



OFFICIAL REPORT
AITHISG OIFIGEIL

DRAFT

Public Audit Committee

Wednesday 10 December 2025

Session 6



The Scottish Parliament
Pàrlamaid na h-Alba

Wednesday 10 December 2025

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PUBLIC AUDIT COMMITTEE

33rd Meeting 2025, Session 6

CONVENER

*Richard Leonard (Central Scotland) (Lab)

DEPUTY CONVENER

*Jamie Greene (West Scotland) (LD)

COMMITTEE MEMBERS

*Colin Beattie (Midlothian North and Musselburgh) (SNP)

*Joe FitzPatrick (Dundee City West) (SNP)

*Graham Simpson (Central Scotland) (Reform)

*attended

THE FOLLOWING ALSO PARTICIPATED:

David Anderson (The Oversight Board)

Stephen Boyle (Auditor General for Scotland)

Rachel Browne (Audit Scotland)

Nicola Dickie (Convention of Scottish Local Authorities)

Gavin Henderson (Scottish Government)

Michael Marra (North East Scotland) (Lab)

Fraser McKinlay (The Promise Scotland)

Neil Rennick (Scottish Government)

Eva Thomas-Tudo (Audit Scotland)

Andrew Watson (Scottish Government)

Fiona Whitelock (Convention of Scottish Local Authorities)

CLERK TO THE COMMITTEE

Katrina Venters

LOCATION

The Sir Alexander Fleming Room (CR3)

Scottish Parliament

Public Audit Committee

Wednesday 10 December 2025

[The Convener opened the meeting at 09:35]

Decision on Taking Business in Private

The Convener (Richard Leonard): Good morning. I welcome everyone to the 33rd meeting in 2025 of the Public Audit Committee.

The first agenda item is for members of the committee to decide whether to take agenda items 4, 5, 6 and 7 in private. Are we all agreed to take those items in private?

Members *indicated agreement.*

The Convener: Joe FitzPatrick is joining us online, so when I invite him to ask some questions, he will do that via the videolink.

“Improving care experience: Delivering The Promise”

09:35

The Convener: I welcome our witnesses, who are with us in the committee room to give evidence on the Auditor General for Scotland and Accounts Commission report, “Improving care experience: Delivering The Promise”. From the Scottish Government, we have Neil Rennick, director general education and justice; Andrew Watson, director for children and families; and Gavin Henderson, deputy director for care experience, children’s services and the Promise. We also welcome the chief executive of The Promise Scotland, Fraser McKinlay; and David Anderson, chair of the Oversight Board for keeping the Promise. Finally, from the Convention of Scottish Local Authorities, we are joined by two witnesses, Nicola Dickie, director of people policy; and Fiona Whitelock, policy manager for the Promise.

We have a number of questions to put to you, and I say at the outset that you do not all necessarily need to feel obliged to answer all the questions that we put. However, if you feel as though you have something relevant to say, please indicate and we will do our level best to bring you in. Before we get to any questions that we might have, director general, I invite you to make an opening statement.

Neil Rennick (Scottish Government): Thank you, convener. I appreciate this opportunity to provide evidence today. I am particularly pleased to be joined by our partners from COSLA, The Promise Scotland and the Oversight Board. As Audit Scotland stated in its evidence to the committee:

“The commitment of individuals and organisations to deliver the Promise remains strong”.—[*Official Report, Public Audit Committee*, 5 November 2025; c 2.]

Since the publication of the care review in 2020, which was based on the experiences of more than 5,500 children, families and others, we have been working in partnership to drive forward the necessary changes to improve experiences and outcomes. That work has focused on embedding the principles of love, care and respect across services, and on addressing the systemic barriers that have historically impacted those with care experience. There is no question but that keeping the Promise is at the heart of the work that we do across ministerial portfolios, and I welcome Audit Scotland’s report and recommendations.

In particular, Audit Scotland identifies the benefits of strengthening transparency and ensuring that resources are targeted effectively.

The prioritisation of sustained investment, workforce development and the whole-system approach to change must be our collective focus.

As Audit Scotland indicated in its evidence, its report does not look at detailed progress on how the Promise is being implemented in individual areas. The report, therefore, is best seen sitting alongside a number of other reports that have been published and which set out a range of evidence at national and local level on how the Promise is being delivered.

Taken together, those reports provide a consistent picture of changes being made, both in delivery and culture, but also of the need to increase the pace and scale of activity to meet the commitment to keep the Promise by 2030. The reports identify a number of headwinds that we and local partners have faced since 2020, including Covid, the cost of living challenges and the increasing complexity of care needs.

