

NHS in Scotland 2022



AUDITOR GENERAL 

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Key messages

Growing financial pressures present a real risk to the investment needed to recover and reform NHS services

The general trend of health spending in Scotland is one of growth. Despite this, the NHS in Scotland faces significant and growing financial pressures. These include inflation; recurring pay pressures; ongoing Covid-19 related costs; rising energy costs; a growing capital maintenance backlog; and the need to fund the proposed National Care Service. These pressures are making a financial position that was already difficult and has been exacerbated by the Covid-19 pandemic, even more challenging. This could limit investment in recovery and reform.

It is difficult to accurately measure the progress of the Scottish Government's NHS Recovery Plan

Financial pressures, workforce shortages, pressures on the social care system and the ongoing impact of Covid-19 are making progress extremely difficult. The plan commits £1.26 billion of funding to help reduce the healthcare backlog and redesign services, and sits alongside a range of other initiatives that support reform. But it is a high-level, top-down document and does not contain the detailed actions that would allow overall progress to be accurately measured. Meanwhile, the backlog of care that built up during the pandemic continues to grow. More people are being added to waiting lists than are being removed from them, and people are waiting longer for treatment. There have been delays in opening three new National Treatment Centres - a key element in increasing activity levels in planned care. Delays in getting social care support for patients who are ready to leave hospital continue to limit the availability of beds.

Workforce capacity remains the biggest risk to the recovery of NHS services

Some progress has been made against the recruitment targets set out in the NHS Recovery Plan, but boards are finding it challenging to grow their workforce numbers to the required level. The NHS workforce remains under severe pressure and there are concerns over staffing levels, wellbeing and retention. These workforce issues predate the pandemic. But the NHS Recovery Plan was not informed by robust modelling and there is a risk workforce targets will not be achieved. The NHS continues to experience high vacancy and turnover rates, higher than usual sickness absence and gaps in the workforce.

The Scottish Government needs to be fully transparent on recovery progress and how long people will have to wait for treatment

The challenges facing the NHS in Scotland are unprecedented. The Scottish Government will have to make difficult choices and prioritise which ambitions it can deliver against. It needs to be more transparent about what progress is or is not being achieved. Information on expected waiting times for treatment must be clear and meaningful. This will allow the Scottish Government to better manage the public's expectations about what can be delivered with the resources available. There are early signs that the Scottish Government is working to drive forward innovation and reform. It is essential that this work progresses at pace, for the sustainability of health and care services and to continue improving people's lives.

Recommendations

The Scottish Government should:

- publish a revised medium-term financial framework (MTFF) for health and social care that clearly aligns with the medium-term financial strategy (MTFS) for the entire Scottish Government, as soon as possible after the next MTFS is published, to determine what financial resources will be available and to give a clear understanding of potential financial scenarios ([paragraph 18](#)).
- as soon as possible, complete work on modelling demand and capacity in the NHS in Scotland to inform planning for future service delivery, taking into consideration demographic change, service redesign options and anticipated workforce capacity ([paragraph 75](#)).
- revisit its NHS Recovery Plan commitments annually and use its annual progress updates to report clearly and transparently on what progress has been made and whether those commitments, or the targets and delivery timeframes related to them, need to change and why ([paragraph 86](#)).
- ensure that targets for tackling the backlog of care are clear, publish accessible and meaningful information about how long people will have to wait for treatment, and urgently explore all options to provide support to the most vulnerable people waiting for treatment to minimise the negative impact on their health and wellbeing ([paragraphs 71, 101 and 106](#)).
- publish annual progress updates on the reform of services, showing the effectiveness and value for money of new innovations and ways of delivering NHS services ([paragraph 136 to 138](#)).

The Scottish Government and NHS boards should:

- work with partners in the social care sector to progress a long-term, sustainable solution for reducing delayed discharges from hospital ([paragraph 39](#)).
- ensure focus on staff retention measures is maintained, including wellbeing support, and continually look at ways to increase the impact of these measures ([paragraph 50](#)).
- work together more collaboratively on boards' delivery, financial and workforce plans to maximise boards' potential to achieve the ambitions in the NHS Recovery Plan, by balancing national and local priorities against available resources and capacity and setting realistic expectations for the public ([paragraph 78](#)).

- urgently implement a programme of engagement with the public to enable an open discussion about the challenges facing the health sector in Scotland and help inform future priorities and how the delivery of services will change ([paragraph 139](#)).
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Introduction

1. In our [NHS in Scotland 2020](#) and [NHS in Scotland 2021](#) reports we examined how the Scottish Government and NHS boards had responded to the Covid-19 pandemic. We also considered the impact of the pandemic on how NHS services were delivered, and on the financial position of the NHS in Scotland.

2. The Covid-19 pandemic continues to affect the delivery of NHS services. A huge backlog of people waiting for healthcare has built up since the pandemic began, as planned care was paused for a while, and activity levels are not yet fully back to pre-pandemic levels. Scotland's healthcare system remains under severe pressure, operationally and financially.

3. Scotland's NHS is not alone in facing these issues. Across the globe, healthcare systems face similar pressures. Many of the factors contributing to the extremely difficult situation facing the NHS in Scotland are not specific to health services, and many are not within the control of the Scottish Government or NHS boards. But it is crucial that both the Scottish Government and NHS boards are realistic in their ambitions and are clear about what has been and can be achieved.

4. The Scottish Government has begun efforts to help NHS services recover from the impact of the Covid-19 pandemic. It published its NHS Recovery Plan 2021-2026 in August 2021. This outlined the ambitions for recovering health services to better than pre-pandemic levels and clearing the backlog of care. This follows previous measures to progress recovery from Covid-19. In our 2021 briefing on the [Covid 19: Vaccination programme](#) we reported on the Scottish Government's successful implementation of the vaccination programme.

5. The NHS Recovery Plan is ambitious. Our [NHS in Scotland 2021](#) report identified several risks to its successful implementation. In this report we:

- take a further look at those risks and comment on progress against relevant recommendations from our [NHS in Scotland 2021](#) report
- consider the financial and operational pressures facing the NHS in Scotland and what that means for progress against the Scottish Government's recovery ambitions
- assess progress in the first year of implementation of the Recovery Plan.

6. Our audit methodology is set out in Appendix 1. We plan to carry out separate performance audits of adult mental health services and drug-related deaths and, therefore, do not go into detail on these issues in this report.

7. NHS boards are largely responsible for implementing the actions set out in the NHS Recovery Plan. To better understand how the plan affects NHS boards and whether they are likely to achieve the ambitions set out within it, we conducted case studies of three contrasting boards. They are NHS Ayrshire and Arran, NHS Highland and NHS Lothian. Throughout the report we refer to evidence gathered from these NHS boards to provide insight from a local perspective on the NHS Recovery Plan.

The NHS in Scotland faces unprecedented challenges

Delivering on the Scottish Government's recovery ambitions for the NHS will be extremely difficult due to financial and operational pressures

8. Before assessing progress in the first year of the Scottish Government's NHS Recovery Plan 2021-2026, it is important to provide context on the challenges facing the system. Across the world, healthcare systems are under extreme pressure. Global and local factors are creating very difficult operating conditions for the NHS in Scotland.

9. In previous reports we outlined how the NHS in Scotland was not being run in a financially or operationally sustainable way, even before the Covid-19 pandemic. Our [NHS in Scotland 2019](#) report highlighted the need for reform in the NHS to ensure services are sustainable. Reform would mean changes to the way health services are delivered, to improve efficiency, effectiveness and value for money. It should lead to high quality services being delivered within the resources available.

10. Factors such as Scotland's ageing population, growing demand and rising costs meant the system was already under pressure. This situation has been exacerbated by the Covid-19 pandemic, rising inflation and the cost-of-living crisis. The Scottish Government faces significant challenges in recovering services and delivering reform.

The response to Covid-19 and a range of emerging financial pressures have exacerbated the financial position of the NHS in Scotland

11. The Covid-19 pandemic brought substantial additional cost pressures for the NHS in Scotland. We highlighted the additional Covid-19 related funding allocated across Scotland's health sector in our [NHS in Scotland 2020](#) and [NHS in Scotland 2021](#) reports. In 2020/21, £2.9 billion of additional Covid-19 related funding was allocated across health and social care in Scotland. This fell to £2.6 billion in 2021/22.

12. This additional funding came from the UK Government in the form of Barnett consequentials.¹ In our report on [Scotland's financial response to Covid-19](#) we point out that the UK and Scottish budgets for 2022/23 do not include any specific Covid 19 funding. There will be no further Barnett consequentials for Covid-19 related spend, but Covid-19 related costs will remain, such as the cost of vaccinations. These costs must now be met from the Scottish Government's existing health and social care budget.

13. The Scottish Government is taking steps to reduce Covid-19 costs in core areas, such as personal protective equipment (PPE), vaccinations, and Test and Protect, through its Covid Costs Improvement Programme (CCIP). It is working with NHS boards to forecast their costs, identify savings and deliver services in a more sustainable way. The Scottish Government has given each NHS board a Covid-19 funding budget for 2022/23 and instructed them to keep Covid-19 costs within it.

14. Each of our case study boards initially predicted that their actual Covid-19 costs would be higher than the amount in their budgets, but are working hard to bring costs in line. NHS Lothian now predicts that it will stay within its Covid-19 budget this year but will have a recurring funding gap next year when Covid-19 funding is further reduced. Total Covid-19 related spend in 2022/23 across the Scottish Government health and social care directorate, NHS boards, and Health and Social Care Partnerships (HSCPs) is currently expected to be around £723 million.

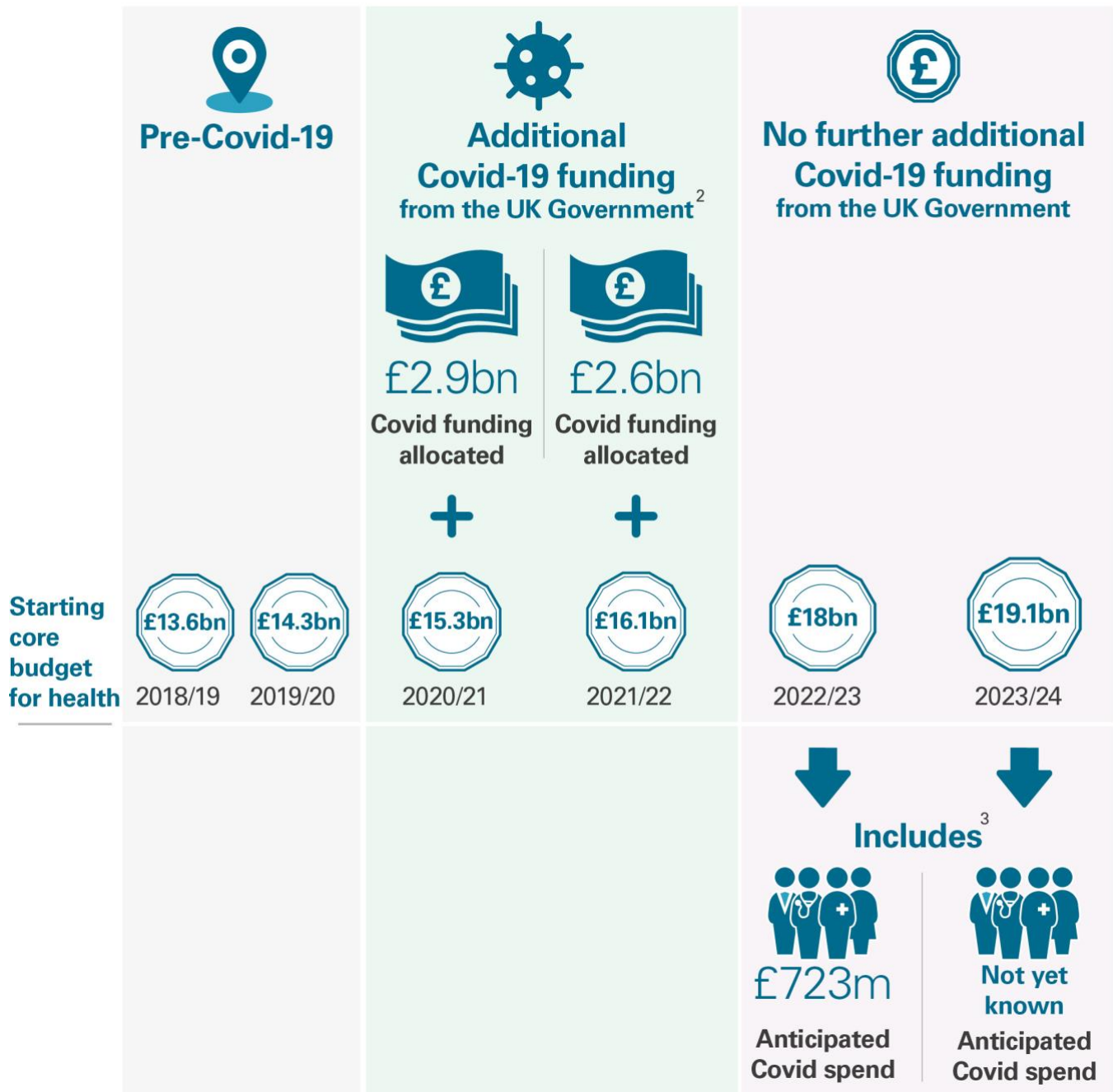
15. We have previously set out the need for transparency over Covid-19 spending, but also the difficulty in defining what is Covid-19 spending in our [Scotland's financial response to Covid-19](#) report. Moving forward, the Scottish Government's health and social care directorate will not monitor Covid-19 related costs separately, particularly as there is no longer a separate Covid-19 funding stream.

