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Dear Convener

Thank you for your letter of 8 November 2022, requesting further information in relation to Long Covid, the National Leadership Development Programme, clinical prioritisation, succession planning for Executive board roles, primary care data and the Delivery Framework for Health and Social Care. I have provided further information on each of these areas below, which I hope is helpful for yourself and the wider Committee.

Long COVID-19

As part of the Scottish Government's response to the pandemic, the Chief Scientist Office (CSO) launched a funding call in October 2020, seeking applications for research to investigate the longer-term effects of COVID-19. Following an independent expert review process, nine projects were funded with a total funding commitment of £2.5 million. The funding outcome was [announced](#) in December 2020 and includes projects to better understand the symptoms of, and factors associated with, Long Covid, to examine effects on cognitive function, and to evaluate rehabilitation approaches.

The nine projects are all progressing and are at around the mid-point stage of their 22 to 24 months duration. The full outputs from these projects are expected once they have been fully completed. However, some have reached a stage where it has been possible for the research teams to publish initial findings in peer-reviewed scientific journals, including a number of papers describing the nature of, and factors associated with, Long Covid. These include results suggesting that asymptomatic infection is not associated with adverse outcomes and that COVID-19 vaccination may be associated with reduced risks of some symptoms.

I can share some examples of these initial findings which have been published:

- [Hastie *et al.* \(2022\) Outcomes among confirmed cases and a matched comparison group in the Long-COVID in Scotland study. Nature Communications. Outcomes among confirmed cases and a matched comparison group in the Long-COVID in Scotland study | Nature Communications](#)

- Hayes *et al.* (2021) More Than 100 Persistent Symptoms of SARS-CoV-2 (Long COVID): A Scoping Review. *Frontiers Medicine*. [Frontiers | More Than 100 Persistent Symptoms of SARS-CoV-2 \(Long COVID\): A Scoping Review \(frontiersin.org\)](https://www.frontiersin.org/articles/10.3389/fmed.2021.701111/full)
- Healey *et al.* (2022) Symptoms and signs of long COVID: A rapid review and meta-analysis. *Journal of Global Health*. [Symptoms and signs of long COVID: A rapid review and meta-analysis — JOGH](https://www.jogh.org/article/1702022001)

With regard to Long Covid rehabilitation, NHS Scotland Boards provide assessment and support for people with Long Covid, delivered across the full range of services provided by our NHS. To support this, we have made an initial £3 million available from our Long Covid Support Fund to provide NHS boards and partners with additional resource. This will support the delivery of local models of care for assessment, including diagnostic tests and the ongoing management, or treatment of, symptoms.

Boards are using the funding to support the introduction of single points of access for assessment and co-ordinated support from services including physiotherapy, occupational therapy and psychology, depending on what is most appropriate for a person's needs. The first allocations of the Long Covid Support Fund were informed by expert views brought together by our Long Covid Strategic Network.

This national strategic network also relates to oversight arrangements for Health Boards on their strategy and investment to support recovery from Long Covid, This network is managed by NHS National Services Scotland. The Network supports the ongoing monitoring, evaluation and national exchange of learning from the implementation of Boards' activities and their experience of supporting people with Long Covid.

National Leadership Development Programme

Our National Leadership Development Programme for health, social work and social care workforces in the public, independent and third sectors, is known as 'Leading to Change'. This [programme](#) aims to equip current and future leaders with the skills and capabilities to create collaborative working environments that deliver whole-system transformational change, allowing the workforce to excel and thrive in providing critical services to the people of Scotland.

The Programme was launched on 3 October 2022 and is aimed at leaders of all levels within the health, social care and social work sectors. Ahead of the launch, a series of nine engagement events were held from mid-August to mid-September; these events provided information on the range of leadership development opportunities, coaching & mentoring, support and future events that Leading to Change will provide. 1,268 people registered for the pre-launch events; this included a number of individuals from the health, social care and social work sectors, as well as staff from across the Directorate General of Health and Social Care and other Scottish Government departments. Further hybrid roadshows and taster sessions will offer further opportunities to engage. The first session is being held online on 6th December 2022, with further events running from February to May 2023.

Succession planning for Executive board roles

The Public Bodies Unit have not been asked to support NHS Succession Planning, as this work is currently being undertaken within the Leadership and Talent Management Team, Health Workforce within the Scottish Government, alongside the Office of the CEO of NHS

Scotland, who are responsible for matters relating to corporate governance for NHS boards, and NHS Education for Scotland, to support local and national succession planning and talent development. Succession planning for executive roles falls under the umbrella of Leading to Change, along with a number of leadership development opportunities for senior roles and more broadly, leaders at all levels.