We are not blind to, nor do we shy away from, the challenges that remain. Delivering the Promise is a long-term commitment and, as Audit Scotland has indicated, it is not a single entity or programme and is complex by nature. It requires a wide range of delivery partners across the public and third sector to be dynamic in our approach and to remain agile in building on the benefits that have been realised so far.

We can talk more about the actions that we are taking collectively and individually in response to the lessons since 2020, and I look forward to discussing with the committee the findings of the Audit Scotland report.

The Convener: Thank you, director general. For the record, could I ask whether the Scottish Government accepts the findings and recommendations of the Audit Scotland and Accounts Commission report?

Neil Rennick: Yes, we do. It is a helpful addition to a range of different reports that have been published, and I want to place it in that context. There are a number of reports that I can talk about and that provide a richer set of evidence of what has been delivered since 2020.

The Convener: You will understand that we are here this morning primarily to discuss the report produced by the Auditor General and the Accounts Commission, but if you wish to refer to other reports, we will, of course, listen.

Mr McKinlay, from the point of view of The Promise Scotland, do you accept the findings and recommendations of the report?

Fraser McKinlay (The Promise Scotland): We do, and conversations have started already about responding to them.

The Convener: I ask because I noticed that you issued a press release in which you said that you take the report “seriously”, and that

“As an organisation we will make sure to review all the recommendations.”

What does that mean?

Fraser McKinlay: It means what it says, convener. We did that. I am sure we will get into it, but I accept the recommendations and we are responding to them. There will be a bit of discussion about exactly what the recommendations look like and what I think is the best way to respond to them. I think that the conclusions and the recommendations are clear, and we are keen to respond to them with colleagues around the table.

The Convener: Okay, but, again, to be clear about it, the recommendations that are contained in the report set some very clear actions to be taken over the next six months, the next 12 months and so on. Do you intend to implement those recommendations?

Fraser McKinlay: Yes.

The Convener: Okay—thanks for clearing that up.

Mr Anderson, from the point of view of the Oversight Board, do you have any view on whether the report makes a useful contribution, and do you accept its findings and conclusions?

David Anderson (The Oversight Board): Yes. First, I would like to clear up what the Oversight Board is—who we are, what we do and how we do it—because I think that that was one of the confusions set out in the report.

The Oversight Board is a group of around 20 people, over half of whom have direct experience of the so-called care system. However, everyone has a skill set that qualifies them to do the set tasks of the board. They come from backgrounds in politics, health, education, strategic planning and, very importantly, the provision of direct support to children and families in various services across Scotland. That is who we are.

We report on Scotland’s progress in keeping the Promise, we identify where progress has been made and, importantly for today, where barriers to change lie. I will hopefully discuss some of that as we go on. Within the confines of what is possible without statutory powers, we hold those with responsibility to account; again, that is something that I hope to go into today. We also support and influence, where possible. That is what we do.

On our primary audience, we report to our Parliament. We also report to the care-experienced community, and I was glad to hear during your previous session on the report that it

has been agreed that they are the people who will decide whether the Promise has, indeed, been kept. We also report to the workforce, because they are the people out there who deliver the true care that is necessary for the Promise to be kept, day in and day out. All of us on the Oversight Board count ourselves among the workforce, because we all do that work as well.

How does the Oversight Board do its work? We analyse data and reporting. We speak to ministers, civil servants, public bodies and organisations—small and large—to try to understand what is actually happening and to see whether the reporting that we get from public bodies and Government matches what people are seeing within their organisations. Some things that we have done recently include meeting with the outgoing chief social work officer to discuss the new national social work agency and how that should align with the Promise recommendations—and we have further questions to ask in that regard.

We recently met with the Scotland Office to discuss cross-border issues and to promote the Oversight Board as a model that could be exported across the border and used in attempts to implement the care review there. We meet across the board to implement our tasks, and we do that well, I think.

Regarding the Audit Scotland report, we welcomed the report, we participated in it and we agree with most of it. The confusion, we think, is a historical issue. We have certainly worked towards ensuring that the independent Oversight Board is exactly that—an independent oversight group.

I have prepared some evidence for today's meeting that builds on some of the discussion from the previous meeting. I hope that I get a chance to share that evidence. Mr Rennick speaks about driving forward change, but sometimes the car is in first gear. Mr Burns has spoken of our calls to action, and I have evidence around two of those—because we cannot discuss everything—where action has not moved at the pace necessary. This was amplified in the report, but when we speak about clear leadership and working at pace, I have some evidence that you may be interested in.