16. As [Exhibit 1 \(page 11\)](#) shows, the Scottish Government's health budget has increased by £4.4 billion since 2018/19. The UK Government provided significant additional funding for Covid-19 related spend in 2020/21 and 2021/22, but remaining Covid-19 related costs must be met from the Scottish Government's core health and social care budget from 2022/23 onwards. The general trend in health spending in Scotland is one of growth. In the Scottish Budget: 2023-24 the total allocation for health and social care is £19.1 billion.² This increase is earlier than anticipated, with the Scottish Government having previously committed to increasing its health and social care budget to £19 billion by 2026/27.³

17. The financial position of the NHS in Scotland is concerning. As well as Covid-19 related costs, a range of additional financial pressures (outlined below) have grown or emerged in recent years. Our three case study boards all confirmed these pressures will impact on their financial sustainability.

18. The Scottish Government also recognises the challenges these pressures bring to the NHS in Scotland. Recent economic instability, in the UK and internationally, has made it difficult to predict its income and expenditure. The Scottish Government is working on its revised medium-term financial framework (MTFF) for health and social care. It should ensure this aligns with its medium-term financial strategy (MTFS) for the entire Scottish Government and publish the MTFF for health and social care as soon as possible after the MTFS is published in May 2023.

Exhibit 1.
Health funding in Scotland 2018/19 to 2023/24¹



Notes:

1. These figures do not take into account inflation.
2. Additional Covid-19 funding from UK Government via Barnett consequentials.
3. Covid-19 related expenditure met from the existing Scottish Government health and social care budget. No additional funding was provided by the UK Government.

Source: Scottish Government

UK inflation has increased substantially in the last two years

19. Inflation in the UK has reached levels that are unprecedented in recent times, reaching 10.5 per cent in December 2022.⁴ This is up from 5.4 per cent in December 2021 and from 0.6 per cent in December 2020. NHS services are not immune to inflation and the NHS will face rising costs for everything from food to medicines. Prices are much higher than they were before the Covid-19 pandemic, when the NHS already faced significant financial challenges. The NHS, with a high number of large buildings that need heat and energy, is badly affected by the large increase in energy costs in 2022.

20. A new pay offer for NHS staff remains unresolved, adding to financial uncertainty. The cost-of-living crisis has created strong demand for pay increases from workers across the public sector. The Scottish Government made an average pay increase offer of 7.5 per cent for NHS staff in November 2022. This equates to a £515 million commitment. The Unison and Unite trade unions have accepted this offer. But it has been rejected by the GMB union, the Royal College of Nursing and the Royal College of Midwives, and the threat of industrial action cannot be ruled out. The Scottish Government must meet this commitment from its existing budget.

The NHS capital maintenance backlog is likely to have increased

21. We last reported on the NHS capital maintenance backlog in our [NHS in Scotland 2020](#) report. At that time the figure stood at £1.03 billion. The Scottish Government plans to double investment in capital backlog maintenance over the next five years. But it will have to balance capital investment with the other financial pressures it faces. Any reduction in the planned capital investment will mean that the Scottish Government will have to prioritise which projects will go ahead. This could affect progress in recovering services and increasing capacity, and therefore have a negative impact on patients.

The proposed National Care Service will place a huge strain on the health and social care budget

22. The Scottish Government introduced the National Care Service (Scotland) Bill in June 2022. The Scottish Parliament Information Centre (SPICe) published a briefing on the National Care Service Bill in October 2022.⁵ According to SPICe's analysis of the Bill's Financial Memorandum, the estimated costs of implementing the Bill in the period 2022/23 to 2026/27 are between £644 million and £1.26 billion.

23. These amounts cover the direct costs of implementing the legislation and do not include costs associated with any policy decisions that may accompany the Bill, for example pay increases for social care staff or investment in digital and data solutions. As a result, the overall cost of implementing the legislation and supporting it with necessary policy decisions could be much higher than those estimates. This represents a significant unknown financial commitment to be met from the Scottish Government's health and social care budget. The Scottish Government has committed to spending an additional £840 million on social care, an increase of 25 per cent, by 2026/27.⁶

NHS boards predict an extremely challenging financial position

24. Analysis of NHS boards' 2022/23 financial plans shows that of the 14 territorial boards, only three are predicting to break even in 2022/23 if their savings targets are met. Seven of the eight national NHS boards are predicting to break even in 2022/23 if their savings targets are met. In total, boards need to make £620.6 million of savings to break even in 2022/23 (Appendix 2).

25. In 2020/21 and 2021/22 the Scottish Government provided non-repayable financial support to ensure all NHS boards delivered financial balance due to the exceptional financial challenges brought about by the Covid-19 pandemic. This arrangement stopped at the end of 2021/22 with boards again expected to operate within one per cent of their total core revenue funding. This is a return to a commitment agreed as part of the MTF in 2018.

26. NHS boards have returned to medium-term financial planning and have prepared three-year financial plans covering the period 2022/23 to 2024/25. The one per cent flexibility is contingent on NHS boards producing a credible financial plan and repayment of this flexibility in the three-year period. Common concerns identified in the financial plans of our three case study boards include:

- predicted growing levels of deficit in the medium-term
- difficulty reducing continuing Covid-19 costs
- uncertainty around funding pay increases for staff.

27. Territorial boards' planned efficiency savings are not enough to close the predicted financial gap in 2022/23. The Scottish Government has brought back financial support, known as brokerage, for boards predicting a financial deficit. The Scottish Government will discuss repayment options with individual NHS boards following the development of a credible financial plan.

28. Our November 2022 briefing, [Scotland's public finances: Challenges and risks](#), highlighted that the Scottish Government has limited room for manoeuvre to make changes to balance the 2022/23 budget and is facing difficult choices setting the 2023/24 budget. A balance must be struck between short-term necessities and longer-term priorities, and the Scottish Government will need to revisit its priorities if the economic and fiscal conditions worsen. Faster reform is needed to protect public services in the long term and improve people's lives.

The healthcare system remains under extreme pressure

29. As well as financial pressures, there are several other factors contributing to an increasingly difficult operating environment. Workforce shortages and pressures on the social care system are affecting the flow of patients through hospitals. The impact of these pressures can be seen across the healthcare system, in increased Accident & Emergency (A&E) waiting times, longer ambulance turn-around times and the growing number of delayed discharges. The NHS in Scotland also faced severe winter pressures in 2022/23.

Performance against the A&E waiting times target is considerably below target

30. Ninety-five per cent of people attending A&E should be seen and admitted, discharged, or transferred within four hours. This target has not been hit since July 2020, and performance declined further in 2022. In August 2021, performance fell below 80 per cent and has remained there since. In December 2022, performance on this measure fell to 62.1 per cent. The number of people experiencing an extremely long wait (more than eight, or more than 12 hours) increased in 2022.⁷

Pressure has increased on remote services

31. The NHS in Scotland has introduced new ways for people to access health services remotely. NHS 24 provides health information and advice through its 111 telephone service and via the NHS Inform website. These services identify the most appropriate way for people to access services and help to reduce the number of people attending GP practices and A&E in person.

32. The use of these services has increased as pressure has grown on wider health services. December 2022 saw a higher than usual number of calls to NHS 24 and a high volume of traffic to the NHS Inform website ([Exhibit 2, page 16](#)).⁸ NHS 24 is progressing with the planned recruitment of 200 new staff by March 2023 to help cope with increasing demand on its services.

33. Patients who call NHS 24 may be referred to a Flow Navigation Centre (FNC). FNCs, introduced as part of the Redesign of Urgent Care (RUC) programme, are now in place in each NHS board to help identify the best pathway of care for patients within their community. Other services, such as the Scottish Ambulance Service, GPs, or pharmacies, can also access FNCs.

The Scottish Ambulance Service is losing staff time due to increased turnaround times at hospitals and increased time at the scene of calls

34. The Scottish Ambulance Service (SAS) is experiencing long waits when it arrives at A&E departments with patients. Hospital turnaround times have increased due to the lack of available beds in hospitals. SAS is also spending more time at the scene of calls, as patients often have more complex needs compared to before the Covid-19 pandemic. Over the winter, the number of emergency incidents dealt with by SAS increased substantially, reaching more than 16,000 in the last week of December 2022. This was 11 per cent higher than the average of the previous four weeks.⁹

35. SAS has successfully recruited 458 new staff to increase its capacity. It has also implemented a range of measures to manage demand and reduce the number of people attending A&E. It introduced an Integrated Clinical Hub to support patients with urgent rather than emergency care needs ([Case study, page 15](#)). SAS is working with NHS boards to optimise their flow navigation arrangements.

Case study

The Scottish Ambulance Service introduced an Integrated Clinical Hub to support patients with urgent care needs

In 2022, SAS introduced an Integrated Clinical Hub, with the aim of supporting patients with urgent, rather than emergency, care needs. The hub brings together senior clinicians, such as GPs, Advanced Nurse and Paramedic Practitioners, and Paramedic Clinical Advisors. Many patients with urgent care needs can benefit from a detailed conversation with a senior clinician to identify the best treatment pathway for them. That could be an ambulance, referral to another part of the urgent care system, or self-care advice.

This means patients are directed towards the most appropriate part of the service for their needs and receive support and reassurance. Patients with the most acute or urgent needs are identified and prioritised. It also helps to make sure resources are used more efficiently throughout the healthcare system.

SAS Advanced Practice Clinicians consult with up to 15 per cent of 999 demand, with 50 per cent of these calls not requiring a 999 ambulance. This avoids over 100 ambulance dispatches per day with patients being directed to more appropriate sources of support for their needs.

