Leads and Regional Planning to utilise expertise	Throughout May
Milestones Plan & Product		Utilise previous work and develop into plan. Gap analysis to commence and milestone plan being developed. PID developed and approved. Needs momentum due to fragility	Ongoing
Digital/Data		Meeting with digital leads as part of overall sustainability to identify key issues and progress. Understand chemocare linkage across Scotland. This may be significant and needs understood	Ongoing
Governance & Commissioning		Full update to SPB at next meeting with interim report to NPDB May 2024. Commissioning model tbc	Ongoing

Risks and Issues for Awareness (*still in development)

Risk / Issue	Descriptor	Progress, Mitigations & Actions
Digital	Connectivity of records across Scotland to allow delivery of care	Securing dedicated time with digital leads to discuss and mitigation plan including chemocare
Model of Care	The configuration of centres/pathways may need change	Focus on quality of care and understand co-dependencies once SOM developed
Engagement	Key stakeholders not being aware of planning approach	Full communications plan developed. Partnership forum and workforce involved in task and finish group
Finance	Cancer budget requires further investment	To be considered with the Directors of Finance and value based approaches including workforce models

Focus for next period

Clinical engagement as a continuum from NOCG however there is widespread support for new way forward. Establishment of task and finish group by end of May to ensure engagement and governance at a product level. Understanding key issues with digital and mitigating actions. Financial understanding developed and impact

NHS Scotland Assurance Report

1st May 2025

Sustainability Area: Diagnostics

Products: Strategic Plan for Diagnostics and Immediate Sustainability Plan to support Boards

Enablers	BRAG	Comment on progress or mitigations	Due Date
Clinical Leadership		Sub groups of Strategic Diagnostics Network established. Consideration being given to alignment with SDGs	In place
Executive Leadership		Strategic Diagnostics Network established. Workshop held with all national stakeholders in late April to develop immediate plan and understand collaboration across Scotland.	In place
Stakeholder Engagement		Full communications plan and stakeholder mapping being completed individually and wider. Engagement with Regional CE Leads and Regional Planning to utilise expertise along with CfSD	Throughout May
Milestones Plan & Product		Outline plan developed for SDN and immediate plan being developed from workshop to generic roles and responsibilities across NHSS are understood and to gain collaborative priorities. Form part of new network approach	Ongoing
Digital/Data		Meeting with digital leads as part of overall sustainability to identify key issues and progress. Understand LIMS and key connections including national PACs and RIS systems for example	Ongoing
Governance & Commissioning		Full update to SPB at next meeting with interim report to NPDB May 2024. Commissioning model tbc	Ongoing

Risks and Issues for Awareness (*still in development)

Risk / Issue	Descriptor	Progress, Mitigations & Actions
Digital	Connectivity and progress across Scotland to allow delivery of diagnostics	Securing dedicated time with digital leads to discuss and mitigation plan including LIMS and other systems mentioned
Model of Diagnostics	Configuration may need to change to ensure best value	Focus on quality of care and understand co-dependencies once SOM developed
Engagement	Key stakeholders not being aware of planning approach	Full communications plan developed. Partnership forum and workforce involved in task and finish group
Finance	Diagnostics budget requires further investment	To be considered with the Directors of Finance including diagnostics stewardship national approaches. This will include workforce future model to maximise efficiency

Focus for next period

Development of immediate and longer term plan. Key collaborations developed and commissions for work developed. Short, medium and long-term actions were discussed and will be considered and developed into product. Outputs from the workshop will form a generic model for national organisations to support all fragile service plans in new network approach. Physiology scoped as this is a key area as it is a non reportable area.

NHS Scotland Assurance Report

1st May 2025

Sustainability Area: Rural and Islands

Products: Rural and Island Single Plan

Enablers	BRAG	Comment on progress or mitigations	Due Date
Leadership		Laura Skaife-Knight nominated as chair and meeting held to discuss remit and TOR for the group.	In place
Stakeholder Engagement/ Involvement		Full communications plan and stakeholder mapping completed. Individuals representing groups/Boards have been invited to attend first meeting.	Throughout May
Milestones Plan & Product		Outline commission developed for the group bringing together previous work.	Ongoing
Digital/Data		Digital lead on group and discovery work will take place within an R&I context. Group will engage with PHS on collaboration of data and intelligence	Ongoing
Governance & Commissioning		Full update to SPB at next meeting with interim report to NPDB May 2024. Commissioning model tbc	Ongoing

Risks and Issues for Awareness (*still in development)

Risk / Issue	Descriptor	Progress, Mitigations & Actions
Digital	Connectivity and progress across Scotland to allow delivery	To be scoped as needs understanding
Model of Care	Configuration may need to change to ensure sustainability	To be scoped to understand risk
Engagement	Key stakeholders not being aware of planning approach	Full communications plan developed. Partnership forum and workforce involved in group
Finance	Increasing cost of R&I health and care model	To be scoped with Directors of Finance and mapped to current financial challenges of R&I to assess opportunities

Focus for next period

First meeting of the group held and outline milestone plan developed. Regional Transport Partnerships in relation to transport to health key consideration on way forward and further engagement requirement. Understanding of Chief Officers Group in relation to parallel work underway on rural workforce