09:45

The Convener: Mr Anderson, before we had the session with the Auditor General and the Accounts Commission, you very kindly furnished us with a note, and you were very clear in your views in that note. If I can quote some of the expressions that were used in the first two paragraphs, you said that, as far as the Promise

was concerned, things were “too slow”, “accountability remains unclear”, and “planning ... has not been coordinated”.

You spoke of

“weaknesses ... lack of accountability, limited coordination” and

“insufficient pace.”

You are quite critical, are you not, of the progress that is being made with the Promise?

David Anderson: Yes, but that was about one issue.

The Convener: Well, you mention housing.

David Anderson: I think that it was Mr Simpson who spoke about that. The context of that was specifically around housing. There is a lot of progress—

The Convener: Sorry—are you saying that those are not general criticisms that you are making of the implementation of the Promise?

David Anderson: They are general, in the sense of the examples that I have. I cannot speak to every aspect of the Promise, because it is a huge and very complex change process. However, I do have evidence that I prepared for today and that I believe backs up the assertions that I made around two of our calls to action, because, as I say, we cannot discuss the whole Promise change process. If you would like to hear about that, I can certainly give you the evidence that I believe shows—

The Convener: We will get to that.

I turn to our representatives from COSLA. Do you accept the findings and recommendations of the report?

Fiona Whitelock (Convention of Scottish Local Authorities): COSLA welcomes the report and we support the direction of the recommendations. Many key and critical questions have been posed, and we will continue working with partners—both those around the table and others—to implement the recommendations.

The Convener: I do not know whether you can answer this. Why was it that, when the Audit Scotland report was published, a joint press release, or a joint response, was put out by COSLA, the Scottish Government, the Society of Local Authority Chief Executives and Senior Managers—senior local authority officials—and Fiona Duncan? Does COSLA not have any differentiated analysis of what has happened, where responsibility rests and so on?

Fiona Whitelock: If you look at the detail, which I am sure that we will come to, there is nuance

across our organisations, of course, in terms of our positions. Others can keep me right on this, but I think that the intention behind the joint statement was to show that unity. This is still a shared commitment; we have all signed up to it and we are working closely together to make it happen.

The Convener: Obviously, there are some criticisms in the report that has been produced, and I wondered whether you were all being a bit defensive of one another.

Nicola Dickie, do you want to come in?

Nicola Dickie (Convention of Scottish Local Authorities): I agree with what Fiona Whitelock said about COSLA's position on the report. We welcome the report. We have noted the recommendations and we have responded. COSLA's children and young people board, which is our political board that looks after policy for children and young people, looked at the report in November and gave us some feedback, which very much matches the responses that we put to Audit Scotland.

I think that the joint press release shows the maturity and relationships that are at play here. It also says a lot about the spheres of government. As agreed in the Verity house agreement, where we can work in partnership, we should.

It is fair to say that every organisation that is referenced in the report—many of them are here today but there are many outside the room—have to hold themselves to account as well as holding one another to account, and I think that, in effect, the joint press release is us saying that. Of the partnerships that are involved, we are not splitting off and starting to become defensive. We are reconvening, we are getting together and we are demonstrating that there is will to deliver the Promise in Scotland.

Neil Rennick: Convener, the Audit Scotland report specifically says that delivery of the Promise requires a partnership approach.

The Convener: Yes, I understand that. However, if that is the case and you all accept the findings and recommendations, why are we sitting here with a letter from the independent strategic adviser, who is also, I think, Mr McKinlay, the chair of The Promise Scotland, with some pretty harsh criticisms of the report. She says things such as that the report does not provide a

“constructive assessment of the wider landscape”,

or offer

“a realistic assessment of progress”.

That is a very harsh criticism of the report.

I do not understand how the person who chairs The Promise Scotland, who is the independent strategic adviser—presumably to the Scottish Government—has given such a damning criticism. There are two others, as well: she says that the report is not “acting as a catalyst”, and that it should “act as a catalyst”.

How do you reconcile that position, which has been expressed by the person who, among other things, is the chair of The Promise board and an adviser to the Scottish Government?

I will take Mr McKinlay first.

Fraser McKinlay: First, as members know, Fiona Duncan was invited to provide written evidence rather than being here, so she would, I am sure—

The Convener: My understanding is that she could have appeared if she had wished to.

