

WRITTEN SUBMISSION FROM THE SCOTTISH GOVERNMENT TO THE PUBLIC AUDIT COMMITTEE, DATED 16 FEBRUARY 2015

AUDITOR GENERAL FOR SCOTLAND (AGS) SECTION 23 REPORT: [NHS IN SCOTLAND 2013/14](#)

Thank you for your letter dated 19 January 2015. You requested further information about: performance targets and outcomes; home care places; and further detail on financial information. I have set out below a response to each of these using the headings provided in your letter for ease of reference.

Performance Targets And Outcomes

A summary of the most recent statistics for health service performance

We discussed in some detail the Accident and Emergency (A&E) statistics. Comparisons across the UK are best made using the major A&E departments. The latest official statistics in the UK for December 2014 show 4 hour A&E performance for major A&E departments at 88.6% in Scotland, 85.3% in England, 77.2% in Wales and 73.5% in Northern Ireland.

Statistics for Australia relating to 2013/14 show performance against a 4 hour target of 81.4%. In New Zealand, statistics are based on a 6 hour target for A&E and performance stood at 92.7% in quarter 1 2014/15.

The Waiting Times Alliance in Canada recently produced a report on waiting times in Canada, *Time to Close the Gap*. The report singles out performance in Scotland as the benchmark to which Canada should aspire.

Further detail on the published data for NHSScotland, England, Wales, Northern Ireland, Australia and New Zealand; and the report from Canada, is provided at **Annex A** (attached).

Confirmation of the terminology used from April 2015 to describe NHS performance (such as HEAT Standards compared with LDP standards etc) including a definition of each and a summary of the measures each refers to

For simplicity, we have decided that as from April 2015 we will use the term LDP Standards to replace HEAT targets and HEAT standards.

The LDP Standards will be used to describe NHS performance and are particularly relevant to timely access, healthcare associated infection and financial performance. The standards describe the levels of performance expected.

The former HEAT targets on delayed discharge and emergency bed day rates for those aged 75+ will be covered in the new Integration Indicators, which are described in further detail below. Progress against carbon reduction will be reported in line with the Public Sector Sustainability Reporting requirements and the newly announced commitment to mandatory reporting under Part 4 of the Climate Change (Scotland) Act. The Scottish Ambulance Service Local Delivery Plan retains the Cat A response time standard.

We will continue to show the latest performance against LDP Standards through the *Scotland Performs* website. Integration Authorities will publish an annual performance report

demonstrating progress in terms of the new Integration Indicators. We will also continue to monitor performance via the range of audit reports that apply to health and social care performance.

A list of LDP Standards is provided at **Annex B**.

Clarification of the outcome measures that will be used to assess the performance of Health and Social Care Integrated Authorities

The national outcomes for health and wellbeing are set out within the legislative framework for integration. The core suite of indicators to underpin these outcomes is currently being finalised. These indicators will measure progress across health and social care under integration.

The indicators focus on measures that are particularly relevant to the quality of care experienced by people with multimorbidities, many of whom are older people. The indicators reflect the whole pathway of care, in communities, care homes and hospitals, to allow a better understanding of whether integration is successfully delivering a shift in the balance of care into communities and away from institutional settings.

Example indicators include: the percentage of adults receiving care or support who rate it as excellent or good; the rate of emergency admissions for adults and of readmission to hospital within 28 days; delayed discharge; and the percentage of adults with intensive needs who are receiving care at home.

Under integration, Health Boards and Local Authorities delegate functions and budgets to their Integration Authority (either an Integration Joint Board or a Lead Agency). Where an NHS function is delegated to the Integration Authority, the LDP Standards that relate to that function are also delegated. There will therefore be some overlap between LDP Standards and indicators for integration. As noted above, Integration Authorities will publish an annual performance report demonstrating progress.

Home Care Places

An explanation of the main reasons for the reduction in homecare and the total number of people receiving home care

NHS in Scotland 2013/14 highlights an 11% decrease in people receiving home care between 2008 and 2013 as reported in *Social Care Statistics 2013*¹. The latest edition of this publication shows a 10% decrease over the period 2009 and 2014 with a slight increase in home care clients in 2014 to 61,740 clients (all ages).