SERVICE REFORM

Overview of approach

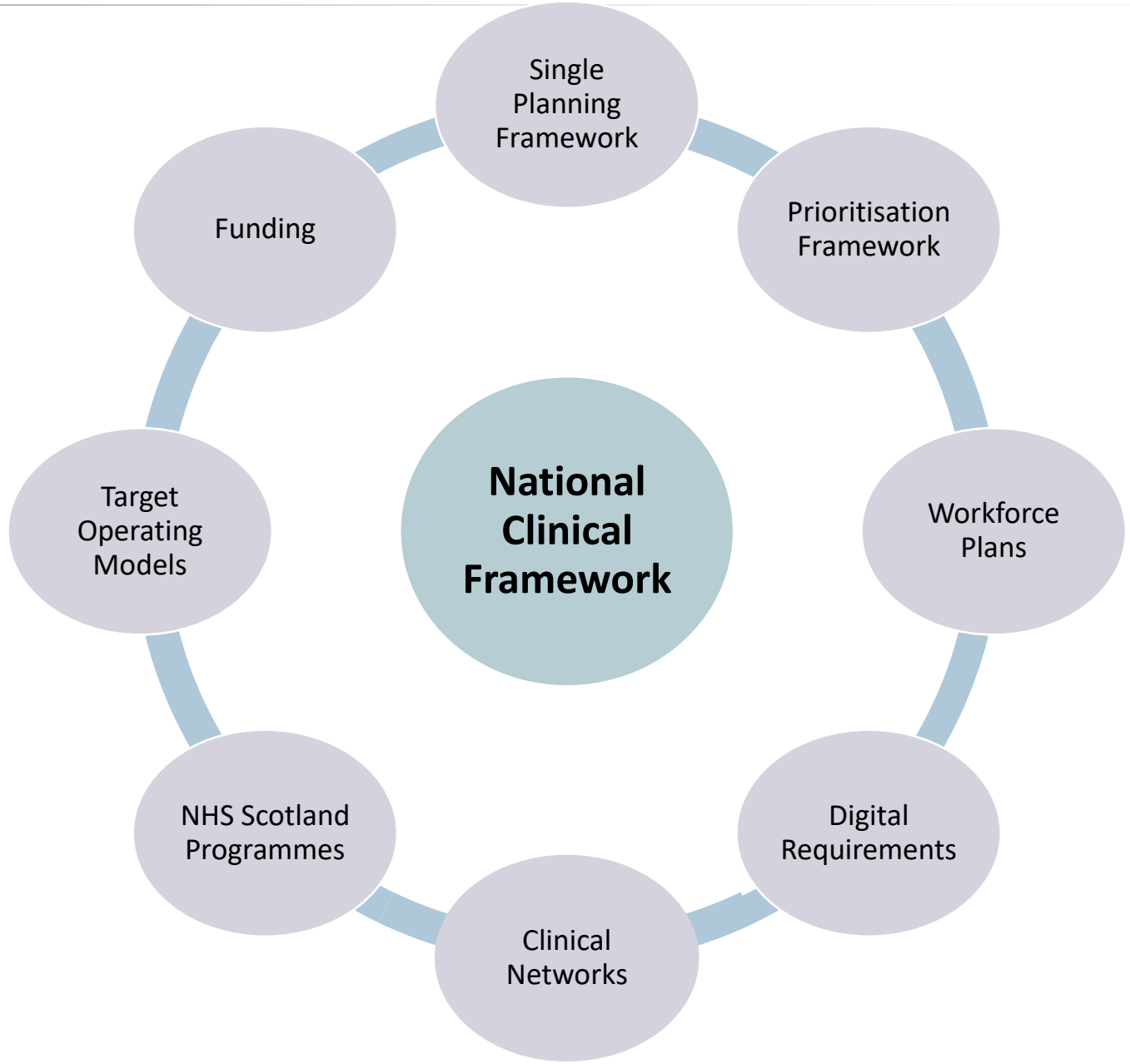
The **National Clinical Framework** is at the centre of reforming our services and sets out the clinical direction of travel. It will act as an enabling framework against which other **core components** will be reframed as we consider:

- **Volume and safety**
- **Population based planning**
- **Clinical operating models**

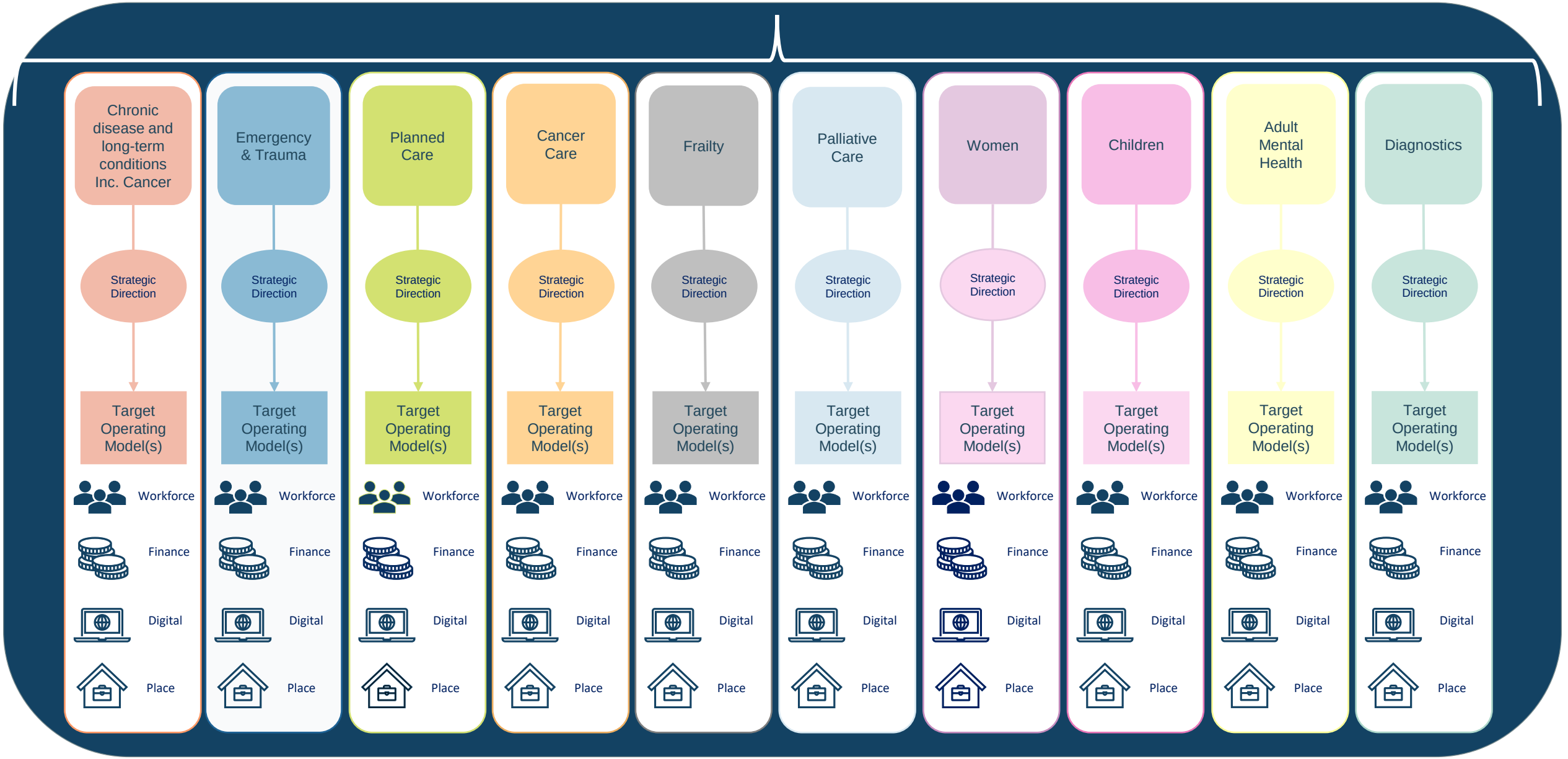
With core principles Value Based Healthcare and Healthcare Quality at its core, the National Clinical Framework aims to ensure any service provided by our NHS remains safe, effective and person-centred.

In developing the NCF, we are working closely with colleagues who are progressing **primary care reform** and the **National Care Service** to ensure coherence across various components of reform.

Also being developed in parallel is a 10-year Population Health plan.



National Clinical Framework
Overall Strategic Direction



NHS Chief Executives Business Meeting

Paper no: NHSCE/24/25/03
Meeting date: 8 May 2024
Agenda Item: Other Papers

Purpose **For Information**

Title: **An Update from St Andrew's House**

Key Issues: To provide Chief Executives with the latest information on a number of policy areas.

Items are grouped by Directorate and there is a contact point for each topic should further information be required.

Directorates
Chief Operating Officer
HSC Finance, Digital & Governance
Primary Care
Mental Health
Chief Nursing Officer

Action Required: To note the contents of the paper.