Fraser McKinlay: Indeed, and you have that written evidence. To me—and I am happy to talk about this—it is possible to accept the recommendations and conclusions as well as having some views about the report and how it was done. In my personal view, it was a bit of a missed opportunity. I am happy to get into that, but I think that both positions can co-exist. I think that it is okay—that it is legitimate—for the people who are subject to audit to have some views about a published report and at the same time be absolutely committed to accepting the recommendations and moving the work forward.

The Convener: You will know better than most, Mr McKinlay, that there is a process involved in the production of one of these reports. I think that Ms Duncan refers to it in her letter of 4 September, which she has kindly shared with us and in which she talks about a “clearance draft”. She has given commentary on a clearance draft, pre-publication, as part of the process in which the Auditor General and the Accounts Commission very nobly invite the organisations that they are reporting on to give them any comment, presumably to fact-check and so on.

Fraser McKinlay: That is right. There is the fact-checking process at the clearance point. However, in the end, it is the Auditor General and the Accounts Commission that make the judgments in the final report, so quite often points that are made to the auditors at that stage in the process are not reflected in the final report. You would expect that to happen all the time with an independent audit organisation.

The Convener: Okay. Mr Rennick, what is your view?

Neil Rennick: When people from Audit Scotland provided oral evidence to the committee, they said that they had not looked in detail at how

the Promise was being delivered in individual areas. Certainly, from my point of view, I think that it is helpful to look at the Audit Scotland report in the context of a series of other reports that have been published over the recent period and which look at delivery within local authority areas, such as COSLA's annual assessment of the Promise, the report from the Oversight Board and a range of other documents. The Diffley report that The Promise Scotland published also provides a rich set of information about what is happening locally and nationally in the delivery of the Promise. I do not feel that the Audit Scotland report is fundamentally inconsistent with those reports. I think that it is helpful to see the reports as a set of information that provides a fuller picture of where we are in the delivery of the Promise and, crucially, what more we need to do in delivering it. I think that the Audit Scotland report is an important part of identifying what those actions are.

The Convener: Okay. One of the things that the report talks about is the confusion around governance, and Mr Anderson also referred to that in one of his submissions. I was interested in paragraphs 13 to 16 of the Audit Scotland report, which try to explain the different hats that people wear. Fiona Duncan is not here today, but it is catalogued there that she chaired the care review, which we know, because it is a matter of public record. She became the independent strategic adviser. She chaired the Oversight Board until 2024, then became its co-chair. She held a post—as chief executive officer, then strategic director—as the Corra Foundation, which is the body that dishes out the money. As well as being the independent strategic adviser to the Government, she is also the chair of The Promise Scotland. I am a little bit confused that one person has had—and continues to have—all those roles. Mr Rennick, could you explain that to us?

Neil Rennick: I would separate the issue of a single individual and their role and how that role has developed, and clearly—

The Convener: Indulge me—talk a little about that, as well as making wider points. As I understand it, this is a Government appointment.

Neil Rennick: It was before my time, but my understanding of the position is that, at the time that “The Promise” report was published and was accepted by the Scottish Government and other partners, the Oversight Board was established as a crucial part of the oversight of that work. Alongside that, an expert group gave advice on the establishment of The Promise Scotland, drawing on the skills and experience from those who had been involved in the care review. Fiona Duncan had a particular role in that.

As the work progressed, it was identified—and others can talk more fully about this—that it would be better to adjust that role. It was agreed that Fiona Duncan would become the independent strategic adviser to ministers—a role that was separate from the crucial work of the Oversight Board. That has been a developing picture over time, and it is separate from the governance arrangements that have been in place since the Promise was established, to reflect the complex and wide-ranging nature of the Promise and its delivery.

Fraser McKinlay: I have two quick things to say. One is to confirm that Fiona Duncan's role now as independent strategic adviser also includes chairing The Promise Scotland, so those are the only roles that she now holds. The evolution that you can see in the report, convener, is a product of these things being built up from 2020 onwards.

The other important thing to stress is that it was Fiona Duncan who identified that it was not compatible for her to be both independent strategic adviser and chair of the board of The Promise Scotland, and sit on the Oversight Board. It was Fiona Duncan who said that she had to step off. As the report says, that took a little time, and she talked a little about that in her letter. She recognised that, as those roles developed and the roles of the different organisations came on stream, the position was not sustainable, so she acted on it.