Source: Scottish Ambulance Service

Delayed discharges remain a barrier to patient flow through hospitals

36. Delayed discharge occurs when a patient is clinically ready to leave hospital but continues to occupy a hospital bed. This is usually because the support necessary to allow a patient to leave hospital is not in place. In our [Social care briefing](#), from January 2022, we highlighted pressures on the social care system and on social care funding. These pressures are making it difficult to find appropriate care packages for patients ready to leave hospital. This is causing an increase in delayed discharges, resulting in fewer beds becoming available for new patients entering the system. In early January 2023, the Scottish Government reported that hospital bed occupancy across Scotland was above 95 per cent.¹⁰

37. Our [NHS in Scotland 2021](#) report highlighted how the Scottish Government's rapid discharge strategy resulted in a substantial drop in delayed discharges in the early stages of the Covid-19 pandemic. But delayed discharges reached pre-pandemic levels again by September 2021, and in 2021/22 the annual average length of stay in hospital increased to the highest level since 2014/15 (provisional figures).¹¹ In December 2022, the average number of beds occupied each day by patients whose discharge was delayed was 1,878 (23.4 per cent higher than in December 2021).¹²






38. In early January 2023, the Scottish Government announced £8 million of funding to purchase 300 interim beds in care homes, paying 25 per cent above the national care home contract rate.¹³ This is in addition to 600 interim care home beds already in operation. The additional care home beds are intended to

provide transitional care to patients awaiting social care support, and to provide some temporary assistance in reducing the number of people occupying hospital beds who are clinically ready to leave hospital.

39. We recommended in our [NHS in Scotland 2021](#) report that the Scottish Government and NHS boards should work with partners in the social care sector to develop a long-term, sustainable solution for reducing delayed discharges from hospital. The Scottish Government and NHS boards have progressed several measures aimed at reducing delayed discharges. These include measures to increase the number of patients that can be seen remotely, which have been successful in saving hospital bed days. They also include improving discharge planning arrangements and additional investment in social and community care. Despite these measures, the number of delayed discharges continues to grow. The Scottish Government and NHS boards should continue to seek a sustainable, long-term solution, working jointly with partners in the social care sector.

Exhibit 2.

The healthcare system remains under extreme pressure

		Dec 2019	Dec 2020	Dec 2021	Dec 2022
	Percentage of A&E attendances seen within 4 hours	83.8%	86.3%	75.7%	62.1%
	Average number of beds occupied each day due to delayed discharges	1,465	1,076	1,522	1,878
	Number of people in hospital with Covid-19 (7-day average at end of Dec)	-	1,190	833	1,267
	Number of calls made to NHS 24 111 service	-	-	182,200	217,989
	NHS Inform website page views (core service, excludes Covid-19)	-	-	10.7m	12.4m

Source: Public Health Scotland and NHS 24

Covid-19 and other respiratory viruses continue to put pressure on health services

40. New waves of Covid-19 have affected hospital capacity and staff availability, sometimes leading to further temporary pauses or reductions in services. Although NHS Scotland was officially stood down from an emergency footing in April 2022, the pandemic and its impact on health services is ongoing.

41. The number of patients in hospital with Covid-19 is still putting pressure on the NHS in Scotland. These patients require isolation from other patients for infection control purposes and this has an impact on hospital capacity. In 2022, the number of patients in hospital with Covid-19 peaked in April, but smaller peaks followed in July and October. Towards the end of the year the average number of people in hospital with Covid-19 began to rise again rapidly. In the last week of December 2022 there were, on average, 1,267 patients in hospital with Covid-19.¹⁴

42. Scotland experienced extraordinary levels of winter flu at the end of 2022. There was also an outbreak of Strep A infections and an increase in other respiratory viruses at this time. This further increased pressure and demand on health services. NHS Borders and NHS Greater Glasgow and Clyde paused routine non-urgent elective procedures due to the pressures faced in the NHS system in January. NHS Ayrshire and Arran paused inpatient planned care.¹⁵ The majority of other boards also reported daily cancellations due to staffing and bed pressures at this time.

The NHS workforce remains under severe pressure and there are concerns over staff capacity, wellbeing and retention

43. The Scottish Government introduced a new National Workforce Strategy for Health and Social Care (2022) to address the significant pressures facing the NHS workforce.¹⁶ The workforce remains under severe pressure. High staff turnover rates, higher than normal sickness and vacancy rates, and gaps in the workforce continue to have an adverse effect on workforce capacity.

44. Although the number of NHS staff is at a record high, the staff turnover rate has increased ([Exhibit 3, page 18](#)). The vacancy rate for Allied Health Professionals (AHPs) has increased from 3.9 per cent in March 2017 to 8.7 per cent in September 2022. The vacancy rate for nursing and midwifery has increased from 4.5 per cent to 9 per cent over the same period. The sickness absence rate for NHS Scotland in 2021/22 was 5.7 per cent, the highest rate reported in ten years.

45. High levels of workforce vacancies in nursing have led to increased expenditure on nursing bank and agency staff. Spending on bank and agency nursing staff increased by 36 per cent in 2021/22 and has increased by 92.9 per cent since 2017 ([Exhibit 3](#)). Although expenditure varies widely among boards, total nursing bank and agency spending was £321 million in 2021/22.

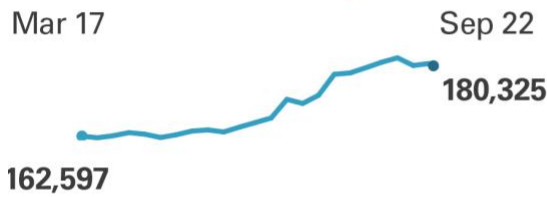
Exhibit 3. NHS workforce data

Headcount

September 2022

180,325

↑ 0.6% increase since September 2021



Whole-time equivalent

September 2022

155,913.5

↑ 1.0% increase since September 2021



Staff joining

2016/17

9,712.1

2021/22

16,580.3



Staff leaving (turnover rate)

2016/17

6.3%

2021/22

8.1%



Vacancy rates

September 2022

Nursing and midwifery

9.0%

↑ Up from 4.5% in March 2017

Allied Health Professionals

8.7%

↑ Up from 3.9% in March 2017

Temporary staffing costs ¹

2021/22

Nursing bank

£232.2m

↑ Up from £142m in 2016/17

Nursing agency

£88.9m

↑ Up from £24.5m in 2016/17

Sickness absence

2021/22

5.7%

↑ Up from 5.2% in 2016/17

Note: 1. Nursing agency and bank staff expenditure figures do not take into account inflation.

Source: NHS Education for Scotland

46. Case study boards' expenditure on nursing agency staff reflect these national trends. In NHS Ayrshire and Arran, nursing agency expenditure increased by 90.8 per cent (from £3.5 million to £6.7 million) in 2021/22. Over the same period, expenditure within NHS Highland increased by 90.5 per cent (from £1.8 million to £3.5 million) and expenditure within NHS Lothian increased by 57.2 per cent (from £4.7 million to £7.4 million).

47. Despite the increases in bank and agency nursing staff working on the frontline, nursing staff are still under pressure. The results of the Royal College of Nursing (RCN) 2022 survey on staffing levels across the UK found that 86 per cent of nurses in Scotland thought that the number of nursing staff in their last shift was not sufficient to meet the needs of patients safely and effectively. Sixty-three per cent of nurses reported feeling exhausted and negative over staffing levels, and 59 per cent reported feeling demoralised. Only 37 per cent reported being able to take the breaks they were supposed to take.¹⁷

48. The 2022 General Medical Council (GMC) National Training Survey of trainer and trainee doctors found that 37 per cent of Scottish trainees reported feeling burnt out to a very high or high degree because of their workload. Sixty-two per cent of trainees who answered the burnout questions were measured to be at high or moderate risk of burnout. Forty-three per cent reported working beyond their rostered hours daily or weekly.¹⁸

49. General Practices are under pressure. The British Medical Association (BMA) carried out a survey of General Practices in Scotland in October of 2022, of which 46 per cent of practices responded. Eighty-one per cent of respondents said that demand for GP services was exceeding capacity, and 42 per cent said that demand was substantially exceeding capacity. Thirty-four per cent of practices reported having at least one GP vacancy.¹⁹

The Scottish Government is continuing to invest in the mental wellbeing of NHS staff, but physical wellbeing remains a concern

50. In our [NHS in Scotland 2021](#) report, we outlined the measures that the Scottish Government was taking to support staff wellbeing. For example, staff now have access to the National Wellbeing Hub, a digital platform that provides a range of self-care and wellbeing resources. The Workforce Specialist service provides confidential mental health assessment and treatment. Work on these continues and we recommend that focus on staff retention and wellbeing is maintained.

51. We also noted that the Scottish Government told us that there is not a culture of seeking help in the health and social care sector. The Scottish Government is taking steps to change this by putting in place wellbeing coaches for staff in managerial roles to encourage their teams to access wellbeing resources. It is also planning to implement its 'Leading to Change' programme to help staff proactively manage culture changes with the aim of retaining more staff.

52. It is unclear how much physical wellbeing provision there is for frontline NHS Scotland staff. The Scottish Government has funded boards to create rest spaces for staff in hospitals. But, because of the high intake of patients, delayed discharges and unscheduled care pressures, rest spaces for staff are often

being used for other purposes. The Scottish Government has made some progress in establishing physical provisions for healthcare staff working in community settings. But there is a further opportunity for it and NHS boards to work together to prioritise creating rest and break facilities and providing hot food and drink for staff in hospitals to prevent staff burn out and improve staff safety and wellbeing.

Progress in tackling the backlog of care has been slow; waiting times and waiting lists continue to grow

53. When Covid-19 struck the UK in March 2020, NHS Scotland was placed on an emergency footing and all non-urgent care was paused. These emergency measures allowed hospitals to focus on caring for people who were seriously ill with Covid-19, but also helped to reduce transmission of the virus within hospitals.

54. Waiting time standards set the maximum amount of time a patient should wait for healthcare. Before the Covid-19 pandemic, NHS boards were already struggling to meet waiting times standards for planned care, and performance has deteriorated further since [\(Exhibit 4, page 21\)](#). Performance during the pandemic will have been influenced by several factors, including clinical prioritisation of patients and the pausing of services at different times.

55. Between 2014 and 2019, waiting lists for planned care were generally increasing year-on-year, although the new outpatient waiting list had begun to level off in 2017. The disruption to health services since the start of the pandemic has caused a much sharper build-up in the number of people waiting. More people are now waiting to be seen at each stage of the referral to treatment pathway than ever before. Planned care waiting lists have continued to grow in the last year [\(Exhibit 5, page 22\)](#).

56. Some specialties, such as ophthalmology and general surgery, have particularly large waiting lists. These two specialties combined account for a quarter of all people waiting for a new outpatient appointment. Nearly half of those on the inpatient/day case waiting list are waiting for an orthopaedic procedure or general surgery.