While the number of home care clients has been decreasing, the number of home care hours provided each year has been increasing. 631,100 care hours were provided in 2013 compared to 678,900 in 2014 which is an increase of 7.6% in a single year.

There are a number of factors that may help to explain the reduction in people receiving home care as reflected in these statistics.

The increase in the average number of hours of home care provided reflects the focus of Scottish Government policy on intensive support, including for frail older people at home, as

¹ <http://www.scotland.gov.uk/Publications/2013/11/8713/>

well as the continuing shift in the balance of care from institutional settings towards providing more community based care at home. The increase in hours is therefore in line with what we would expect, where those clients with highest level of need receive greater packages of care, and remain in their own homes.

The Social Care Statistics publication also tells us that at the end of March there were just under 112,000 people in Scotland who have operational Telecare and Community Alarm Systems. This indicates that people are using other means to self-manage conditions rather than adopting formal home care packages.

An additional factor is that the number of people opting for direct payments increased from 3,680 in 2009-10 to 6,010 in 2013-14; a rise of 63%. This means that a growing number of families are seeking support directly from local organisations which will not be reflected in the headline statistics for home care.

The guidance on *National Standard Eligibility and Waiting Times For Personal & Nursing Care For Older People* was published in September 2009 and is available on the Scottish Government website².

All 32 Local Authorities have confirmed that their local arrangements for access to social care and timescales are now consistent with this guidance.

Financial Information

Confirmation of the real terms changes to the annual health budget since 2009-10

The real terms changes (expressed at 2014-15 price levels) to the annual health budget since 2009-10 are as follows:

	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16
Real Terms	£m	£m	£m	£m	£m	£m	£m
	11,408.	11,299.	11,396.	11,468.	11,559.	11,606.	11,820.
Resource	9	4	6	8	6	4	5
Capital	649.5	621.7	516.1	471.6	408.9	254.0	199.7
PFI/PPP and NPD/Hub	204.5	180.2	42.3	10.4	32.7	122.0	374.8
	12,262.	12,101.	11,955.	11,950.	12,001.	11,982.	12,395.
Total	8	3	0	7	2	4	0

The resource budget has increased by 3.6% over inflation since 2009-10. From 2010-11, the Scottish Government has committed to passing on in full the resource consequentials arising from Westminster and this is reflected in the real terms uplifts seen in each year since then (4.6% real term increase since 2010-11).

In terms of funding for capital investment, the core capital budget has decreased by 69% since 2009-10, and funding through PFI/PPP and NPD/Hub has increased by 83% over the same period. The capital investment budgets have been profiled to match projects and associated funding requirements – most specifically the spend profile of the New South

² <http://www.scotland.gov.uk/Topics/Health/Support-Social-Care/Support/Older-People/Free-Personal-Nursing-Care/Guidance>

Glasgow Hospital. NPD/Hub is being used as an alternative to traditional capital investment, and various health projects, such as the NHS Dumfries and Galloway Acute Services Redevelopment and NHS Lothian Royal Hospital for Sick Children are using this form of investment.

The total real terms increase of the health budget between 2009-10 and 2015-16 is 1.1%.

Summary of the ten year capital plan for NHSScotland

Our ten year capital plan recognises that future investment must support and facilitate the delivery of the NHSScotland Quality Strategy and 2020 Vision. To achieve this the plan seeks to set out a balance of investment which maintains and improves standards in our acute estate and, at the same time, has a concerted push to investment in community based facilities and technology to support care as close as possible to home.

In preparing this plan, existing plans have been used as a starting point. These include Local Delivery Plans, Property and Asset Management Strategies and further information received from NHS Boards. In addition, consideration has been given to broader strategic issues facing NHSScotland over the next 10 years with particular emphasis on shifting the balance of care, replacement of medical equipment and investment in technology.