I absolutely recognise the points in the report about confusion around the different groups. I should mention the fact that I worked for Audit Scotland for 16 years and, for 10 of those years, I was controller of audit and director of performance audit and best value. Some of the complexities in that governance set-up for public audit in Scotland are also quite tricky to follow, such as the difference between the Auditor General, the controller of audit and the Accounts Commission. I recognise the point and, as David Anderson said, we have been trying to be really clear that, although it is important that the three parts of that organisation, if you like, work closely together, it is also important that we have distinct roles. We will continue to work hard. I think that the changes in Fiona Duncan's role have helped that, as well as the work that we have done with the Oversight Board.

The Convener: Mr Anderson wants to come back in at this point.

David Anderson: When Fiona Duncan became strategic adviser, everyone on the board recognised that there were too many hats on that head, not least for her own wellbeing, and the decision was taken for her to step down. I personally asked Fiona to stay on for several

meetings to help me to adapt to the role, because the Oversight Board is a unique model that has never been tried before, and her experience assisted me to adapt. She was in the background in those meetings, as support for me as I adapted to that new role. That is just to clear up the point about why she was there for so long after I took over the role. We were not clear about that in the minutes.

The Convener: Thank you for putting that on the record—that is appreciated.

Jamie Greene (West Scotland) (LD): Good morning. I want to get some clarity on the letter from your organisation that we were given sight of. Before I do so, I should caveat this by saying that there is nothing wrong with disagreeing with an Auditor General report. If Audit Scotland has said something, and you disagree with it, that is fine, but be honest about that. Unfortunately, in the opening statements, we heard phrases such as “we welcome the report and the recommendations” and “we accept the report and the recommendations”, but that is not what it says on this bit of paper.

Rather than taking a view on it, we are trying to get to the bottom of whether The Promise Scotland does or does not accept the report. You cannot come to committee and say, “We do accept it”, but then, on paper, say that you do not. The letter has your organisation’s letterhead on it and, on the back, it says “Chair—The Promise Scotland”, so we have to take at face value that this is the view of The Promise Scotland, and not simply that of an individual within the organisation. Which is it?

Fraser McKinlay: I tried to explain that earlier, Mr Greene, when I said that it is possible both to accept the Audit Scotland report and be committed to delivering on and responding to its recommendations, and to have some views about it.

10:00

Jamie Greene: Yes, but that is not what the letter says. It says:

“In short, at worst, the report could derail Scotland’s progress towards keeping the promise.”

That is not welcoming the report or accepting its recommendations, is it?

Fraser McKinlay: No, it is not, but, at the same time, I do not think that Fiona Duncan’s letter says that she does not accept the recommendations or that we are not going to deliver them. I accept that you might think that I am dancing on the head of a pin, convener, but there is an important conversation to be had about the nature of the report and the extent to which it will continue to be

a catalyst for increasing the pace of change that we all recognise is required.

What is important for me is how we go about implementing the recommendations, because that is quite critical. I believe that the way in which we go about implementing the recommendations—which we are committed to doing, as is the independent strategic adviser—has a good chance of increasing that pace and depth of change. Doing that in the wrong way could slow things down. That was one of the points of feedback that I gave to Audit Scotland through the clearance process. The few changes that were made as part of that process were helpful, but how we respond to the recommendations is critical to how the pace is increased, as opposed to potentially slowing down.

Jamie Greene: There is an inference in what you have said and what is in this letter that, somehow, this Audit Scotland report is slowing things down or making things worse. I do not know how different the clearance report was to the final report, but the letter explicitly says that the clearance report

“will not accelerate pace of change, instead risks slowing the current one.”

In fact, it says that the clearance draft “misses” opportunities

“to drive pace and progress”.

I apologise if I am misunderstanding, but it is not the job of Audit Scotland to drive pace and progress. It is the job of Audit Scotland to comment on pace and progress.

Fraser McKinlay: I am happy to respond to that, convener. This is me talking—I am not putting words into the independent strategic adviser’s mouth. Again, I promise that I will not keep banging on about the fact that I used to do this for a living, but my worry about some of the early recommendations was that, when Audit Scotland and the Accounts Commission recommend that something is reviewed over a 12-month period, there is a real risk that people down tools and review things for 12 months. Therefore, my concern was that, rather than cracking on with delivery, which is what we need to do, the system would take that as a signal that says, “Right, we need to stop and review things”. That is not what we have ended up with in the final report, and that is helpful, but there was a bit of a risk there.

Jamie Greene: I would have preferred that you came in and said, “Look, there is stuff in this report we do not like, so I cannot sign up to the report and its recommendations.” If you had been honest with us from the minute that you walked in the door, we would not be having this conversation. I will finish where I started in my supplementary questions—there is nothing wrong with

disagreeing with the Auditor General, but be honest about it. That is all we ask for.