Author: **Board Governance and Appointments Team**
Date: May 2024

Directorate for Chief Operating Officer – John Burns

Emergency Preparedness, Resilience and Response (EPRR)

HSC Sector Resilience Baseline Assessment

As reported in the last update, Health EPRR Division have undertaken a review of resilience arrangements and control measures that currently exist across the Health and Social Care (HSC) sector. A report was initially circulated to key SG policy areas at the end of March. This report will discussed at the next meeting of NHS Executive Resilience Leads on 8 May, before being shared with NHS Chief Execs, HSCP Chief Officers, and other key stakeholders.

Exercise SAFE HANDS 3 – National MI-MC Plan – 30 April 2024

Exercise SAFE HANDS 3 is a DG Health and Social Care led exercise to test the NHS Scotland Major Incidents with Mass Casualties (MI-MC) plan. Focus will be on the communication from the operational level, where Health Boards will examine the impact on unscheduled, planned and social care through to strategic coordination in order to provide an effective national response.

In addition to Territorial and National Health Boards the following organisations will be involved: Police Scotland, NHS England, Resilience Partnerships, SGoRR, and Transport Scotland. They will use the Exercise as an opportunity to test certain aspects of their response to an MI-MC.

The Exercise will be Command Post with no “live” scene or actors to treat. Each Health Board will respond from their own locality and will discuss and record their decisions and actions based on the scenario and local pressures experienced on the day.

The Exercise Programme will conclude with a Recovery Symposium on 6 June at Victoria Quay, Edinburgh. This will be hybrid face to face and online delivery.

NHS Executive Directors Forum – Wednesday 8 May 2024 – Edinburgh

Planning has concluded on preparing an agenda for the next Executive Directors Forum, which will be hosted collaboratively between Health EPRR and NHS Resilience Leads in St Andrews House on Wednesday 8 May 2024.

Amongst the topics to be covered at the event include:

- A walkthrough of the future EPRR work programme, with an explanation around why each piece of work has been deemed a priority
- A presentation around the work EPRR has undertaken around the National Risk Programme and the Sector Baseline Report
- Ensuring all Business Continuity processes are up to date to deal with any future major Incidents.

The aspiration is to deliver an interesting and participative forum, that provides key information but also variety for the NHS Executive Directors.

Operation LAZURITE: Afghan Relocation and Assistance Program
Health EPRR is working with the Ministry of Defence and NHS Highland to support the arrival of Afghan Entitled Persons (EPs) who are being relocated to the UK. They will be temporarily housed in MoD sites across the UK including Cameron Barracks, Inverness, ahead of their permanent resettlement into communities across the UK. The first arrivals in Inverness are expected in late May.

This program follows the contribution of the EPs to UK operations in Afghanistan which has put them at risk of reprisals from the Taliban.

The codename for this work is Operation LAZURITE.

Contact: **[REDACTED s.38(1)(b) (personal information)]**
E-mail: **[REDACTED s.38(1)(b) (personal information)]**

Contact: **[REDACTED s.38(1)(b) (personal information)]**
E-mail: **[REDACTED s.38(1)(b) (personal information)]**

Cancer

Performance (Q4 October – December 2023)
62-day urgent suspicion of cancer referral to first treatment (95% target):
71.1% of patients started treatment within the 62-day standard, compared with 72.0% in the previous quarter, and 83.7% in the quarter ending 31 December 2019 (pre-pandemic).

- 4,457 eligible referrals - an increase of 19.7% from the quarter ending 31 December 2019.
- Median wait was 50 days (increase of 1 day on the same time last year).
- The 62 day standard was met by 1 of the 15 NHS Health Boards: NHS Orkney, but was not met by any of the 10 cancer types.

31-day decision to treat to first treatment (95% target):

- 94.1% (6,428 patients treated within 31 days from 6,829 eligible referrals), compared to 94.9% in the previous quarter and 96.5% in the quarter ending 31 December 2019 (pre-pandemic). If an additional 59 patients had been treated within the 31-day target, then the 95% target would have been met.
- 6,829 eligible referrals - an increase of 6.9% from the quarter ending 31 December 2019 (pre-pandemic).
- Median wait of 5 days (same as the equivalent time last year).

We're treating more patients with cancer on time, within both standards, compared to pre-pandemic and 10 years ago (4.3% and 14.9% more, respectively, within the 31 day standard & 1.7% and 8.3% more, respectively, within the 62 day standard).

Performance Updates

- Officials are monitoring the progress of spend across NHS Scotland of the £11.3 million non-recurring Cancer Waiting Times funding released in 2023/24, to ensure that 62 day improvement plans and trajectories are delivered. Meetings took place with each of the 14 territorial Health Boards in February to discuss the progress of their improvement plans, share best

practice examples and ensure that spend has been directed accordingly with any slippage accounted for.

- Officials continue to meet with Boards' Cancer Management Teams fortnightly (monthly for Island Boards) to identify challenges, explore solutions and spread best practice.
- In order to set the foundation for planning across NHS Scotland in 2024/25, meetings have been taking place between Boards and Planned Care and Cancer officials, and CfSD colleagues, to discuss the key principles expected to be reflected in Boards' 24/25 plans including any allocation of the initial £30m funding to support cancer backlog clearance
- Boards continue to implement their action plans to ensure full adoption of the Framework for Effective Cancer Management, including focus on the recently published Once for Scotland Cancer Regrading Framework and Effective Breach Analysis standard operating procedure. Officials are developing a plan for face to face support visits across NHS Scotland in 2024 to support implementation. A refresh of the Framework will take place in 2024 to ensure each key element has been reviewed and updated, providing NHS Cancer Teams with the tools to effectively manage patients with a suspicion of cancer, from the point of referral to first treatment.

Earlier Cancer Diagnosis

- We are committed to finding cancer at an early stage, when the chance of survival and cure is higher, which is why we continue to invest in our Detect Cancer Earlier (DCE) Programme.
- A new primary care cancer education platform, Gateway C, has been procured in NHS Scotland and supported by NES to provide innovative and tailored information to support early cancer diagnosis and enable effective decision-making. The first modules to be included on the platform will be launched on 29 April 2024.
- A clinical refresh of the Scottish Referral Guidelines for Suspected Cancer is underway to help ensure the right patient is on the right pathway at the right time.

Rapid Cancer Diagnostic Services

- As per the Programme for Government commitment, work continues towards achieving population coverage of RCDSs by Spring 2026.
- Scotland's first Rapid Cancer Diagnostic Services (RCDSs) – established within existing NHS infrastructure – are operational in NHS Ayrshire and Arran, NHS Dumfries and Galloway NHS Fife, NHS Lanarkshire and NHS Borders
- A final two year report of Scotland's early adopter sites, was published by the University of Strathclyde on Thursday 29th February, highlights from the two year period include:
    - 3,616 RCDS referrals were received and 2,489 (~69%) accepted. The remainder of referrals were largely either redirected to site-specific cancer pathways (~15%) or did not progress onto the RCDS pathway as they didn't meet referral criteria (~12%);
    - The conversion rate from RCDS referral to cancer was 11.9% (to note: Scottish Referral Guidelines for Suspected Cancer is set at a 3% threshold);

- The overall median time from RCDS referral to outcome was 14 days;
- CT scanning was the most frequent diagnostic test performed;
- A range of cancer types were diagnosed - Lung and Hepato-Pancreato-Biliary (HPB) were the two most commonly found;
- The overall median time from RCDS referral to cancer treatment was 62 days;
- Unexplained weight-loss was the most common symptom - weight loss was distributed similarly between cancer and non-cancer diagnoses whilst 'unexpected lab results,' 'GP gut feeling' and 'nausea/appetite loss' were found to be noticeably more common in patients diagnosed with cancer.
- Cognitive impairment was the only co-morbidity with a positive correlation to a cancer diagnosis;
- In line with previous research undertaken by NHS Wales, the mean cost per RCDS patient was £650. This compares favourably with NHS Wales' analysis who found a cost of £646.18 per patient.
- The RCDS was compared to a general surgical clinic (the assumed default if no RCDS was available) for NHS Fife and NHS Dumfries and Galloway. This showed that the RCDS was cost effective while being significantly quicker than the estimated time to diagnosis in a general surgical clinic (11.4 – 13.6 days compared to 77.5 - 78.7 days respectively).