57. Inevitably, patients are waiting longer for planned care than they were before the pandemic. Most people still waiting for care have been waiting for longer than the national waiting times standards. In some cases, people have been waiting much longer. For example, at the end of September 2022:

- 37,947 (8.0 per cent) had been waiting more than a year for a new outpatient appointment, with 2,114 (0.4 per cent) waiting more than two years.²⁰
- 35,337 (24.9 per cent) had been waiting more than a year for inpatient/day case treatment, with 7,612 (5.4 per cent) waiting more than two years.²¹

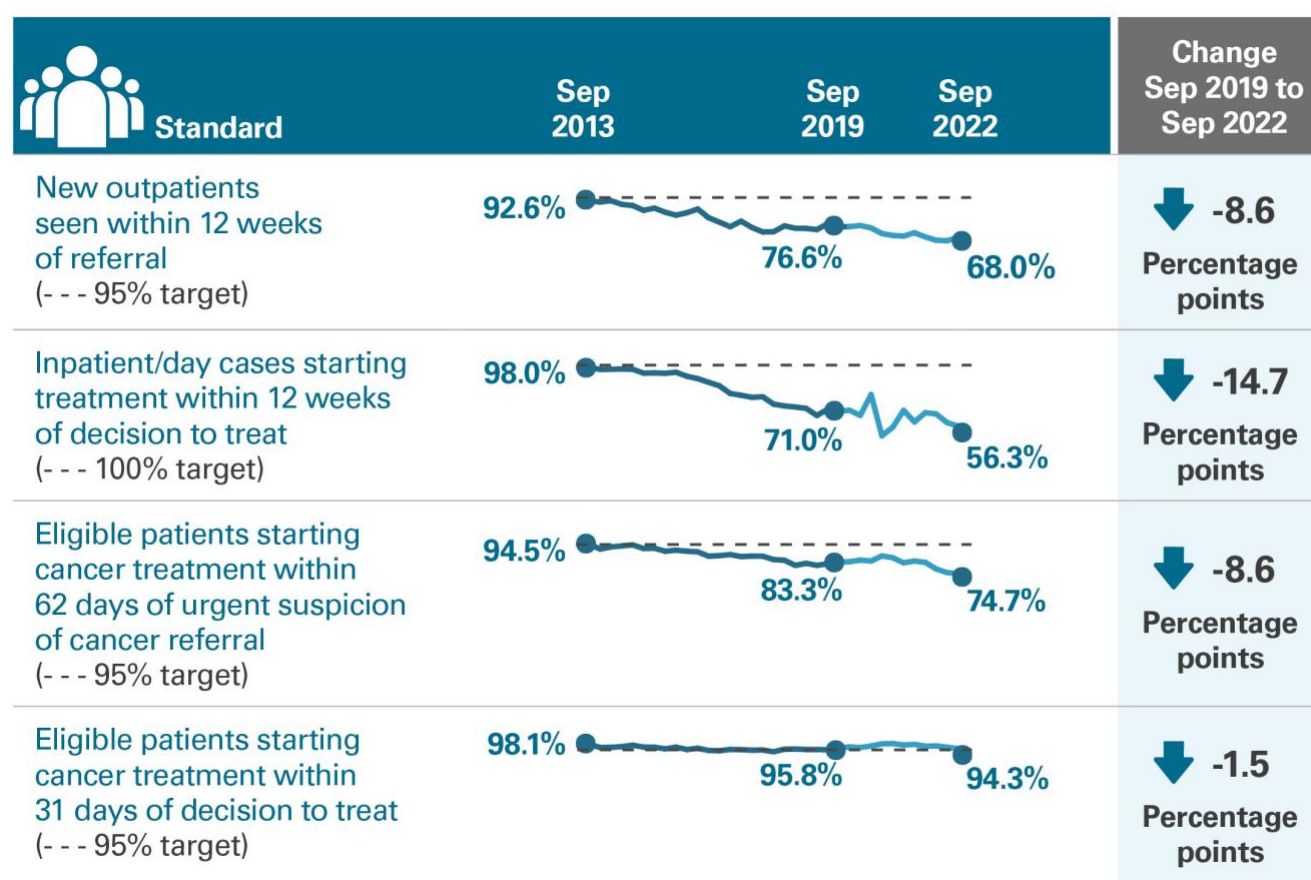
- 5,458 (3.4 per cent) had been waiting more than a year for a diagnostic test or investigation. Most of these people were waiting for an endoscopy.²²

Before the pandemic it was unusual for people to wait more than a year for planned care.

Exhibit 4.

Performance against planned care and cancer waiting times standards, quarter ending September 2013 to September 2022

Before the Covid-19 pandemic, NHS Scotland was already struggling to meet planned care and cancer waiting times standards, and performance has deteriorated.

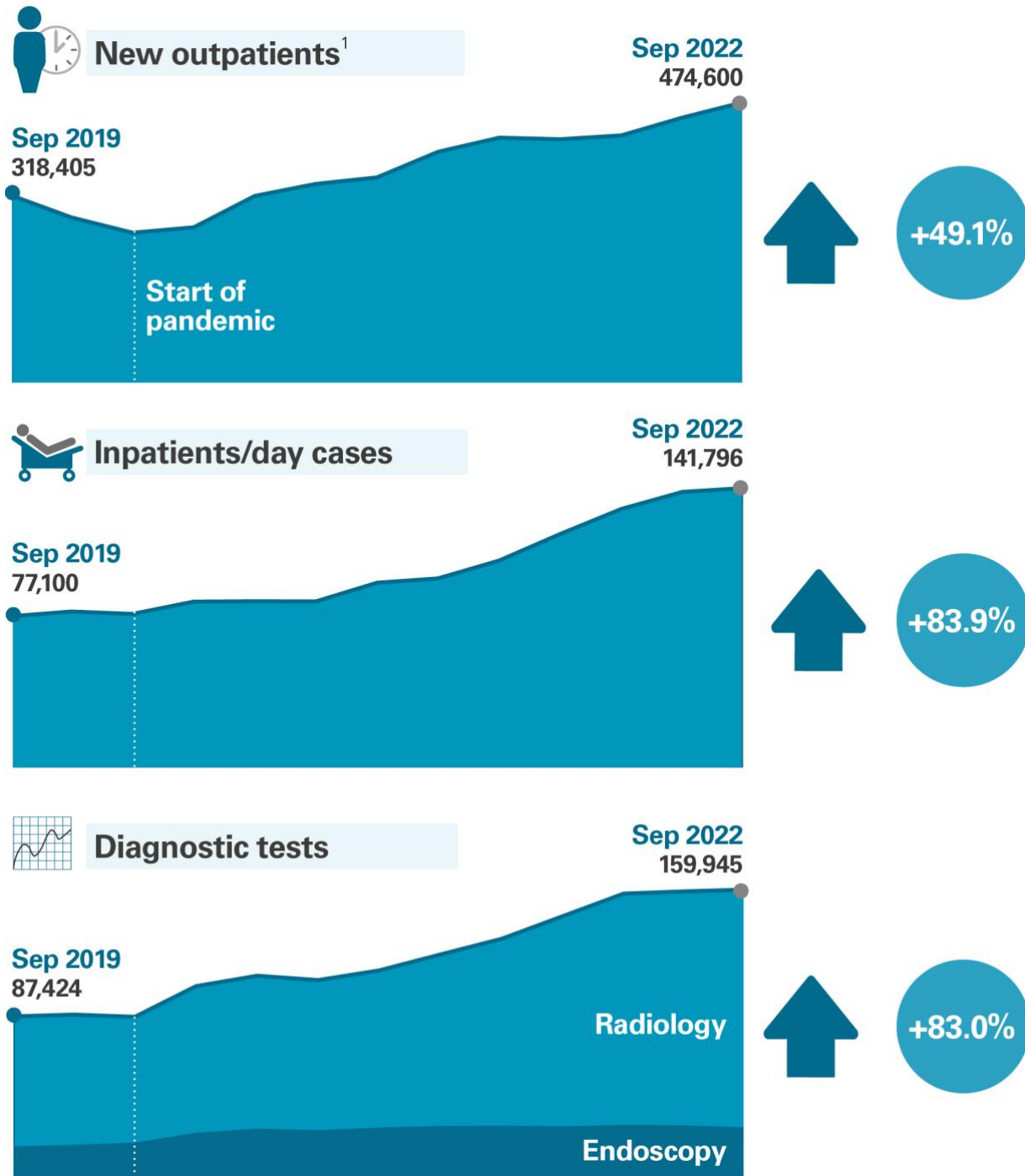


Source: Public Health Scotland

Exhibit 5.

Number of people waiting for planned care, quarter ending September 2019 to September 2022

Waiting lists for planned care within NHS Scotland are larger than ever and continue to grow.



Note: 1. Before October 2019, some patients waiting for a key diagnostic test were included in the new outpatient waiting list. From 1 October 2019, people waiting for these tests were no longer covered by this standard. This largely explains the pre-pandemic decrease in the outpatient waiting list towards the end of 2019.

Source: Public Health Scotland

Waiting times vary among specialties and NHS boards

58. The length of time people are waiting for planned care varies by specialty. It also varies according to the type of appointment required. Among the 20 specialties with the largest outpatient waiting lists, gastroenterology has the highest proportion of patients who have been waiting a long time (more than a year) for an appointment. In the case of inpatient/day case treatment, the specialties with the highest proportions of patients waiting more than a year include paediatric surgery, neurosurgery, ear, nose and throat, urology, orthopaedics, plastic surgery, gynaecology and general surgery. The diagnostic test with the highest proportion of patients waiting more than a year is lower endoscopy.

59. Waiting lists have grown markedly in most NHS boards since the start of the Covid-19 pandemic. However, across and within boards waiting times vary. Our case study boards confirmed that they face different local challenges with specific outpatient specialties and diagnostic services. These mainly relate to local workforce challenges and constraints in physical space. Tackling inpatient/day case waiting lists is made more difficult by several key issues:

- high vacancy rates in key areas (particularly theatre staff)
- pressures associated with unscheduled care activity
- lack of acute care beds due to delayed discharges
- financial constraints
- other issues relating to geography, demographics and the specific health needs of boards' local populations.

Activity is still below pre-pandemic levels and does not meet NHS Recovery Plan targets

60. Waiting list activity is measured by looking at the number of people added to and removed from a list within a certain time frame. People are usually removed because they have attended an appointment or been admitted for treatment. However, removals can occur for other reasons, for example because treatment is no longer required. NHS boards review waiting lists on a regular basis to ensure that patients are removed where appropriate.

61. Waiting list additions and removals, and attendances/admissions fell dramatically when NHS Scotland was placed on an emergency footing in March 2020. Despite some recovery, across NHS Scotland all three measures remain lower than before the pandemic.²³



62. One of the main objectives of the NHS Scotland Recovery Plan 2021-2026 is to increase planned care activity and capacity beyond pre-pandemic levels. The Scottish Government plans year-on-year increases by opening ten National Treatment Centres (NTCs) and redesigning care pathways. Redesigning care pathways means changing and improving how patients access health services. By the end of 2022/23, it was anticipated that annual activity would increase by 58,000 outpatient appointments and 27,500 inpatient/day case procedures.

Based on data available for the first six months of 2022/23, current activity is running well below NHS Recovery Plan targets ([Exhibit 6](#)).

Exhibit 6.

Planned care waiting list activity, 2019 quarterly average versus quarter ending September 2022

Waiting list activity is still below pre-pandemic levels.

New outpatient		2019 quarterly average	Jul - Sep 2022	Difference %
	Additions	449,109	414,537	↓ -7.7
	Removals	457,532	389,212	↓ -14.9
	Attendances	367,294	300,449	↓ -18.2
Inpatient/day case		2019 quarterly average	Jul - Sep 2022	Difference %
	Additions	86,514	69,998	↓ -19.1
	Removals	85,912	68,213	↓ -20.6
	Admissions	70,599	53,474	↓ -24.3

Source: Public Health Scotland

63. Since mid-2020, when NHS Scotland began to remobilise, the number of people being added to waiting lists has often been higher than the number being removed. This is causing waiting lists to continue to grow.

64. Planned surgical activity has not yet returned to pre-pandemic levels. An average of 21,230 planned operations were scheduled within NHS Scotland's theatre systems each month between April and September 2022. This is 23.5 per cent lower than the average number scheduled each month between April and September 2019.²⁴

Cancer screening programmes have resumed, and referrals are increasing, but performance against cancer waiting times standards is getting worse

65. At the start of the pandemic, the national cancer screening programmes (Bowel, Breast and Cervical) were paused, and cancer referrals decreased. These programmes have now restarted, and cancer referrals are increasing. Current standards for cancer waiting times are that 95 per cent of all eligible patients should wait no longer than 62 days from an urgent suspicion of cancer referral to start of first treatment, and no longer than 31 days from the decision to treat to start of first treatment. The number of eligible referrals for the 62-day

standard is now higher than pre-pandemic levels, but the number of eligible referrals for the 31-day standard is similar to pre-pandemic levels.