The Convener: I am rather surprised at the analysis that, if you have a timeframe of 12 months for a review, it means that everyone is sidetracked into doing only that for 12 months. The whole basis of the Promise is meeting a promise by 2030. That is based on a date target, is it not?

Fraser McKinlay: That is exactly my point, convener. Time is marching on, and we need to focus on delivery. If you will allow me to do so, I will give you a concrete example of my concerns.

The Convener: Sure.

Fraser McKinlay: One thing that does not get mentioned much in the report is the debate around the national care service. Some of the uncertainty around the national care service—in particular, whether children's services were going to be in or out—impeded momentum around delivery of the Promise. There was an enormous amount of uncertainty, and an enormous amount of work and thinking on structure and change was being done. My worry about the report is that, sometimes, people focus on structural reviews at the expense of focusing on delivery. We have seen that happen in the past; that was my concern.

I will respond very quickly to Mr Greene's point. I figured that we would get on to some parts in the report that we do not agree with, but I also genuinely believe that we are committed to delivering its recommendations.

The Convener: Now I am a bit confused. You told us earlier that you accepted the findings of the report and now you are saying that there are elements of the findings that you do not agree with and that we will get on to those. We are getting mixed messages, Mr McKinlay.

Fraser McKinlay: I can only apologise for that, convener, but there is some nuance that is worth teasing out.

Graham Simpson (Central Scotland) (Reform): Mr McKinlay, this is one of the most extraordinary letters that I have seen in response to an Auditor General's report. I have never seen anything like it. You are not dancing on the head of the pin—you are nowhere near the pin. According to this letter, you seem to be against what the Auditor General is saying. This section of the letter says:

"As it stands, the lead recommendation in the clearance draft creates a significant and entirely unnecessary risk to children, families and care experienced adults."

That is incredible—it suggests that something that the Auditor General has written is creating a risk to people. What do you—or Ms Duncan—mean by that?

Fraser McKinlay: Convener, it might be helpful for me to get some advice. I am conscious that, in the interests of helping the committee's consideration, Fiona Duncan included in our submission the letter that she sent to the Auditor General. Is that what you are referring to, Mr Simpson?

Graham Simpson: That is the letter.

Fraser McKinlay: The letter refers not to the published version of the Audit Scotland report but to the previous version, which we do not have in front of us. I am conscious that that might be causing confusion. As I said a second ago, to their credit, Audit Scotland, the Auditor General and the Accounts Commission responded to some of the feedback that they received, and the current version is different from the version that that letter is about.

Graham Simpson: Therefore, the published version does not create a risk to children, families and care-experienced adults. Is that correct?

Fraser McKinlay: That is absolutely my view, yes.

Graham Simpson: So what we have now is okay, but the previous version was not.

Fraser McKinlay: Again, I will speak for myself rather than for the independent strategic adviser but, yes, I felt that some of the recommendations were a bit problematic, and that was the feedback that we gave. Through the clearance process, the Auditor General and the Accounts Commission changed some of the recommendations.

Graham Simpson: What about the sentence that Mr Greene referred to earlier? It says:

"In short, at worst, the report could derail Scotland's progress towards keeping the promise."

That is quite a claim. Why do you make it?

Fraser McKinlay: Again, what is important is how we respond to the recommendations, and there is a way of responding to the recommendations that will not result in that eventuality. As I have already said, I am confident about the strength of the partnership that exists.

In answer to your point, convener, of course, there are tensions and disagreements among the parties, because that is part of the work, but we are confident that, by building on the recommendations and everything else that the Auditor General spoke about, we will get on and deliver the recommendations.

Graham Simpson: I am sorry, but how on earth can a report from the Auditor General derail progress towards keeping the Promise? That is just not possible.

Fraser McKinlay: You can argue about the language, Mr Simpson, but you know better than anyone that the power of these reports is significant. Depending on how people respond to them, they can either increase pace and delivery or they can, I think, create some issues in delivery.

Graham Simpson: How can a report from the Auditor General derail progress? These reports are about making progress.

Fraser McKinlay: I tried to explain my view on that to the convener. You may not agree with that, but my concern is that, sometimes, when recommendations are about reviewing things, some inertia can creep into the system, and that can derail progress.

Graham Simpson: Therefore, your view, as expressed today, is that the danger is that, if we start reviewing things, people almost drop tools on doing other work. I found that comment extraordinary, as were the comments in this letter.

Why is Ms Duncan not here today? She was given the chance.