Contact: **[REDACTED s.38(1)(b) (personal information)]**
Tel: **[REDACTED s.38(1)(b) (personal information)]**
E-mail: **[REDACTED s.38(1)(b) (personal information)]**

Unscheduled Care

This is management information, provided for internal use only and should not be used in public.

Monthly figures for February 2024 show that performance against the four hour A&E target was 67.0% for All sites, up compared to the previous month 65.4% (All), and 63.8% for Core sites, up compared to 62.0% the previous month. The number of patients spending over 12 hours in A&E in February 2024 was 6,218, a 31.3% decrease on 9,053 last month, and 26.5% above waits seen in February last year (4,915).

Source: PHS published statistics Accident and emergency - Urgent and unscheduled care - Acute and emergency services - Our areas of work - Public Health Scotland

Management information for w/e 21 April 2024 shows national performance at 65.8%, up from last week at 64.2% (a 1.6 percentage point increase). The median performance for the year to the end of March has been 63.1%; this compares to a year to date median performance of 64.6% in 2023. There were 2,976 patients who spent over 8 hours in A&E, compared to 3,111 last week, a reduction of 4.3%. There were 1,281 patients who spent over 12 hours in A&E, compared to 1,342 last week, dropping by 4.5%.

This week the number of attendances was 26,010, 2.0% more than previous week (25,483 attendances). When comparing to the equivalent weeks in 2018 and 2019, the level of attendances this week was 92% of pre-COVID average levels.
Source: PHS Weekly MI

Hospital bed occupancy continues to be a major factor impacting on performance. To address this, the Delayed Discharge and Hospital Occupancy Action Plan is being implemented at pace, delivering actions we know work to ensure patients receive the right care in the right setting.

Key issues continue to be staffing, acute occupancy and delayed discharges, which remain high, limiting patient flow and leading to A&E and SAS handover delays. However, seasonal illness pressures appear to be easing. Regular meetings are in place with the most challenged boards to support development and implementation of improvement plans.

Virtual Capacity – Hospital at Home (H@H)
Up to £12 million of additional funding was made available to Health Boards as part of the winter plan in October 2023 to provide additional capacity over the winter period and reduce pressure on our A&E departments. Over £4 million of this funding has been issued to NHS Boards and the third sector.

Health Boards report they have made significant progress in expanding their hospital at home capacity across a range of pathways including Older People, OPAT, Respiratory and bringing on stream new pathways such as heart failure and paediatrics. NHS Boards report these new pathways have supported better patient care and supported reduced admissions and early discharge.

Work is ongoing with Boards to finalise the conclusions around impact of the enhanced services over winter but NHS Boards have reported patient feedback has been extremely positive for the new services.

All health boards were invited to submit bids for this funding based on what they could deliver in terms of bolstering their resilience and capacity over winter. Funding was allocated to the majority of Boards. The funding was allocated in line with delivery as reported by Boards to the Scottish Government at the end of March 2024.

CfSD – Discovery Sessions
Last year CfSD ran Discovery Sessions with a number of Health Boards to baseline where Boards are with their improvement work, aligned to the 5 portfolios of the Collaborative. These sessions were designed to enable our National Improvement Advisors/Portfolio Leads to meet with operational and clinical leads in Boards/Partnerships to develop an understanding of what is in place, what is in progress and highlight any gaps in service provision or capacity.

CfSD are used the learning from these sessions to develop a set of indicators focusing on measures for each Board's specific unscheduled care context. This personalised 'roadmap' will help Boards understand the potential impact of actions and map interventions to impact projections. CfSD and SG officials will work with

Boards to build these improvement leavers into 24/25 planning. via the Annual Delivery Planning Guidance. Following these sessions, CfSD have now issued an Improvement Plan template to each of the boards. These plans should set out what actions each board will take in line with the key leverage points outlined in the Discovery work, and the rationale for any actions not being undertaken at this stage.

The Scottish Government Performance team will continue to hold regular calls to discuss progress against plans and highlight any areas for further support chaired by Tracy Slater and Dougie McLaren

CfSD will do a look back and reflection on the discovery process, data items and learning before moving into phase 2 where they will undertake similar focused work with Island Boards, SAS and NHS 24.

They also continue to progress work to develop Specialty Delivery Groups for each of the portfolios to support improvement activity. The Redesign of Urgent Care SDG and FNC SDG began in autumn 2023 and are providing a forum to drive the development and delivery of high quality Urgent Care services across Scotland. These SDG's bring together key stakeholders to establish best practice, share learning and reduce unwarranted variation.

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Planned Care Waiting Times

PHS Quarterly Waiting Times Statistics

PHS Waiting Times Statistics - as of 31 December 2023

Total numbers on waiting lists – 525,180 for outpatients, 155,311 for inpatient/daycase, and 144,234 for diagnostics. Press / opposition combine these figures to claim over 820,000 on NHS waiting lists, but note one patient can have more than one wait.

New Outpatients - 525,180 on outpatients waiting list; down 1.0% (-5,298) from last quarter but up 10.3% from previous year.

New Outpatient activity was up by 0.6% on last quarter, and by 0.4% on December last year 256,425 were on outpatient waiting list at 31 March 2020 at start of covid 40.1% (210,373) had been waiting less than 12 weeks, a decrease from 42.5% at September 2023; and much lower than the 73.1% at the end of September 2019 (pre-pandemic).

Inpatients/Daycases (TTG) – 155,311 on TTG waiting list; up 1.3% (+2,056) from September 2023; up 7.9% on previous year; 97.2% higher than pre-pandemic (78,748 were on the TTG waiting list at Q1 2020) 31.6% (49,049) had been waiting

12 weeks or less; a decrease compared to June (32.8%) and much lower than in March 2020 (64.7%).

Outpatients

Year target

At 31 December 2023, 953 patients were waiting longer than 104 weeks, a 5.0% increase compared to the previous quarter (908) and down from 2,774 (-65.6%) at the end of June 2022.

34 out of 41 specialties (83%) had fewer than 10 patients waiting over 2 years at 31 December 2023; with 23 having no-one waiting more than 2 years. This is compared to 12 with no waits over 2 years and 59% with less than 10 at the end of June 2022.