- Between July and September 2022, there were 4,161 eligible referrals for the 62-day standard (6.0 per cent higher than between July and September 2019).
- Between July and September 2022, there were 6,459 eligible referrals for the 31-day standard (1.5 per cent lower than between July and September 2019).²⁵

66. Eligible referrals only include patients who are subsequently diagnosed with cancer. They do not include referrals that do not result in a cancer diagnosis. Our case study boards confirmed that the number of patients being referred with an urgent suspicion of cancer (whether eligible or not) had increased noticeably in the last year.

67. Performance against cancer waiting times standards is getting worse ([Exhibit 4](#)). Performance against the 62-day standard is lower than ever. For NHS Scotland overall, the 31-day standard was not met in the most recent quarter (July-September 2022) and performance varied across NHS boards.

The number of people dying each year is still higher than average

68. Throughout the pandemic, the number of people dying each year has been higher than average. These are often called “excess deaths”. Many of these deaths are directly linked to Covid-19, but in 2020 and 2021 there were more deaths than usual from some other diseases. These were cancer, heart disease, digestive system diseases and external causes of death (such as drug-related deaths).²⁶ National data does not show whether these excess deaths are directly related to longer waiting times.

Longer waits are negatively impacting people’s health and wellbeing

69. The Scottish Government has acknowledged that people are waiting too long for treatment.²⁷ It also recognises the impact of increased waiting times on people’s physical and mental wellbeing.

70. There is some evidence that patients are presenting for care in a worse condition than before the pandemic:

- Evidence given to the Covid-19 Recovery Committee’s inquiry into excess deaths suggests that patients may be presenting for care in a more acute condition than before the pandemic.²⁸ Some of this evidence relates to the stage at which patients are being diagnosed with cancer. It is acknowledged that determining whether cancer patients are being diagnosed at a later stage of disease is complex. It will be some time before data will be available to answer this question fully. This view was echoed by Cancer Research UK.
- All three case study boards said that patients are presenting for planned care in a frailer condition than before the pandemic. This is particularly

the case for patients who are waiting for orthopaedic procedures, such as joint replacement.

- The Scottish Ambulance Service are finding patients often have more complex needs when they attend calls. They are also receiving a higher number of calls for seriously and critically ill patients.

71. A survey carried out between October and December 2020 by the charity Versus Arthritis highlights some of the negative impacts of waiting for joint replacement surgery.²⁹ Most survey respondents reported suffering increased levels of pain, reduced mobility and independence, and a deterioration in physical and mental health while waiting for treatment. These findings suggest that people who are waiting for a joint replacement may benefit greatly from additional support while they wait.

Progress has been slow against recovery ambitions

Current pressures threaten to derail the recovery of NHS services, while the backlog of care continues to grow

The Scottish Government's NHS Recovery Plan 2021-2026 is ambitious, and progress has been slow

72. The Scottish Government published its five-year NHS Recovery Plan in August 2021. The plan sets out how the Scottish Government aims to address the substantial backlog in planned care while continuing to meet ongoing urgent health and care needs by increasing activity and redesigning care pathways. The plan committed to increase elective care activity by 10 per cent compared with pre-pandemic levels in outpatient services and by 20 per cent in inpatient and day case services.

73. The Recovery Plan anticipates that most of the increases in outpatient appointments would be driven through NHS boards increasing capacity by redesigning care pathways. For inpatient and day case procedures, NHS boards are expected to deliver an additional 15,500 procedures per year. A network of National Treatment Centres is to provide an additional 40,000 procedures by the end of the plan in 2026.

74. The Scottish Government did not undertake detailed and robust modelling to inform the anticipated increases in activity levels set out in the Recovery Plan. It is currently undertaking an exercise to model capacity across the whole health system over the next ten years. This modelling is intended to integrate demand and capacity for planned and unscheduled care, considering bed capacity and different high-level scenarios.

75. The output from this modelling will help the Scottish Government and NHS boards better understand potential demand for services in the future, considering population demographics and the impact of patients waiting longer for treatment. This should be used to inform and implement service capacity increases at national level and board level that will enable waiting list sizes to decrease and services to be more sustainable in the longer term. It is not clear when this work will be complete, but the Scottish Government should progress it as quickly as possible.

The Scottish Government did not engage fully with NHS boards on the preparation of the Recovery Plan

76. The Scottish Government committed to publishing its NHS Recovery Plan within its first 100 days of office following the Scottish Parliament elections in May 2021. That timescale meant that NHS boards were not involved in setting the ambitions in the plan, despite being responsible for the operational delivery

of the ambitions. The Scottish Government did not ask NHS boards for information on possible increases in activity levels beyond those for National Treatment Centres. The Recovery Plan is a high-level national document and does not fully reflect the variation in challenges and priorities faced by different boards. But our case study boards found that the Recovery Plan gave them renewed focus on working to stabilise and recover services following the pandemic.

77. In April 2022, the Scottish Government asked NHS boards to produce Annual Delivery Plans (ADPs) to help plan their recovery. It asked boards to focus on five priorities. These priorities are:

- Recruitment, retention and wellbeing of the health and social care workforce
- Recovering and protecting planned care
- Urgent and unscheduled care
- Supporting and improving social care
- Sustainability and value.

Our case study boards have aligned their ADPs with their corporate strategies, national priorities and local need. NHS Highland extended the scope of its ADP beyond the five priorities given by the Scottish Government to reflect the need to plan recovery across the whole health and care system.

78. Recovery planning at both national and board level has been shaped by the Scottish Government. Our case study boards would like more autonomy to develop delivery plans based on their own priorities and within their resource constraints. The Scottish Government and NHS boards should develop an agreed approach to recovery planning that reflects both national and local priorities.

The Scottish Government has allocated over £1.2 billion of funding to deliver against its recovery ambitions

79. The NHS Recovery Plan outlines a commitment of £1.26 billion of targeted investment over the next five years ([Exhibit 7, page 29](#)). Since the publication of the plan, the Scottish Government has increased its investment in multi-disciplinary teams (MDTs) working with GPs from £150 million in 2021/22 to a recurring £170 million. It has also invested an additional £50 million to help boards redesign pathways for urgent and unscheduled care.

Exhibit 7.**The NHS Scotland Recovery Plan financial commitments**

Area of spend	Committed funding £ million
Primary care	172.5
Diagnostics	29.0
NHS Near Me	17.0
NHS 24	20.0
Cancer	174.5
Drug deaths	250.0
Staff wellbeing	40.0
Mental health	120.0
Scottish Ambulance Service	20.0
National Treatment Centres	400.0
Other	24.8
Total	1.26 billion

Source: NHS Scotland Recovery Plan 2021-2026

Boards are struggling financially to recover services and tackle the backlog of care

80. There is a tension between the service delivery targets of the NHS Recovery Plan and the finances available to boards to meet them. Boards are entering the financial year with large deficits. They are struggling to align service delivery targets with the costs of tackling the backlog of care, of dealing with increased numbers of unscheduled and urgent care patients, and of hiring agency staff to cover for vacant posts, all alongside continuing Covid-19 costs.

81. Territorial NHS boards submitted estimates to the Scottish Government of the funding needed to reduce waiting times and the backlog of planned care. Two of our three case study boards reported that the funding received from the Scottish Government falls short of what is needed in 2022/23 ([Exhibit 8, page 30](#)). NHS Lothian initially reported a shortfall of £5.3 million but has since been given confirmation that it will receive an additional £5.4 million from the Scottish Government. Although these shortfall figures are small relative to overall board funding, the situation highlights the competing financial pressures boards face

and the risk to recovery investment. Boards now face difficult choices to recover services without worsening their underlying deficit.

Exhibit 8.

Estimated shortfall in funding to reduce waiting times in 2022/23 in case study boards

Board	Estimated funding required £ million	Funding allocated by Scottish Government £ million	Shortfall £ million
NHS Ayrshire and Arran	13.0	7.8	5.2
NHS Highland	12.5	8.3	4.2
NHS Lothian	16.6	16.7	n/a

Source: NHS Ayrshire and Arran, NHS Highland, NHS Lothian

Reporting on progress against the Recovery Plan is unclear

82. The Scottish Government published its first NHS Recovery Plan: annual progress update in October 2022.³⁰ It recognises there was a need to pause work towards some of the recovery ambitions during the first year of the Recovery Plan due to the impact of the Omicron Covid-19 variant. But the progress update states that there has been significant progress in delivering on the ambitions of the Recovery Plan.

83. The progress update does not fully refer to the specific ambitions of the Recovery Plan and the level of progress is not always clear. The Recovery Plan did not include an action plan with detailed timescales and milestones, although there are some high-level timescales and milestones for some ambitions. Without a detailed action plan, it will be difficult to accurately measure progress.

84. The Recovery Plan ambitions are not clearly tracked and progress against key aims of increasing outpatient, diagnostic, and inpatient and day case activity is missing from the update. The Scottish Government stated in the Recovery Plan that the first milestones for those activity increases would be in 2023, and little progress was to be expected in year one of the plan. Appendix 3 shows ambitions to be delivered within the first year of the Recovery Plan and other key ambitions, whether they are reported on within the progress update, and what progress has been delivered against them.

85. The Scottish Government engaged with NHS boards on the Recovery Plan progress update report, but the update does not fully reflect how challenging it has been for NHS boards to recover. Our case study boards have highlighted a mismatch between the progress towards recovery described in the progress update and the recovery progress they have been able to make.

86. The Scottish Government should make sure annual progress updates clearly show what progress has or has not been achieved. It should revisit its recovery ambitions annually to ensure they remain relevant and achievable. It should be clear on any changes it makes.

Delays to the National Treatment Centre programme mean targets for increased activity are unlikely to be met

87. The NTC programme is key to the ambition to increase planned care activity. NTCs are to deliver 72 per cent of the increases in procedures by 2025/26 and were expected to deliver an additional 12,000 procedures by March 2023. The three NTCs that were due to open in 2022, in NHS Fife, NHS Forth Valley and NHS Highland, have been delayed and are now expected to open across the first half of 2023. Phase two of the Golden Jubilee University National Hospital expansion is expected to be complete in late summer 2023.

88. The Recovery Plan annual progress update states that timescales for the remaining NTCs are yet to be defined. Any further delays to the completion of the NTC programme will make it difficult to reach the target of 55,500 additional inpatient and day case procedures by 2025/26. Some NTCs are unlikely to open until late 2027 or early 2028.

89. There are national shortages of staff to fill some of the key roles needed for the delivery of inpatient and day case services, including theatre nursing staff and anaesthetic staff. The Scottish Government is helping NHS boards to recruit staff for NTCs internationally. It is also helping boards explore ways to upskill and redeploy staff into new roles to address gaps. If NTCs are not fully and sustainably staffed, there is a risk that the increases in activity set out in the Recovery Plan will not be fully achieved.

90. The NTCs are a national resource and will be hosted by NHS boards and treat patients from across Scotland, largely on a regional basis. In line with new targets to reduce long waits for treatment, NTC capacity for 2023/24 has been allocated on a regional basis to patients facing long waits for inpatient and day case procedures.

91. The variation between boards in the number of patients experiencing long waits means that host boards may receive a smaller allocation of their NTC capacity than they initially expected as they must prioritise long waiting patients from neighbouring board areas. The Scottish Government has developed a financial charging model. This outlines how boards will pay for the treatment of patients from their area when treated in a NTC located in another board area. This means host boards do not pay for the treatment of patients from other areas.

92. The Scottish Government has said that the approach to allocating NTC capacity will be monitored and adapted over time. It should develop a clear policy to ensure equitable access to NTC capacity across NHS boards beyond 2023/24.