Key elements of the plan include tackling backlog maintenance through formula allocations to NHS Boards and through replacements, redevelopments and disposals of existing facilities. In addition, data extracted from the newly implemented capital planning system has been used to forecast investment needs required in the future to maintain the condition of NHSScotland's major assets.

The existing portfolio of major health infrastructure projects, including the £842m New South Glasgow Hospitals project, the £256m replacement for the Dumfries and Galloway Royal Infirmary and the £228m new Royal Hospital for Sick Children in Edinburgh, forms a significant element of the context for capital planning.

The plan includes £400m of health infrastructure projects announced in 2014 as part of the extension of NPD/hub pipeline, including new acute care facilities in Aberdeen (£120m), East Lothian Community Hospital (£65m), the completion of the redevelopment of the Royal Edinburgh Campus (£146m) and additional investment in community health infrastructure across Scotland.

The plan includes investment in equipment replacement, including the existing radiotherapy and Positron Emission Tomography (PET) replacement programmes as well as proposals for more general equipment replacement programme and a programme of upgrades to NHS Boards' IT infrastructure.

We update the plan each year to reflect Board LDPs, and so will send it to the Public Audit Committee in April.

Breakdown of the proportion of high and significant backlog maintenance relating to surplus buildings compared with buildings in use

The total backlog maintenance for 2014 currently equates to £797m. Within this, the total value of high and significant backlog maintenance was £373m.

The £373m of high and significant backlog maintenance is split as follows:

Buildings planned to be replaced or disposed of:	£ 66m (18% of the total)
Buildings to be retained/redeveloped:	£307m (82% of the total)

These figures are not yet published but are expected to be published this month as part of the *Annual State of NHSScotland Assets and Facilities Report* for 2014.

I hope this response provides the level of information the Committee requested. However, I would be pleased to provide supplementary information if required. I would also be pleased to provide further information in relation to outcome measures for Health and Social Care Integration once finalised.

Yours sincerely

Paul Gray

Summary of the most recent statistics for health service performance

The following website addresses provide links to the relevant information for Scotland, England, Wales, Northern Ireland, New Zealand, Australia; and the report from Canada respectively:

<http://www.isdscotland.org/Health-Topics/Emergency-Care/Publications/data-tables.asp?id=1330#1330>

<http://www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/weekly-ae-sitreps-2014-15/>

<http://www.infoandstats.wales.nhs.uk/page.cfm?orgid=869&pid=62956>

<http://www.dhsspsni.gov.uk/index/statistics/downloadable-data.htm>

http://www.health.govt.nz/system/files/documents/pages/q1-2014-15-health-targets_0.xlsx

<http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129549117>

<http://www.waittimealliance.ca/wp-content/uploads/2014/06/FINAL-EN-WTA-Report-Card.pdf>

Local Delivery Plan (LDP) Standards

- People diagnosed and treated in 1st stage of breast, colorectal and lung cancer (25% increase)

The LDP Standard is for NHSScotland to achieve a 25% increase in the percentage of breast, colorectal and lung cancer cases that were diagnosed at stage 1 in 2010/2011 (this refers to the two calendar years combined from January 2010 to December 2011). This is to be achieved by 2014/2015 (January 2014 through to December 2015).

- 31 days from decision to treat (95%)
- 62 days from urgent referral with suspicion of cancer (95%)

Proportion of patients beginning cancer treatment within 31 days of decision being taken to treat, and 62 days of urgent referral with suspicion of cancer.

- People newly diagnosed with dementia will have a minimum of 1 year's post-diagnostic support

Percentage of people newly diagnosed who receive a minimum of one year of post-diagnostic support (as defined by the commitment) and who have a person-centred plan in place at the end of that support period. National and Board level performance to demonstrate progress against the Standard are currently being considered.

- 12 weeks Treatment Time Guarantee (TTG 100%)

Proportion of inpatient and day cases that were seen within the 12 week Treatment Time Guarantee. This is a legal requirement as outlined in the Patient Rights Scotland Act (2011). As such all patients (i.e. 100%) must be seen within the required 12 weeks.