As well as a number of specialties eradicating all of their waits over 2 years, many made significant progress compared to 30 June 2022, including:
Gastroenterology – down 99% (from 498 to 5);
General Surgery – down 91% (from 278 to 26);
GP – down 83% (from 337 to 56);
ENT – down 97% (from 68 to 2)

18 month target

Numbers waiting over 78 weeks had reduced by 15.8% at 31 December 2023 compared to 30 June 2022 (from 8,875 to 7,475).

12 month target

34% of specialties had fewer than 10 patients waiting over 52 weeks. [NOTE: compared to 37% at Q2 2022]

The latest weekly management information for new outpatients (NOPs) shows 1,362 patients waiting more than two years as at 22 April, an increase of 139 from 4 weeks ago (1,223). The majority of remaining >104 week waits remain in NHS Grampian (43%), followed by NHS Ayrshire & Arran (38%). We are continuing to closely monitor activity to address long waits in both these boards.

MI shows that the number of NOPs waits over 18 months was 10,535 as at 22 April, an increase of 1,289 compared to 9,246 4 weeks ago. The largest numbers of remaining waits are seen in NHS Grampian (26%), NHS Ayrshire & Arran (24%), NHS Lothian (15%).

There are 50,112 NOPs waiting over 1 year as at 22 April, up by 3,730 compared to the position 4 weeks ago (46,382).

The total list size for NOP stands at 550,086 as at 22 April, with the focus remaining on maintaining and improving two year waits as we work closely with boards to reduce waits over 18 months and >52 weeks in line with long wait targets.

Inpatients/Daycase

- Numbers waiting longer than 2 years for inpatient or day case treatment was reduced by 24.8% since targets were announced (from 9,530 to 7,170).

- 18 of 30 specialities had fewer than ten patients waiting more than two years, with 10 having with no-one waiting more than 2 years.
- Although not eradicating all of their waits over 2 years, a number of specialties made significant progress compared to 30 June 2022, including:
- General surgery – down 47% (from 2,170 to 1,159);
- ENT – down 56% (from 1,606 to 704);
- Ophthalmology – down 52% (from 168 to 80).

For inpatients/day-case (IP/DC) management information at 19 April shows 7,334 people are now waiting more than two years, an decrease of 61 from the 7,395 patients waiting reported 4 weeks ago. The majority of long waits for IP/DC are within NHS Greater Glasgow & Clyde (35%) and NHS Grampian (27%), as well as in NHS Tayside (13%) and NHS Lanarkshire (10%).

Management Information to 19 April shows the overall TTG list has decreased by 596 to 156,097 compared to the position 4 weeks earlier (156,693).

Budget – Update
Since the last update, there have been two key changes to the funding available to support planned care and the Scottish Government commitment to reducing waiting times.

Allocation of £50m to Territorial Boards
We recognise the challenging financial position and therefore have allocated a further £50 million to Territorial Boards (NRAC) on a recurring basis. This funding must be targeted at protecting planned care and maintaining levels of planned care activity to at least 2023-24 levels. It must also continue to ensure core capacity at the Golden Jubilee Hospital is utilised at 2023-24 levels over the full year.

Follow up meetings have taken place with NHS Boards on the planned care plans, and majority of plans have now been resubmitted as a result to reflect the £50 million investment.

Commitment to Additional Waiting Time Improvement Funding
The First Minister has announced that an initial £30 million will be invested in Q1 of this financial year in a bid to kickstart efforts to cut inpatient and day-case waiting lists by 100,000 over the next three years. This forms part of the commitment to increase funding for waiting times improvement by £100 million per annum over the next three years.

The initial £30 million will target orthopaedic treatment, cancer diagnostics and patients experiencing the longest waits.

The Planned Care Team in Scottish Government will be working closely with Boards in order to agree plans to optimise the use of this funding to reduce waiting times across Scotland.

National Treatment Centres Programme

We continue to work closely with NTC Forth Valley and Golden Jubilee Phase 2 on their respective projects. The opening of both facilities has been delayed due to issues highlighted during the commissioning phase and these are being addressed in partnership with NHS Assure. In the interim NHS Forth Valley are providing support to Boards across Scotland in a number of key medical and surgical specialties and Golden Jubilee are actively looking at how they continue to optimise the additional staffing capacity until the new Phase 2 building opens.

We are in the process of agreeing the allocations for the five centres as part of the 2024/25 elective care planning and to ensure that our local, regional and national pathways now reflect and optimise the additional capacity that is available in these centres across orthopaedic and general surgery and ophthalmology.

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Health Sponsorship

Territorial Board Annual Reviews

Previously, the Cabinet Secretary agreed proposals for territorial Board Reviews which largely returned to the pre-pandemic format (in-person with some new, digital access elements). In line with the precedent, all territorial Boards will receive at least one Ministerial Review during the remainder of the Parliamentary session (i.e. before May 2026); six Ministerial territorial Board Reviews were undertaken between September and November 2023. As before, those territorial Boards not receiving a Ministerial Review conduct their own session.

The process for the next round of territorial Board Ministerial ARs (i.e. from September to November 2024 is currently being finalised with all territorial Boards that will receive a Ministerial Review having agreed their specific dates. Revised AR guidance will be issued later in the spring, in the usual way. We will continue to try and minimise the associated briefing ask of Boards for all Ministerial Reviews given the significant, ongoing pressures being experienced.

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Framework documents for territorial and national NHS Boards

The Framework document for territorial NHS Boards was published on 4 April 2024 through DL(2024)08. Thank you to the working group of Chairs and Chief Executives who were involved in this work.

The Framework will strengthen the sponsorship relationship between the Scottish Government and NHS Boards as well as fulfilling a key requirement of the Scottish Public Finance Manual.

Thank you to National Board colleagues who are making final amendments to respective Framework documents. Please ensure an agreed, up-to-date Framework document is in place as soon as possible.

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Long term planning and reform

We are observing an increase in acuity of need of those who are admitted through emergency pathways; over the next 20 years the demographic trend is towards an ageing population, with a continuing shift in the pattern of disease towards long-term conditions, and growing number of older people with multiple conditions and complex needs. The pressures of age and disease burden, and the imperative to address health inequalities, will place increasing challenges on the capacity and financial sustainability of our health and care services. We must evolve the way we plan and deliver services across health and social care, in addition to wider public services and planned action on tackling health determinants.

Critical factors that have previously been highlighted will be further developed with clinicians, staff and patients; these include:

- Delivery of support services around individuals in their communities
- Planning service networks to deliver on population needs
- Working in an integrated way across the whole health and care system
- Develop world-class safe and sustainable model of care
- Driving digital transformation to support improved outcomes and new models of care
- Embed research and innovation into the planning cycle.
- Addressing health inequalities in how we design and deliver services
- An approach that shifts our focus to preventative and proactive care.
-

As outlined in *The NHS Scotland Delivery Plan Guidance*, the **short life working group on national and regional planning** have met twice and work is progressing on recommendations for developing:

- Regional / National plans are constructed from population needs and systematically identify services / aspects of service which would add value by being planned or delivered at regional level.
- Although the model might vary across regions, we will identify a framework which will support assessment of what is best planned and/or delivered collaboratively.
- Coherent working between national and local levels of planning and delivery. To support this, we will use the principles set out in the National Clinical Strategy (2016) and subsequently used in Regional Delivery planning.