There is a new focus on addressing longer waits

93. The Scottish Government introduced a new Framework for Clinical Prioritisation in November 2020.³¹ The framework outlined how NHS boards should prioritise care for patients on planned care waiting lists. It advised that patients with the most urgent clinical need should be seen first.

94. The framework helped NHS boards to prioritise the use of limited staff and theatre capacity when emergency Covid-19 measures were in place. But the focus on urgent cases resulted in many patients, with less urgent clinical needs, waiting longer to be seen.³²

95. By mid-2022, the Scottish Government and NHS boards realised that the approach to prioritising patient care needed to change. Recognising the impact of long waiting times on patients' health and wellbeing, the Scottish Government stepped-down the Framework for Clinical Prioritisation in July 2022. Instead, the Scottish Government gave NHS boards the flexibility to prioritise long-waiting patients, as well as patients with cancer and those who need clinical care most urgently.

96. On 6 July 2022, the Scottish Government announced new national planned care targets to eradicate long waits for new outpatients and inpatient/day cases in most specialties ([Exhibit 9](#)).³³

Exhibit 9. Planned Care Targets

New national targets to tackle long waits for planned care were announced in July 2022.

Length of wait to be eradicated	New outpatient target date	Inpatient/day case target date
Over two years	31 Aug 2022	30 Sep 2022
Over 18 months	31 Dec 2022	30 Sep 2023
Over one year	31 Mar 2023	30 Sep 2024

Source: Scottish Government

97. The new targets, although challenging, have given NHS boards a renewed focus for tackling the backlog in planned healthcare. But eradicating waits of over 18 months, and then a year, will be particularly challenging. The severe winter pressures NHS boards experienced in late 2022 and early 2023 will undoubtedly have some impact on their ability to meet these targets, although the full impact is not yet understood.

The wording of the new planned care targets is open to interpretation

98. The new targets are aimed at eradicating long waits in most specialties. But the number of people waiting for treatment varies significantly among specialties. In the case of low-volume specialties, long waits can be eradicated by treating a small number of people. In the case of other higher-volume specialties, clearing waiting lists would require many more people to be treated.

99. The wording of the new targets is open to interpretation. No specific information was given to the public about what was meant by “most specialties”. It may not be clear to long waiting patients that they may not be seen by a target date, particularly if waiting for an appointment or procedure in a high-volume specialty.

100. In practice, NHS boards have focused on reducing the number of people facing long waits across all specialties, alongside treating patients with cancer and those who need urgent clinical care.

101. The Scottish Government should ensure that the wording of any future waiting times targets is clear and lends to consistent and accurate reporting of progress in high- and low-volume specialties.

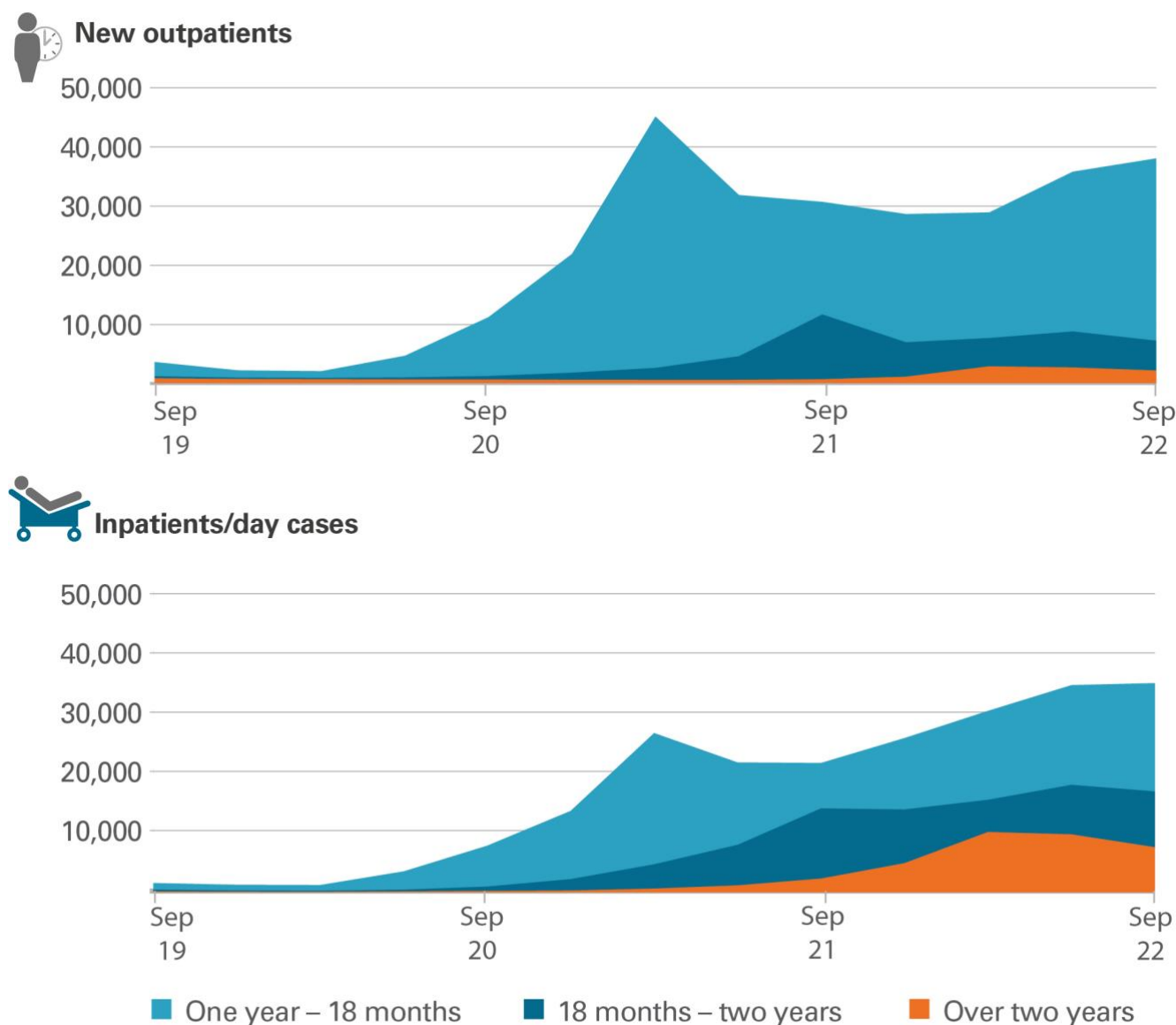
Some progress has been made in reducing long waits

102. The most recent waiting times information shows some progress in reducing waits of over two years for planned care ([Exhibit 10, page 34](#)). Despite this progress, the Scottish Government acknowledges that, in the case of some specialties, waits are still too long.³⁴

Exhibit 10.

Number of people on planned care waiting lists who have been waiting for more than a year, quarter ending September 2019 to September 2022

There has been some progress towards reducing the number of people waiting for more than two years.



Source: Public Health Scotland

Patients have not always been given clear information about how long they may need to wait for planned care

103. The Scottish Government has taken steps to ensure that patients have access to information about typical waiting times. In August 2022, the Scottish Government, in collaboration with Public Health Scotland and NHS 24, launched an online waiting times platform aimed at the public.³⁵ For each board

and specialty, the platform shows the median waiting time experienced by patients who were treated and came off the waiting list in the last calendar quarter. The median waiting time is the time in which half of the patients were seen; the remaining half will have waited longer.

104. The information on the new waiting times platform was not universally welcomed. Case study boards expressed strong concerns about the use of the median waiting time for patients who had been treated. Boards told us that this information, given in isolation, does not give people an accurate indication of waiting times. An official concern about the platform was raised with the Office for Statistics Regulation (OSR) by a member of the public and an MSP.

105. Responding to the concerns raised, the OSR concluded that information on the platform could potentially mislead some patients about the length of time they may have to wait.³⁶ For example, in some specialties, those with non-urgent clinical needs may experience a much longer wait than suggested by the figures. The Scottish Government and Public Health Scotland have confirmed they are taking steps to address these concerns and the platform will be reviewed and revised if necessary.³⁷

106. The Scottish Government should ensure that all future communication on expected waiting times gives clear and meaningful information about how long people can expect to wait for treatment.

There has been progress against some recruitment targets, but workforce remains the biggest risk to recovery

Significant recruitment targets were set out in the Recovery Plan that add to existing commitments

107. The recruitment targets in the NHS Recovery Plan cover both existing and new targets. The Scottish Government has made progress towards achieving some of these targets, but other key targets have not been met or remain at risk ([Exhibit 11, page 36](#)). The Scottish Government needs to provide evidence that achieved targets, such as the increased number of multi-disciplinary teams providing support to GPs, and additional mental health workers in the community, are having an impact on service delivery and efficiency.

108. One key target that is not on track is the Scottish Government's plans to increase the GP workforce by 800 (headcount) by 2027. In our 2019 report, [NHS Workforce Planning – Part 2](#), we provided modelling that showed that this target would be challenging to achieve. This remains a risk to the recovery of primary care. Since 2017, excluding GP trainees, the GP workforce has increased by 113 (headcount).³⁸ Public Health Scotland estimates that GP WTE decreased by 26.4 between 2017 and 2022.³⁹

Exhibit 11.**Key recruitment targets made in the NHS Recovery Plan, and their progress to date**

Some recruitment targets are on track or have been achieved, but other key targets have not been achieved or are at risk.

Key recruitment target	Progress	Status
1,000 additional mental health staff in primary care	Recruitment began in early 2022, but planned funding for primary care has been cut by £65 million, and mental health by £38 million, to fund proposed pay deals for NHS staff. ¹	At risk
1,500 new NTC staff	Management information indicates that by November 2022 around 30 per cent of the 1500 staff have been recruited. The Scottish Government has undertaken to publish workforce statistics on NTC recruitment in 2023.	On track
Providing general practices with more support from MDTs in the community to support the new General Medical Services contract	Although there is no specific target for this commitment, the number of healthcare professionals providing service to GPs has increased by 3220.1 WTE since 2018. ²	Progress made
Increasing the GP workforce by 800 (headcount) by 2027/28	Between 2017 and 2022, GP numbers (excluding performer registrar GPs/trainees) increased by only 113 (headcount). ³	Not on track
800 additional mental health workers in A&E, general practices, and police custody suites by 2022	At 1 April 2022, an additional 958.9 WTE mental health posts had been filled. ⁴	Target achieved
Training 500 additional advanced nurse practitioners (ANPs) by 2021	According to monitoring and evaluation information from NHS Education for Scotland, 536 ANP trainees had completed as of August 2021. ⁵ However, between September 2017 and September 2022, the overall ANP workforce increased by only 319 (headcount). ⁶	Target achieved

Notes:

1. Emergency Budget Review 2022-23, Scottish Government, November 2022.
2. Primary Care Improvement Plans, Summary of Implementation Progress at March 2022, Scottish Government, June 2022.
3. General Practice: GP Workforce and Practice List Sizes 2012-22, Public Health Scotland, December 2022.
4. Mental Health Workers: Quarterly Performance Reports, Scottish Government, July 2022.
5. Report to Chief Nursing Officer Directorate, NHS Education for Scotland, August 2021.