Fraser McKinlay: I will take full responsibility for that, Mr Simpson. She was not specifically invited; I was invited to the committee, and she was invited to give written evidence. I could have brought her along as an additional person, but that felt a bit odd, to be honest, given that she chaired the independent care review and she is the independent strategic adviser. I clearly misread the committee's intentions with that invitation. There was also an issue in relation to the size of the panel. I take full responsibility for that. As she is watching this, I am sure that she will be thinking exactly the same thing.

Graham Simpson: I am sure that she will. You know the way that this committee works and you know that, if we have a letter like this in front of us, we will ask about it. Okay—you are reflecting on it.

The Convener: Again, just for the record, the September letter was submitted to us on 1 December. Her 1 December submission not only attaches the September letter—about the pre-publication review of the clearance draft—but clearly reinforces the views that were in that September letter. She uses expressions such as:

“Although I agree with several of the recommendations, overall, I believe both the performance audit and the subsequent Report are missed opportunities.”

I will invite Colin Beattie to put some questions to you.

Colin Beattie (Midlothian North and Musselburgh) (SNP): You will be pleased to know that I will not be referring to the letter. However, I do want to look at governance and

implementation, which is clearly an area that has been shown to have certain weakness.

There seems to be no doubt that members and organisations are all committed to the Promise—that does seem sure—but the Auditor General's report makes it clear that there is a lack of

“a consistent and shared understanding of what delivering The Promise would look like, and how this would be achieved, by 2030.”

There seems to be no real shared understanding of what the Promise is, in some ways, or how it will be delivered. The different organisations seem to have different nuances in that respect. What is being done to enable that shared understanding of what the Promise means across the different organisations?

Neil Rennick: Since the Promise was committed to back in 2020, a range of work has been undertaken, part of which has been about identifying specific actions that have needed to be taken to deliver it. I would highlight, for example, the action that was taken through legislation and operational work to ensure that under-18s were no longer sent to young offenders institutions. A specific bit of work was required in that respect, and there is a range of other such work that we can talk about, too.

There was a set of work on changing the culture at national and local level in order to meet the commitment to focus on the love and support of young people, and there was a set of actions focused on more systemic change in the system as well as change at a local level through children's services plans and children's services planning partnerships. A number of strands of work were identified and have been progressed since 2020.

The Scottish Government published its own implementation plan in 2022, and updated it in 2024. The Promise Scotland also developed the Promise story of progress, which sets out and focuses on three key areas for assessing whether the Promise is being delivered. First, does the care community feel the impact of the Promise being kept? Secondly, how are organisations working to deliver the Promise? Thirdly, how is Scotland as a whole, at a national level, delivering the Promise? We have tried to focus on those three different levels in describing the progress that we are making, but others might wish to come in on that.

10:15

Colin Beattie: The comments about complicated accountability and “multiple routes of governance” are not good ones to get. How can you implement policies if the network that you are

trying to deliver through has different frameworks and sets of guidance?

Neil Rennick: That reflects the point that Audit Scotland made in its report and to the committee that the Promise itself is not a single programme. This is not about the delivery of a single programme by Government, or of a single project; we are talking about a whole set of interventions and activities cutting across a range of governance arrangements.

There are, as you have discussed, specific governance arrangements for the Promise; there are local governance arrangements for delivery in local authorities; and there are arrangements for taking decisions on housing and on health. It is all about ensuring that the commitment to the Promise is spread across all of those areas and all those governance decisions, because that is the only way in which we can respond to the actual lives and needs of children, young people and families.

Colin Beattie: Is there not a risk of huge fragmentation?

Neil Rennick: What The Promise Scotland and the Oversight Board try to do is to ensure that everything is underpinned by a shared commitment to delivering the Promise in order to draw that range of activity together. However, you are right—we are counting on a range of individual decisions being taken at local and national level to help deliver the Promise.

I know that Nicola Dickie wants to come in on that.

Colin Beattie: I do not think that what has been said in the report is a reflection on the commitment of different organisations to deliver on this; it is perhaps more about the need for a common understanding to get the outcomes—I was going to say “targets”, but that is not right—that are required in the different areas. There has to be some common understanding, policy or approach, even with the diverse units that you are dealing with.

Neil Rennick: Yes, and colleagues and I can talk about the Promise progress framework that was published in 2024 and which was based on a set of vision statements and then specific outcomes and indicators. Those, for the most part, were not new things or things that we were not already measuring and which were not already reflected in our work programme, but it drew them together into a single document that was specifically related to the Promise to try to provide clarity with regard to outcomes and how they would be measured.