That National Succession Planning process for NHS CEO and Executive roles is currently in development, running in partnership between the Scottish Government and NHS Boards. This will support boards to identify talent via local succession planning processes, to allow potential talent to access support and ongoing talent development and ensure that there are local succession plans in place. We are currently finalising the planning process for testing with boards, and will look to seek collaborative agreement on wider processes to support internal assessment of potential talent with boards in the early new year.

We are currently working closely with the NHS HR Directors (HRDS), CEOs and NHS Chairs to ensure that the national model we are developing also supports existing and emerging local practice. Our delivery partners, NHS Education for Scotland (NES), are engaging with a sampling of local HR Directors to get further information about what current local practices are in place, and how they can best align to our national offer. Our national offering will provide a framework to strengthen local practice where needed.

We have a governance groups that have representatives from all sectors including health, social care, social work, academia, local authority and front line, and engage with the whole health and social care sector across Scotland, including critical NHS stakeholders such as Chairs, Chief Executives and HRDs in addition to Operational Delivery leads. We propose this is in two phases with NES leading on delivery in the first instance ahead of more formal engagement thereafter. We will also seek agreement for the implementation of the process to coincide with the annual executive appraisal process which commences in April 2023.

Alongside the leading for change work mentioned, we have developed the Leadership Success Profile (LSP) for NHS CEO roles, and will be creating an LSP for executive and director level roles in early 2023. We are looking at using the LSP, and our wider Succession Planning programme, to not just support talent identification, but also recruitment, development and support for current staff. The support and development of potential talent is a critical element of our Succession Planning, and is underpinned by expertise from our delivery partners NHS Education for Scotland.

Clinical Prioritisation

Public Health Scotland (PHS) published statistics on Clinical Prioritisation on 6 September 2022; these were specific to patients waiting for treatment, as an inpatient or daycase who are covered by the Treatment Time Guarantee.

The statistics reported span the period from July 2021 to June 2022, covering the period Boards started submitting prioritisation categories to PHS up until the latest reportable date before the framework was stepped down by Scottish Government. The full release of statistics including Clinical Prioritisation can be found here: [Inpatient, Day Case and Outpatient Stage of Treatment Waiting Times \(publichealthscotland.scot\)](https://publichealthscotland.scot).

As the Committee will be aware, the Clinical Prioritisation Framework introduced in November 2020 and formerly known as 'Coronavirus (COVID-19): supporting elective care - clinical prioritisation framework' was stepped down on a permanent basis on 22 July 2022 to allow Boards to focus on eliminating long waits as well as continuing to treat the most

clinically urgent patients. When the Framework was introduced, PHS were commissioned to ensure national data collection could be used to understand how all patients waiting for treatment under the Treatment Time Guarantee were being categorised and to publish statistics on the data gathered, once it was of sufficient quality.

Primary care data

The Primary Care Data and Intelligence Oversight Group was established to define and manage the strategic vision for primary care data. The group identified gaps in General Practice (GP) activity data, leading to a programme of work to deliver a digital solution to access data and explore solutions to improve data quality and consistency. The work included capitalising on the technology advancements that resulted during the pandemic - using technology that supported identification of vaccination cohorts to also provide the digital extraction of GP activity data.

The future governance structure for Primary Care Data and Intelligence is being reviewed, with NSS and PHS exploring the establishment of a programme board and alignment to the recently established Health and Social Care Data Board. Once alternative governance arrangements are fully established, the Oversight Group will hand over responsibility of these functions to the new governance structures. In the meantime the Oversight group will continue to identify and prioritise potential projects to take forward, which can enhance data across Primary care, and look to build on improving the use of existing data.

This work is a collaborative project between PHS, National Services Scotland (NSS) and Scottish Government. A first publication of experimental in-hours General Practice activity data and interactive dashboard will be published by Public Health Scotland on 6 December. The publication will include national, NHS Board and Health and Social Care Partnership level data to support monitoring high level trends in GP activity.

Delivery Framework for Health and Social Care

The Delivery Framework for Health and Social Care was a key part of the development work for the update of the NHS Recovery Plan 2021-2026, however it was not separately published at this stage as originally intended. Actions to reform and re-design services as a result have been included in the [NHS Recovery Plan: annual progress update](#) (published 4 October), under the 'Next Steps' headings. Alongside this, we published the [Health and social care: winter resilience overview 2022 to 2023](#) which sets out the range of actions we are taking to support our health and social care sector throughout the remainder of 2022/23.

The management of progress on the key areas in the Delivery Framework is being undertaken through the Board operational planning process, with core components of the Delivery Framework reflected appropriately in the 2022/23 priorities to Boards. This will continue to be reflected as we move into medium-term planning with Boards in Spring 2023.

I hope this information is useful to the Committee. Please do not hesitate to contact my office should you require anything further.

Kind regards,

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