6. Advanced Nursing Practice census data covering March 2016 to September 2022, NHS Education for Scotland.

Source: Public Health Scotland, NHS Education for Scotland, and Scottish Government

The Scottish Government plans to increase undergraduate medical and nursing places to meet future healthcare demand

109. A key part of the Scottish Government's National Workforce Strategy for Health and Social Care is increasing undergraduate medical and nursing places. It increased funded places for nursing and midwifery in 2022/23 by over 8 per cent to 4,837 places. It is also set to increase the number of undergraduate medical school places by 500 by the end of this parliament. However, both the Scottish Government and NHS boards have expressed concern around take up and attrition rates for nursing places. Data from the University and Colleges Admissions Service (UCAS) and from the Scottish Government from the end of the 2022 cycle shows that 4,367 out of 4,837 nursing and midwifery places in Scotland have been filled, leaving 470 places unfilled.⁴⁰

110. There are concerns around medical supervision capacity for trainees. NHS Education for Scotland (NES) is working to increase capacity for supervision in GP practices because there are currently not enough practices approved to accommodate planned increases in trainees. A lack of supervision capacity within secondary care settings affects several different types and levels of trainees. NHS boards are recruiting internationally to fill short-term workforce gaps in medical posts. However, this will not address the medical supervision issue in the short-term and may actually place additional demands on medical supervision.

111. The National Workforce Strategy for Health and Social Care sets out a plan to mitigate the domestic supply shortfall in medicine and nursing over the next four to five years through international recruitment. This will be the Scottish Government strategy in the short- to medium- term until domestic training numbers are more sustainable. It is providing a recurring £1 million to support each board to help identify international staff who can complete training within three months of coming into the UK.

112. It costs around £12,000 to recruit an international nurse, and £10,000 for an AHP. Boards have expressed concerns over their ability to cover all the costs required to meet international recruitment targets, and over the value for money that international recruitment offers as a means to increase the registered workforce. The Scottish Government has met the up-front recruitment costs in full for the international recruitment targets announced in 2021 and 2022. But it argues that it achieves value for money as it does not pay for the undergraduate training costs for these staff.

113. NHS Ayrshire and Arran has been successful with international recruitment and in 2022/23 plans to recruit 43 nurses and ten radiographers from outside the UK. NHS Lothian is due to recruit 40 international nurses in 2022/23. NHS Highland found the process time-consuming and expensive, and the lack of affordable housing in the region made it challenging to implement.

114. As well as providing additional funding for boards, the Scottish Government has set up the Centre for Workforce Supply to advise boards on effective international recruitment models. It has also commissioned NES to develop and deliver preparation and training resources for their Objective Structured Clinical Examination (OSCE).

The Scottish Government and NHS boards must continue to focus on staff retention and workforce productivity as well as recruitment

115. The National Workforce Strategy for Health and Social Care outlines the 'Five Pillars of the Workforce Journey' to understand and build the health and social care workforce. The five pillars are: Plan, Attract, Train, Employ, and Nurture.

116. Measures to retain existing staff mentioned in the NHS Recovery Plan include: a four per cent, on average, pay rise in May 2021 for NHS Agenda for Change staff; NHS Scotland continuing to maintain competitive terms and conditions of service; and continued support for staff wellbeing through the National Wellbeing Hub and Helpline.⁴¹ In November 2022 the Scottish Government made a further pay increase offer of, on average, 7.5 per cent for NHS Agenda for Change staff ([paragraph 20](#)).

117. Further measures have been taken to retain staff. The Scottish Government has implemented a 'retire and return' programme, that allows recently retired doctors and nurses to return to the NHS to work on a more flexible basis. It has also devolved powers to NHS boards to help returning staff with pension taxation issues.

118. Our case study boards are successfully implementing a range of measures to improve workforce productivity and recruitment. NHS Ayrshire and Arran is working to redeploy staff hired on temporary contracts during the pandemic into vacant permanent posts and has made a capital investment in three staff wellbeing hubs at hospital sites. NHS Highland is consulting medical staff to determine if more use can be made of physician assistants and is exploring the possibility of creating a band 4 nursing associate role to take on some of the work currently carried out by doctors and nurses. NHS Lothian is assessing a redesign proposal that aims to improve the way in which MDTs work in wards and is also making it easier for band 2 and band 4 staff to take up vacant positions.

119. In our [NHS in Scotland 2021](#) report we recommended that the Scottish Government and NHS boards improve the availability, quality and use of workforce data to ensure workforce planning is based on accurate projections of need. We have seen little evidence of progress with this, and this recommendation remains relevant to project future need and monitor staff retention measures.

The Scottish Government and NHS boards must maintain momentum in embracing innovation

120. In our [NHS in Scotland 2021](#) report we called for the Scottish Government to build on the innovation seen during the Covid-19 pandemic to continue to reform services.

There are early signs of progress to drive forward innovation

121. The Scottish Government has arrangements in place to scale up and roll out innovation. In 2021, the Scottish Government commissioned NHS Golden Jubilee to establish the national Centre for Sustainable Delivery (CfSD). The role of the CfSD is to help Scotland's healthcare system recover through sustainable technological innovation, digital solutions, and the redesign of care pathways. The CfSD is also responsible for the overall governance and coordination of the Accelerated National Innovation Adoption (ANIA) Pathway. The ANIA Pathway allows tested innovations to be assessed for national rollout.

122. This pathway has contributed to the increased use of cytosponge, which is a new method of detecting oesophageal cancer, and to colon capsule endoscopy, a capsule with small cameras that provides a less invasive alternative to a colonoscopy. While there are currently a number of digital innovations being assessed through this pathway, including digital dermatology and theatre scheduling, it is still too early to tell how effective the ANIA pathway will be for transforming services at scale in a sustainable way.

123. The CfSD is working on several programmes designed to increase capacity in primary and secondary care. Examples include:

- Remote consulting, a pathway to support virtual appointments
- Active Clinical Referral Triage (ACRT), a pathway to help senior clinical decision-makers to refer patients to the most appropriate care by reviewing all relevant electronic patient records
- Discharge Patient Initiated Reviews, a pathway that enables patients to request routine follow-up appointments if they feel this is necessary, thus eliminating unnecessary appointments
- Accelerating the Development of Enhanced Practitioners (ADEPt), an initiative to facilitate the sharing and spread at pace of innovative workforce roles that add capacity to teams and services.

124. The Scottish Government is also investing in redesigned care pathways and new ways of working that move care closer to home. Since 2020, it has invested £8.1 million in the Hospital at Home programme. Its additional investment of £50 million for the Urgent and Unscheduled Care Collaborative has supported the Outpatient Parenteral Antimicrobial Treatment (OPAT) scheme and Respiratory Community Response Teams. Together, these programmes have created capacity for over 600 virtual beds. The OPAT programme treats an average of 250 people per week and has saved over 45,000 hospital bed days so far in 2022.

125. All our case study boards have benefitted from working with the CfSD to implement new ways of working. But generally, progress has been slow and varies across boards. Workforce shortages and a rise in urgent and unscheduled care demand have held back progress. To help maintain momentum in embracing innovations, the Scottish Government should work with boards to prioritise key innovations that are locally achievable. It must monitor their effectiveness and value for money once adopted.

Digital access to services is improving, but must not become the only option

126. The Scottish Government and COSLA published their Care in the Digital Age: Delivery Plan 2022-23 in November of 2022. This plan sets out a series of digital innovations and dates of delivery. This includes the increased use of digital therapies in mental health, digital prescribing in hospitals and the development of a ‘digital front door’ for health and social care services in Scotland. The Scottish Government also launched the National Digital Platform, a cloud-based service that has the aim of helping to integrate digital health and social care services across Scotland.

127. The digital ambitions in this delivery plan have the potential to contribute to more sustainable, efficient and cost-effective ways for people to access healthcare. These ambitions must be balanced against the Scottish Government and COSLA’s Digital Health and Care Strategy (2021), which aims to tackle digital exclusion and states that people will not be forced to use a digital service if it is not right for them.⁴²

128. The Scottish Government’s extension of the Near Me video consulting programme into 55 community hubs, including libraries and community health and care facilities, is an example of good practice in addressing digital exclusion. However, accessing NHS services by telephone and in person should remain as an option for those who prefer this. As digital innovations are scaled up across different services, the Scottish Government should provide evidence that they are being used effectively by the right services, for the right people.

A whole system approach to improving public health is essential

129. It is vital that the Scottish Government works now to lay the groundwork for a more sustainable future. It is important not only to reform how services are delivered, but also to reduce the demand for health services by improving public health.

130. Improving public health is not the sole responsibility of the health and social care sector. In November 2022 the Fraser of Allander Institute published a report entitled Health Inequalities in Scotland.⁴³ It highlighted that socioeconomic factors, such as income, housing and education, are significant drivers of health inequalities. In our [NHS in Scotland 2021](#) report we recommended that the Scottish Government take a cohesive approach to tackling health inequalities by working collaboratively with partners across the public sector and third sector.

131. It is vital that the Scottish Government facilitates cross-sector working, across its own directorates and with other partners and stakeholders, to tackle the numerous factors contributing to poor public health. There is a need for long-term policy and investment to improve public health and reduce health inequalities.

132. We recommended in our [NHS in Scotland 2021](#) report that the Scottish Government and NHS boards prioritise the prevention and early intervention

agenda as part of the recovery and redesign of NHS services, to enable the NHS to be sustainable into the future. There are signs of early progress with this through the Scottish Government's Care and Wellbeing Portfolio, which aims to coordinate work on improving public health outcomes and reducing health inequalities.

133. The Scottish Government intends this to be a cohesive portfolio of activity rather than a set of separate projects. Progress has been made in laying the groundwork for change. Governance arrangements are now in place to oversee the portfolio, including the establishment of a portfolio Board. The Scottish Government expects to be able to evidence early progress in the next six to 12 months.

134. The Scottish Government has set out its mission and objectives for the Care and Wellbeing Portfolio, as well as its intended outcomes and alignment with Scottish Government priorities. We reported last year that the portfolio is made up of four programmes: Place and Wellbeing; Preventative and Proactive Care; Integrated Planned Care; and Integrated Urgent and Unscheduled Care. The latter two have now been stood down with work on those areas continuing on a business-as-usual basis. A wider NHS Reform programme will take their place in the portfolio.

135. The enablers set out in [Exhibit 12 \(page 42\)](#) show the different functions the Scottish Government is focusing on to progress the Care and Wellbeing Portfolio mission. These show a recognition of the key areas of the health and social care sector that need to be aligned to achieve progress, such as workforce, finances, engagement, innovation, and digital and data.

Exhibit 12.
Care and Wellbeing Portfolio mission and objectives

Portfolio

Our mission to **improve Healthy Life Expectancy** and **achieve fairer outcomes** is underpinned by **3 key portfolio objectives**.

Improve population health and reduce health inequalities



Portfolio outcomes

The mission is achieved by taking a **person-centred approach** to delivering **clear outcomes** spanning the short, medium and long-term.



Scottish Government priorities

Many of the influences on health outcomes lie out with health and social care. The cross portfolio priorities **align with the Scottish Government's priorities** and enable us to maximise our reach and impact.



Portfolio programmes & enabling functions

Together the Care and Wellbeing programmes and enablers provide a comprehensive and **progressive health and social care reform package**.



The Scottish Government must be clear on what progress is being made in reforming health and care services and what can realistically be achieved

136. It remains to be seen whether reform can happen at the scale and pace needed. It is vital that measures are in place to monitor the impact of innovation and redesign and provide clarity on the effectiveness, efficiency and value for money of new ways of delivering services.

137. The Scottish Government and NHS boards must make sure health services can be delivered in a sustainable way. They must be clear on what resources are available and what can be delivered within financial and operational constraints. When driving forward innovation and redesign they should be clear on what success would look like and what timescales they are working to. That must be informed by reliable modelling and data.

138. Crucially, the Scottish Government and NHS boards must also monitor public awareness and acceptance of new ways of accessing services to ensure their effectiveness. In our [NHS in Scotland 2021](#) report we recommended that the Scottish Government and NHS boards work with patients on an ongoing basis to inform the priorities for service delivery and be clear on how services are developed around patients' needs. There is little evidence of this in the past year.