As we progress long term planning, we will concurrently develop planning guidance to work with boards and services; this will translate the planning direction set out in strategic foundation reports into planning guidance as we prepare for the future. The guidance will seek to identify critical areas of change that will support the health service, taking into consideration the changing demographics of the population, prevention and early-intervention, how people want to access services, how we

incorporate Children's Rights into planning and urgent need to lead on sustainable workforce and resources.

The long term planning work sits as a key part of the Care & Wellbeing Portfolio to bring together work on health and social care reform with work to improve population health and reduce health inequalities.

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Safety Openness and Learning

The Patient Safety Commissioner for Scotland Act 2023 was commenced on 1 May 2024. The Act establishes an Parliamentary Commissioner, independent of government and the NHS who will champion the patient voice and advocate for improvements in patient safety across healthcare in Scotland. Recruitment of the first Commissioner is being taken forward by the Scottish Parliament.

A Directors Letter giving details of the legislation and how it will affect Boards will be sent to Chief Executives in due course.

Health and Social Care Finance, Digital and Governance Directorate – Richard McCallum

Financial Planning and Management

The financial position has been extremely challenging for 2023-24, with the Health and Social Care Portfolio required to balance within its budgetary envelope and to deliver all agreed savings. Due to the hard work across the system to deliver savings as well as additional consequentials, a path to balance for 2023-24 has now been achieved. The Month 11 financial position has been reported for all NHS Boards with a deficit of £184 million. Whilst this shows a positive movement, this is due to additional consequentials provided to the portfolio that have been passed onto NHS Boards to reduce their deficits. The overall financial challenge across NHS Scotland remains significant with 8 Boards forecasting the need for brokerage at year end of c. £150 million after expected improvement from month 11.

NHS Boards have submitted final medium-term financial plans, covering 2024-25 to 2026-27. These plans are presenting significant levels of financial challenge. It is essential Boards continue to develop robust local cost savings measures to meet the minimum 3% recurring savings target. NHS Boards Directors of Finance and SG continue to meet regularly to focus on financial improvements at local and national levels to drive further cost reductions, at pace.

The Financial Improvement Network continues to meet to support delivery of savings targets of 3% recurring, with additional capacity and support for financial improvement also available through the NHS Scotland Finance Delivery Unit (FDU). The NHS Scotland Planning and Delivery Board meets monthly to look at challenges and opportunities on a once for Scotland basis.

Work has progressed on the Health and Social Care Medium Term Financial Framework to support medium term planning and fiscal sustainability. This will be published at the end of May 2024, aligning to the Scottish Government Medium Term Financial Strategy publication

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Health and Social Care Information Scrutiny and Governance

Covid Public Inquiries

- The Scottish Covid-19 Inquiry, chaired by Lord Brailsford, will consider 12 themes as set out in the inquiry's terms of reference, each covering a strategic element of the handling of the pandemic. Background and latest news is available on the Scottish inquiry's website.
- The Health and Social Care impact hearing, which started on 24 October, pausing for the UKI module 2A hearings, and resuming in March will run until

May. The impact hearing are considering the impact of the pandemic in the context of health and social care.

- The UK Covid-19 Inquiry, chaired by Baroness Hallett, has published details of the first 7 modules it will consider, as outlined in the inquiry's terms of reference. Module 1 (pre-pandemic planning) has concluded, with a report expected early summer 2024. Module 2/2a/2b/2c – pandemic response, specifically government decision making and inter-governmental relationships looking at each of the 4 nations, Module 3 – healthcare system, Module 4 – vaccines and therapeutics, Module 5 – Procurement, Module 6 – Care Sector, Module 7 – Test, Trace and Isolate, with further modules expected. Baroness Hallett has acknowledged that as her inquiry's remit is UK wide, she would have to consider matters that are both reserved and devolved where they overlap. However, it is her intention to leave Scottish matters to the Scottish inquiry as far as possible. Scottish Government is actively responding to requests for information. Background is available on the UK inquiry's website.

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Covid Deaths Investigation

- The Crown Office and Procurator Fiscal Service (COPFS)'s Covid-19 Death Investigation Team (CDIT) is examining two categories of Covid-19 deaths: those where the deceased contracted the virus in the course of their employment or occupation; and those where the deceased was resident in a care home. We are working closely with CDIT to respond to their ongoing information requests.

Scottish Hospitals Inquiry

- The Scottish Hospitals Inquiry continues to take further evidence in relation to matters relating to the Queen Elizabeth University Hospital in Glasgow in preparation for the extended hearings period running from August to November 2024.
- Further evidence is also being shared through several Provisional Position Papers (PPP) covering various themes relating to the Queen Elizabeth University Hospital (QEUH) ahead of the hearings later in the year. These PPPs will be published to the inquiry website once finalised alongside those published to date.
- Further details on the Scottish Hospitals Inquiry are available on the inquiry website.

Eljamel and NHS Tayside Public Inquiry

- Announced by the former Cabinet Secretary for NHS Recovery, Health and Social Care in September 2023, a public inquiry has been established to investigate the actions of Mr Eljamel and NHS Tayside.

- The Inquiry is in the early set-up stages, Lord Weir has been appointed as chair alongside a secretary and both Senior and Junior Counsel.

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Digital Services and Innovation

The procurement process has now concluded and a 5 year contract has been awarded to Infix Support Ltd for their Infix:Schedule solution. Health Boards currently using Infix:Schedule will be transitioned to the national contract from May 2024.

We are now in the process of initiating a national implementation project and governance board. A more detailed communication to Health Board Chief Executives is being prepared and will be released through the Chief Operating Office very shortly.

Health Boards will be asked to complete a readiness assessment to inform a national implementation plan. It is our intention to share the plan with all Health Boards by end of May 2024.

Digital Maturity

We restarted the Digital Maturity Support Workshops in March. These are primarily for Co-ordinators and Executive Digital Leads. They run every two weeks. They are well attended and provide direct support to colleagues across NHS Boards, Health and Social Care Partnerships and Local Authorities. Participants are sharing good practice and identifying solutions to issues such as engagement and support needs.

The Digital Capabilities Network have arranged their second meeting for 2nd May. The report from the first meeting is available (Digital Capabilities Network (digihealthcare.scot)) was presented to the Scottish Government/COSLA Digital Capabilities Board at their first meeting on 19th March.

Data Strategy Update

We have published an update on progress in the first year of the Data Strategy in partnership with COSLA: Health and social care - data strategy: 2024 update - progress and priorities - gov.scot (www.gov.scot).

Published in February 2023, the Data Strategy for Health and Social Care sets out the key elements for ensuring that data is managed and used consistently and securely, to improve the care and wellbeing of people in Scotland. The update sets out progress in the first year and is based on regular discussions with delivery partners and stakeholders, and reiterates the agreed approach in achieving the safe, secure and consistent use of data across Scotland's health and care systems.

The update was announced at the Health and Social Care Transformation event hosted by FutureScot in Glasgow on 16 April and a short Executive Summary and Easy Read version have also been produced.

Delivery Plan 2024-25

An updated Delivery Plan for 2024-25 for our Digital Health and Care Strategy, in partnership with COSLA, will be published shortly.