- 18 weeks Referral to Treatment (RTT 90%)

90 per cent of patients seen and treated as inpatient or day case within 18 weeks from initial referral.

- 12 weeks for first outpatient appointment (95% with stretch 100%)

The guidance states that during 2015/16 Boards need to improve the 12 weeks outpatient performance to achieve a minimum 95% standard with a stretch aim to 100%. It is also essential that waits of over 16 weeks are eradicated. To deliver this it is essential that Boards below 95% at end December 2014 make significant improvements in 2015/16 with each individual Board delivering 95% or over during the year. For those Boards already delivering 95% they must sustain and improve performance during 2015/16. These means that if a Board is currently delivering 98% then this needs to be maintained and improved on during the year.

- At least 80% of pregnant women in each Scottish Index of Multiple Deprivation (SIMD) quintile will have booked for antenatal care by the 12th week of gestation

The Standard is for at least 80% of pregnant women in each SIMD quintile to have booked for antenatal care by the 12th week of gestation. The denominator is all women who give birth in Scottish Hospitals. For Board level SIMD quintiles, the datazones in each Board are to be divided into five groups according to SIMD 2012 rank.

- Eligible patients commence IVF treatment within 12 months (90%)

90% of eligible patients screened for IVF treatment within 12 months of the decision to treat made by one of the four IVF Centres. This is based on adjusted completed waits.

- 18 weeks referral to treatment for specialist Child and Adolescent Mental Health Services (CAMHS) (90%)

90% of patients referred for CAMHS are to start treatment within 18 weeks of referral. This is based on adjusted completed waits.

- 18 weeks referral to treatment for Psychological Therapies (90%)

90% of patients referred for Psychological Therapies are to start treatment within 18 weeks of referral. This is based on adjusted completed waits.

- Clostridium difficile infections per 1000 occupied bed days (0.32)

The Standard is for a maximum rate of 0.32 cases of Clostridium difficile infections in patients aged 15 and over per 1,000 total occupied bed days

- SAB infections per 1000 acute occupied bed days (0.24)

The Standard is for a maximum rate of 0.24 cases of staphylococcus aureus bacteraemia (including MRSA) per 1,000 acute occupied bed days. The Scottish Government expect that NHS Boards will improve SAB infection rates during 2015/16 - close monitoring of SAB will continue. Research is underway to develop a new SAB standard for inclusion in LDP next year.

- Clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery (90%)

90% of clients referred for drug or alcohol treatment are to be treated within 3 weeks from date referral received.

- Sustain and embed alcohol brief interventions in 3 priority settings (primary care, A&E, antenatal) and broaden delivery in wider settings

The performance measure is the number of alcohol brief interventions delivered during 2015-16. National and Board level performance to demonstrate sustained and embedded delivery are currently being considered

- Sustain and embed successful smoking quits, at 12 weeks post quit, in the 40% SIMD areas

Number of successful quits, for people residing in the 40 per cent most-deprived datazones (60% for island health boards) in the NHS Board (i.e. two most-deprived local quintiles (three most deprived local quintiles for island health boards)). The number of 12 week quits to be delivered over year ending March 2016 is under consideration

- 48 hour access or advance booking to an appropriate member of the GP team (90%)

Measures used for standard include the proportion of patients who get 48-hour access to an appropriate healthcare professional and the proportion of patients who can book an appointment with a GP three or more working days in advance.

- Sickness absence (4%)

NHSScotland Workforce Statistics: Sickness Absence Rate (from Scottish Workforce Information Standard System, SWISS). Sickness absence is defined as normal sick leave, unpaid sick leave, industrial injury, accident involving a third party and injury resulting from a crime of violence.

- 4 hours from arrival to admission, discharge or transfer for A&E treatment (95% with stretch 98%)

The A&E 4 hour standard follows clinical advice to sustain at least 95% of A&E patients being treated within four hours, as a step towards achieving 98%.

- Operate within agreed revenue resource limit; capital resource limit; and meet cash requirement

This measure addresses financial performance, specifically in terms of maintaining within UK and Scottish Government funding parameters.