139. The Scottish Government and NHS boards must have an open conversation with the public about the challenges facing the NHS and what they mean for future service delivery. It should make clear to the public what can realistically be achieved and involve them in the difficult choices that may have to be made.

Appendix 1

Audit methodology

This is our annual report on the NHS in Scotland. The report focuses on the Scottish Government's NHS Recovery Plan 2021-2026. It covers:

- the challenges facing the Scottish Government and NHS boards as they try to recover services following the Covid-19 pandemic
- the scale of the backlog of care that built up during the Covid-19 pandemic
- the development of the NHS Recovery Plan
- progress against the NHS Recovery Plan ambitions, including workforce ambitions
- NHS reform and new ways of delivering services.

Our findings are based on evidence from sources that include:

- the NHS Recovery Plan and other relevant Scottish Government strategies
- the audited annual accounts and reports on the 2021/22 audits of NHS boards
- activity and performance data published by Public Health Scotland
- publicly available data and information including results from surveys
- Audit Scotland's national performance audits
- interviews with senior officials in the Scottish Government and some NHS boards
- interviews with third-sector organisations.

We also conducted case studies in three territorial NHS Boards to better understand how the NHS Recovery Plan is being implemented and the impact it has on boards. The case study boards are:

- NHS Ayrshire and Arran
- NHS Highland
- NHS Lothian.

Our case studies are based on evidence from sources that include:

- interviews with senior board officials
- NHS board delivery plans, financial plans and workforce plans.

Appendix 2

NHS boards' required savings and predicted deficit in 2022/23

NHS board	Total savings required to break even at start of 2022/23 (£000s)	Predicted deficit at end of 2022/23 (£000s)
NHS Ayrshire and Arran	(45,080)	(26,400)
NHS Borders	(23,723)	(12,223)
NHS Dumfries and Galloway	(32,399)	(19,899)
NHS Fife	(22,100)	(10,400)
NHS Forth Valley	(29,312)	0
NHS Grampian	(25,251)	(19,900)
NHS Greater Glasgow and	(181,500)	(51,500)
NHS Highland	(57,272)	(16,272)
NHS Lanarkshire	(43,209)	(14,868)
NHS Lothian	(45,598)	(28,432)
NHS Orkney	(6,909)	(2,003)
NHS Shetland	(3,096)	0
NHS Tayside	(51,234)	(19,596)
NHS Western Isles	(3,851)	0
NHS National Services	(17,001)	0
Scottish Ambulance Service	(17,400)	0
NHS Education for Scotland	(2,800)	0
NHS 24	(2,852)	(676)
NHS National Waiting Times	(4,510)	0
The State Hospital	(511)	300
Public Health Scotland	(4,470)	0
Healthcare Improvement	(477)	0
Total	(620,556)	(221,870)

Source: Scottish Government analysis of NHS boards' 2022/23 financial plans

Appendix 3

Progress with Recovery Plan ambitions

Recovery Plan Ambition	Timescale	Is the ambition covered in the Progress Update Report?	Reported Progress in the 2022 Recovery Plan Progress Update	Discrepancy
Implement a National Wellbeing Programme for NHS staff	Autumn 2021	Unclear	In addition to the National Wellbeing Hub and its Workforce Specialist Service (already in place at the time of publication of the Recovery Plan), the following staff services have been implemented: Coaching for Wellbeing, Reflective Practice, and the Workforce Development Programme.	
Recruit 800 new mental health workers	2022	Yes	An additional 958.9 whole time equivalent (WTE) mental health roles have been filled. This was an existing commitment.	
Increase number of GPs by 800	2028	Yes	An additional 277 GPs were recruited between 2017-21. At 30 September 2021 the number of GPs (headcount) was 74 more than in the previous year.	Further analysis on GP recruitment up to 2022 is provided in paragraph 108 . Excluding GP trainees, the number of GPs (headcount) increased by only 136 between 2017 and 2021 and by 56 in 2021. The increase of 56 is not

Recovery Plan Ambition	Timescale	Is the ambition covered in the Progress Update Report?	Reported Progress in the 2022 Recovery Plan Progress Update	Discrepancy
				<p>progress in the first year of the Recovery Plan as data is from 2021 not 2022. It is misleading to include GP trainee numbers within progress updates about meeting the target of 800 additional GPs.</p>
<p>Increase number of Advanced Nurses Practitioners (ANPs) by 500</p>	<p>2021</p>	<p>Yes</p>	<p>Completed a number of actions from the Integrated Workforce Plan, including ‘exceeding’ commitment to deliver an additional 500 Advanced Nurse Practitioners.</p>	<p>Neither the NHS Recovery Plan nor the progress update specifies that this target refers to financially supporting the training of an additional 500 ANPs. Although this training target was met, the additional trained ANPs has not translated into a similar increase in ANP workforce capacity, and so is misleading as a measure of additionality in ANPs.</p> <p>Exhibit 11 provides further detail on the number of ANPs trained and total increase in ANP workforce.</p>
<p>All 925 GP practices to have practice-based (or access to) nursing and pharmacy support</p>	<p>April 2022</p>	<p>Yes</p>	<p>95 per cent of practices have access to some health board delivered pharmacy support.</p> <p>75 per cent of practices have access to some health board</p>	

Recovery Plan Ambition	Timescale	Is the ambition covered in the Progress Update Report?	Reported Progress in the 2022 Recovery Plan Progress Update	Discrepancy
			delivered nursing support.	
Maximising multi-disciplinary team (MDT) capacity within the community		Yes	<p>Funding for MDTs increased to £170 million this year.</p> <p>Recruited over 3,220 primary care MDT members at end of March 2022.</p>	<p>The funding increase to £170 million was in line with inflation, as had been outlined against the original allocation of £155 million in the Primary Care Improvement Plan.</p> <p>The increase in MDT staff in 2021/22 was 793.2 WTE.</p>
Expansion of Pharmacy First Service and a new Pharmacy Women's Health and Wellbeing Service	Women's Health and Wellbeing Service in first year of Recovery Plan	Yes	<p>Pharmacy First delivered 2.9 million consultations in 2021/22.</p> <p>A new Pharmacy Women's Health Service was introduced.</p>	Pharmacy First had already been implemented at the time of Recovery Plan publication. The progress update does not specify how it has expanded or how much it has increased.
Increase outpatient activity by 10 per cent compared with pre-pandemic levels (140,000 additional appointments). 58,000 additional appointments by end of 2022/23.	2026 March 2023	No	<p>Target not referenced.</p> <p>Over 76 per cent of outpatient specialties had either no, or fewer than 10, patients waiting longer than 2 years for treatment, and the number of new outpatients seen in the quarter ending June 2022 was 7 per cent higher compared to the same quarter in 2021.</p>	<p>Further analysis on the progress on long waiting patients is provided in Exhibit 10.</p> <p>Despite an increase compared to 2021, outpatient activity for the quarter ending September 2022 shows that activity has not returned to pre-pandemic levels (see Exhibit 6).</p>

Recovery Plan Ambition	Timescale	Is the ambition covered in the Progress Update Report?	Reported Progress in the 2022 Recovery Plan Progress Update	Discrepancy
Increase of 90,000 diagnostic procedures. 78,000 additional procedures by end of 2022/23.	2026 March 2023	No	Target not referenced. In 2021/22, six new mobile magnetic resonance imaging (MRI) scanners and five new mobile computerised (CT) scanners will be deployed, and five additional endoscopy rooms will be opened.	It is unclear if these additional resources are in place, as the update states that this was to happen in 2021/22 but the language used implies that this work is ongoing.
Increase inpatient and day case activity by 20 per cent compared with pre-pandemic levels (55,500 additional procedures per year). 27,500 additional procedures by end of 2022/23.	2026 March 2023	No	Target not referenced. There has been 'significant progress' in that the number of scheduled operations in quarter ending June 2022 was 7.8 per cent higher compared with the third quarter of 2021, the quarter in which the Recovery Plan was published.	Despite the fact that the yearly target increases set out in the Recovery Plan relate to financial years, the update report refers to calendar quarters – this may be confusing when tracking progress against the original ambitions. Monthly averages of scheduled operations between April and September 2022 were 23.5 per cent lower than equivalent period in 2019 (see paragraph 64).
Of the 55,500 additional inpatient and day case procedures, 40,000 are to be delivered at NTCs.	2026 March 2023	No	Four NTCs are due to open in 2023. 12,250 procedures are expected to be delivered in 2023/24 (this figure includes some endoscopy activity to be delivered at the Golden Jubilee	No reference to these milestones or the delays to opening. 12,250 procedures are expected to be delivered in 2023/24 - this is a year later than the timescale for delivering the first

Recovery Plan Ambition	Timescale	Is the ambition covered in the Progress Update Report?	Reported Progress in the 2022 Recovery Plan Progress Update	Discrepancy
12,000 additional procedures to be delivered by NTCs by end of 2022/23.			University National Hospital).	milestone of 12,000 additional inpatient and day case procedures through NTCs. Timescales for other NTCs opening are not given but will be defined 'as part of ongoing business case development'.
1,500 new clinical and non-clinical staff to be recruited to NTCs	2026	Yes	Referenced in the steps the Scottish Government are taking, but no measurable progress in numbers so far.	
Redesign of Urgent Care Programme aims to reduce the numbers of people who "self-present" to hospital as a first port of call by 15 to 20 per cent		No	<p>Reduction in self-presentation attendances is not tracked.</p> <p>10.1 per cent of patients that called NHS 24 111 in July 2022 were referred to Flow Navigation Centres (FNCs).</p> <p>It is also reported that additional virtual capacity pathways, e.g., Outpatient Antimicrobial Therapy (OPAT) have saved 45,000 bed days this year.</p>	Although 10.1 per cent of NHS 24 111 callers in July 2022 were referred to an FNC, the update report does not specify how many of these patients did or did not attend A&E following the FNC, or how quickly, and therefore to what extent FNCs are helping to meet the aim of reducing self-presentations in A&E by 15 to 20 per cent or providing faster access to A&E for those who need it.
Publish a refresh of the Framework for Effective Cancer Management	September 2021	Yes	Published in December 2021.	

Recovery Plan Ambition	Timescale	Is the ambition covered in the Progress Update Report?	Reported Progress in the 2022 Recovery Plan Progress Update	Discrepancy
Meeting the 31- and 62-day cancer standards on a sustainable basis	Over the parliamentary term	Yes	<p>The report states that progress has been made in several areas:</p> <p>Three Rapid Cancer Diagnostic Services (RCDS) have been implemented.</p> <p>Funding has been provided to establish single points of contact for cancer patients and to improve diagnosis and treatment.</p> <p>A National Radiotherapy Plan has been published</p> <p>A Scottish Cancer Network has been established.</p> <p>The Scottish Government is committed to providing an additional £40 million to improve performance and to date this has been invested in additional diagnostic clinics and theatre provision for the most challenged care pathways.</p> <p>The report does not mention the fact that performance against the cancer targets is getting worse. It states only that the median wait for the</p>	<p>The three RCDS were already in operation at the time of the publication of the Recovery Plan.</p> <p>The additional £40 million was already committed in the Recovery Plan and it is unclear how much has been invested in the past year.</p> <p>Reference to median waiting time for only one cancer standard does not reflect the deteriorating performance against these standards.</p>

Recovery Plan Ambition	Timescale	Is the ambition covered in the Progress Update Report?	Reported Progress in the 2022 Recovery Plan Progress Update	Discrepancy
Introduce a paramedics students bursary	September 2021	Yes	A bursary was introduced for all students starting eligible courses in September 2021.	
Publish a National Workforce Strategy	End of 2021	Yes	Published in March 2022.	

31-day target is five days and that the number of patients coming through the 62-day pathway has increased by 4 per cent in the most recent quarter compared with the same quarter pre-pandemic.

Endnotes

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