In line with previous iterations, this will set out the activities that support NHS Health Boards, Health and Social Care Partnerships, local authorities, primary care, social work, and housing and care providers to implement better systems, infrastructure and improved access to services and support.

The stated priorities of the Delivery Plan will reflect our ongoing commitment to a shared ambition, and to working collaboratively with organisations across the sector to achieve the aims set out in the overall Digital Health and Care Strategy.

Thank you to our colleagues and partners for their continued support.

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Primary Care Directorate – Tim McDonnell

Ambulance turnaround times at Hospital

A key issue for the ambulance service remains the continued significant hospital turnaround time delays for ambulances at ED sites. The 'Principles of Safe Transfer to Hospital; Ensuring the timeous handover of ambulance patients' are being implemented by Boards. The Unscheduled Care Policy Team continue to monitor implementation through monthly performance meetings. The Centre for Sustainable Delivery are supporting boards where further support is required for implementation.

SAS continue to work with Health Boards to progress 'Call Before You Convey' and the use of Flow Navigation Centres to ensure patients receive the right care, in the right place and to alleviate some of the pressures within EDs. Work is underway with SAS and Health Boards to improve access to pre-arrival SAS data, access to Board handover data, and ensure accurate reporting is established. This data will help inform system improvements. SAS and Health Boards also have a focus on improving delayed discharges in order to help improve hospital flow.

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GP Contract/Multi-Disciplinary Team Negotiations

Since 2018 we have significantly expanded the multi-disciplinary primary care workforce, with total staff of 4,731 WTE working in MDT services including physiotherapy, pharmacy and phlebotomy at March 2023.

We are supporting development of these teams through investment of £190 million in 2023-24 through the Primary Care Improvement Fund.

Following an initial allocation of funding from the Primary Care Improvement Fund in August 2023, we have now issued financial reporting trackers to all HSCP's to request financial data on spend and forecast spend to inform the second tranche allocations.

Local monitoring and evaluation shows that MDT delivery is freeing up practice time to focus on more complex community care; reducing referrals into secondary care; streamlining inefficient practice processes; creating upskilling training pipelines for staff and encouraging self-management where appropriate.

However, we know that implementation gaps remain, and that there is significant variation in how the MDT has been implemented combined with ongoing challenges with workforce availability.

We are introducing an additional 'phased investment programme' working with a small number of areas, at different stages of implementation, to demonstrate what a model of full implementation can look like in practice, over an initial 18 month period this year and the following financial year.

The findings from this work will inform long-term Scottish Government investment for all areas.

Bids for the phased investment programme closed on Friday 3 November and selection process will be undertaken over November.

In parallel, we are committed to driving improvements and supporting learning from best practice in all areas, to support more efficient and effective MDT working.

To underpin all of this work, we will develop an extensive programme of quality improvement and monitoring and evaluation support, working with Healthcare Improvement Scotland and other national partners.

General Medical Services funding has been uplifted by £60.4 million this year to reflect the DDRB's recommendation and population growth.

The second tranche of the GP Sustainability Loan scheme will be opened later this calendar year allowing GPs who own their own premises to reduce their exposure to commerical debt and thereby become more attractive to new GP partners.

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NHS Dental Services: payment reform

Following implementation of dental payment reform on 1 November 2023, a three year time-limited Dental Reform Programme will be established to deliver priority work on the reform dependencies, aligned to the following workstreams and the Care and Wellbeing Programme:

i) Monitoring the impact of payment reform on access and practice sustainability;
ii) Education, Training and Workforce;
iii) Quality Assurance and Service Improvement;
iv) NHS Board Liaison.

The workstreams will work to enshrine payment reform as a primary intervention to maintain access and sustain NHS dental practices. It will tackle the other key determinants of poor access to services such as workforce availability and also working collegiately with NHS Boards on local-tailored solutions.

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Community Optometry

Community Glaucoma Service (CGS)

The rollout of the CGS across Scotland is continuing. A third cohort of 21 optometrists have now obtained the relevant NES qualification to provide the service.

Three HSCPs in NHS Greater Glasgow and Clyde (Glasgow City, East Renfrewshire, East Dunbartonshire), and all of NHS Lanarkshire, are already live with the service.

The following areas are expected to go live in the first quarter of 2024/25: the three remaining HSCPs in NHS Greater Glasgow and Clyde (Inverclyde, West Dunbartonshire, Renfrewshire); NHS Dumfries and Galloway; NHS Tayside; NHS Western Isles.

The Scottish Government is continuing to work with the remaining Health Boards in respect of the process for being ready to roll out CGS in their areas, which is dependent on the implementation of the Ophthalmology Electronic Patient Record system (OpenEyes) specifically to support CGS. This process will require input from Board resources associated with eHealth, Information Governance and the Hospital Eye Service, and require partnership working with agencies such as NES Technology.

Note: In order to roll out the CGS, OpenEyes does not have to be first rolled out across the Health Board's Hospital Eye Service department – it can be implemented initially just for CGS, which hopefully will help reassure Health Boards with respect to prioritisation and resource management. A considerable amount of support is available to help Health Boards with this work (supported by Scottish Government funding) from NES Technology and NHS Greater Glasgow and Clyde's Medical Devices Unit.

Health Board Chief Executives are requested to support this crucial area of work (which is a Ministerial Directed Enhanced Service) as a priority, without which the discharge of patients from hospital ophthalmology to community optometry management cannot commence.

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Primary Care Out of Hours

OOHs actvity data is now published on a monthly basis by PHS, the next set of data will be published on the 07 May 2024. This will provide a national overview of OOHs activity including the Easter Public holiday period. Boards are reminded to have Executive Level oversight of their Out of Hours Service to support resilience, explore other operational solutions and agree appropriate escalation plans during the Winter period given its essential role as a "front door" service.

The National Primary Care Out of Hours Leadership Group met recently on 24 April 2024 with another meeting scheduled for later in the year. The Group will continue to provide a forum for strategic leaders in OOHs to consider improvements to OOHs Services.

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Mental Health Directorate – Stephen Gallagher

Publication of Mental Health & Wellbeing Delivery Plan and Workforce Action Plan

- The Scottish Government and COSLA jointly published these documents on 7 November 2023. They lay out the initial set of actions that we will take in order to make progress towards the Vision and Outcomes set out in the Mental Health & Wellbeing Strategy.
- These actions will continue to evolve over time, and the first iteration of the Delivery Plan covers 18 months before being refreshed in Spring 2025.

CAMHS and Psychological Therapies (PT) Quarterly Statistics

- The latest quarterly stats on CAMHS and PT waiting times were published on 5 March 2024, covering the quarter ending December 2023.

Public Audit Committee Report on Adult Mental Health

- On Wednesday 28 February, the Scottish Parliament's Public Audit Committee published its report on Adult Mental Health, following a series of evidence sessions. The report contains 29 recommendations for the Government, and can be found here.
- Government will provide a full response to the Committee on the report shortly.

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Chief Nursing Officer Directorate – Alex McMahon

Allied Health Professionals Education

The AHP Education and Workforce Policy advisory group met on 4 March 24. The group were presented with a draft delivery plan and agreed actions and approach going forward.

The group is chaired by Carolyn McDonald, Chief Allied Health Professions Officer, who will report progress towards the implementation of the recommendations to the Chief Nursing Officer and Scottish Ministers as required.

Work by SAAS on a business case for the development of a technician to paramedic education route was presented to SAAS Board in April 2024. Feedback from this will be shared once available.

Regulation of Health Professions Unit

Regulation of Anaesthesia Associates and Physician Associates

UK-wide legislation to bring Anaesthesia Associates (AA) and Physician Associates (PA) into statutory regulation has now completed its Parliamentary process after it was formally approved by His Majesty at a meeting of the Privy Council on 13 March. The GMC is consulting on its Rules to put in place appropriate regulatory arrangements for these groups by the end of 2024. The first meeting of the Medical Associate Professions (MAPs) Programme Board is currently scheduled for 17 April.

Provisional Dental Registration

The Department of Health and Social Care published a 90-day consultation on Friday 16 February on draft legislation to provide the General Dental Council with statutory powers to provisionally register applicants with an overseas primary qualification, including setting conditions of provisional practice and establishing routes to full registration.

HCPC fee increase

On 10 April, the HCPC launched a nine-week consultation on a proposed fee increase of £6.98, bringing the fee to £123.14 a year. The HCPC has said that the fee increase is needed to continue to invest in critical improvements. The increased rate would be phased in from April 2025, with many registrants not paying the increased rate until 2026.

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HCAI/AMR Policy Unit

Healthcare Associated Infection (HCAI) Policy Update

- The HCAI Strategy (2023-2025) was published on the 19th of June. There are currently no territorial Board deliverables however we receive 6 weekly progress updates on year 1 deliverables from ARHAI and NES.
- The HCAI Policy Unit continues to work towards implementation of recommendations laid out in the Infection Prevention Workforce: Strategic Plan 2022-2024.

- An IPC Team role descriptor, alongside 5 specialist IPC role descriptors have been developed with considerable stakeholder engagement and support from NES. The HCAI Policy Unit aims to publish these descriptors by the end of April and hope they will be used as a support tool and guide.
- The HCAI Policy Unit commissioned NSS to establish an Oversight Board and develop a Discovery Report for an Infection Intelligence Solution in Scotland. This work has now been completed and the HCAI Policy Unit are in discussions with the Digital Health and Care Directorate to establish funding sources and agree next steps. We would like to thank representatives for supporting and engaging with this work.
- The HCAI Policy Unit has been discussing the co-creation of the agenda for the next HAI Exec lead engagement event which will hopefully be held in Summer 2024 with SEND representatives.
- The HCAI Policy Unit have contacted all Chief Executives, Nurse Directors and Medical Directors to request a one-to-one meeting to gain an understanding of current position and local context of your IPC service. These meetings will take place across May and June and aim to be held annually moving forward.

Anti-microbial resistance (AMR) Policy Update

- The draft AMR National Action Plan (NAP) for 2024-2029 has been approved by all ministers across 4 nations. We expect a launch date around 8th May and are engaging with ministers and colleagues on communications activity around that date.
- The process of drafting an implementation plan containing the key actions for the delivery of the NAP commitments in Scotland continues. We will continue to develop it over the course of the first six months of the plan and will review it annually.
- The pre-procurement exercise for the UK Antimicrobial Purchasing Project is due to launch in May. Having secured Scotland's involvement in the project, we are engaging with NSS National Procurement and Scottish Antimicrobial Prescribing Group to finalise the practical details around drug approval and board procurement of medicines purchased through the project.

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Health and Care (Staffing) (Scotland) Act 2019

Act commencement

- The Act was commenced on 01 April 2024 and all provisions are now in force.
- Two DLs were sent to all Boards prior to commencement. The first on the CSM and Staffing Level Tools, highlighting known limitations with the maternity and mental health and learning disability tools and the need to use all elements of the method. The second contained instructions and information regarding commencement, including reporting templates and support information.

Board Reporting

- All Boards have received their Q2 feedback.
- Submission for the Q3 reports was delayed to the 25th March 2024, with further extensions given to Boards that had not yet received their feedback. If any Boards who have received their feedback but require more time and haven't already been in touch, please email us hcsa@gov.scot
- The quarterly reporting exemplar has been shared with Boards and is based on both anonymised Board Q2 responses and our own additions. It is intended to be a guide only but we hope it will aid Boards in completing future reports.
- A summary report will be drafted as with previous quarterly reports to highlight any key themes or learning.
- We have clarified with all Boards that those carrying out healthcare work within an IJB on behalf of the NHS should be included within reporting.
- All Boards now have the reporting templates for both annual reporting and agency reporting.

Statutory Guidance.

This was published on 01 April 2024 in line with the Parliamentary process.
4 primary care quick guides have been published on the TURAS platform. Further guides will follow.

Communications

- The HCSA Team within CNOD will be in place, to an extent, for the next 12 months and will continue to offer the HCSA@gov.scot mailbox for enquiries during this period.
- The final HCSA monthly newsletter will issue later in April following commencement

Programme Funding

- Funding has been agreed to support the Act for 2024/25, specifically funding for HIS, CI and to continue to fund the Board Workforce Leads for a further year. Letters of comfort have been sent to all organisations confirming arrangements.
- A support function from HIS for all Health Boards will continue to be funded for the first year of operation, as well as funding HIS to comply with their statutory duties.

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Healthcare Science

Strategic Approach to Healthcare Science in Scotland

- On 14 March 2024 SG published a paper 'Healthcare Science In Scotland: Defining Our Strategic Approach'.
- This paper sets the future direction for work in healthcare education, workforce, and quality and safety amongst other areas and has been published in recognition that there is a risk the healthcare science profession is being under-utilised in NHS service planning and delivery.
- Work is required to make better use of this professional group, as we re-shape the workforce to meet the changing needs and demands of patients, and to address the decreasing availability of the 'traditional' healthcare workforce in Scotland.
- A Strategic Oversight Board for Healthcare Science will now be established which will begin to commission pieces of work under this anchor paper and key themes. It will consider ministerial priorities in doing so – ensuring that any improvement work being undertaken relates to the delivery of national priorities and is fully embedded across Government programmes, has a finance and efficiency saving focus, and is linked in to associated policy areas. The Strategic Oversight Board will also have a responsibility to relay information coming from the system, back to the Scottish Government more widely.

National Audiology Improvement Programme.

- National Independent Review of Audiology Services was established following failures in NHS Lothian paediatric audiology services. Scottish Government has accepted in principle the recommendations made in the Review report which was published August 2023.
- A programme team has been established to take forward implementation - Primary Care and NSS are working with CNOD to form the infrastructure to support the programme.
- The Implementation Delivery Group has now met twice, with the next meeting to take place on 23 April 2024.
- While this progresses it is worth noting that considerable political, stakeholder and media interest still surrounds audiology and NHS Lothian Paediatric Services – particularly the follow on services required such as speech and language therapy and BSL provision which are areas which do not always sit within the health portfolio.
- A newsletter will be circulated on a regular basis to ensure stakeholders at all levels are kept informed of the programme's work.

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Healthcare Science **Audiology Implementation**
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