Colin Beattie: The Auditor General’s report draws attention to the Scottish Government’s

efforts to “streamline ... governance and accountability”, but those changes have not yet been achieved. What is being done in that respect? Why have we not made the progress that is needed?

Neil Rennick: I suppose that what I would say is that progress has clearly been made, and I can talk about the specific actions that have been taken in that respect, as well as some impressive work at local level. I can tell you about what has been progressed and what is being delivered.

Over that time, though, there has been further refinement of our understanding of what is required to deliver the Promise and of how we ensure both oversight and monitoring in the structures. That was reflected in the initial work on establishing the Oversight Board, and in our 2022 implementation plan; it was clear that those elements needed to be built in, and they have been developed and refined over the period of the Promise. I am sure that we will continue to refine those things as we move towards 2030.

Colin Beattie: But we are moving into 2026 with a supposed delivery date of 2030, and all that we are seeing so far, according to the Auditor General’s report, is how slow the progress has been. Why is that?

Neil Rennick: I know that colleagues from COSLA will want to come in and give you their insights on this, too, but I mentioned earlier some of the headwinds that we have faced. Indeed, the committee will be really familiar with them—I am talking about the impact of Covid, the cost of living crisis and a whole range of other pressures. Moreover, mental health needs at local level are becoming increasingly complex, and there has been an increase in the number of unaccompanied asylum-seeking children that we have been dealing with. We have had to respond to those matters at both local and national level.

We would always want to make faster progress on this. The consistent message in the Audit Scotland report, the reports that have been published by local government and The Promise Scotland and, indeed, our own report is that there is more to do—and more to do faster—to fully keep the Promise by 2030. I do not deny that I would like us to have made more progress and that, jointly, we will have to increase the pace of activity significantly to meet the commitment by 2030.

The Convener: Colin, I think that Nicola Dickie and David Anderson want to come in on this question.

Nicola Dickie: Thanks for the opportunity to contribute.

I have a great amount of sympathy for the Auditor General. This is a whole-system and highly complex programme that we are trying to deliver over a 10-year period. It was one of the first, and it will not be the last; I suspect that our audit colleagues will be turning their attention to, say, the population health framework, which is another 10-year programme that is sitting in different parts of the system. Please hear me when I say that this is an incredibly complex area and an incredibly difficult thing to do.

We are starting to use certain words interchangeably when what we are talking about are quite different things. Delivery is about voice and individual organisations being held to account collectively on how they are delivering. An awful lot of the organisations represented here, and those sitting outside, are responsible for developing and delivering policy, passing legislation and making political decisions, and with that comes accountability. Delivery is one thing, but the Auditor General's report is trying to look at all of these things at once.

There are other tensions in what we are doing. We could have come in with a project plan that had green, low-risk status and everything on message, but what if the voice—that is, the Promise—was not feeling it on the ground? What I am saying is that there are tensions between national organisations that are accountable and national organisations that are attempting to monitor what is happening in individual areas or organisations.

COSLA is a membership organisation; we do not scrutinise our member councils, but we are trying to bring that evidence to bear. I do appreciate the complexity involved, and as we move towards other programmes with a longevity of 10 years, we will need some careful understanding of all of this.

Ultimately, though, the Promise was clear about what it was from the very start. I agree with the director general about its landing at the same time as Covid and the cost of living crisis, but it was always meant to be a non-traditional way of approaching a certain set of changes and outcomes that we were looking for. There is, therefore, a balance to be struck between traditional governance with regard to project plans, project management and so on and how things feel on the ground, and I think that what is coming through today is some of that tension.

Colin Beattie: David, did you want to come in on this?

David Anderson: Yes. I am glad that mention has been made of the pace of change, because I have prepared evidence on that. This is a complex change process, but the fact is that it is easy,

sometimes, to put changes in place, and when I talk about the pace of change, I will provide, I think, a great example of how things could, and should, have been different. I say to Mr Rennick that there are direct lines of responsibility in that respect, and I am glad that he is here, because over the next five years, he will be making decisions in his job that will, I hope, make sure that the Promise is kept.

I have provided evidence on housing, particularly the care leavers pathway, which was agreed by Government back in 2019. Those recommendations were agreed with COSLA, across the sector and with experts in their field and the minister at the time said—gave a guarantee—that they would be implemented. In 2020, there was a Government update that recommitted to doing that; in 2021, there was a recommendation saying that housing was essential to the Promise being kept; and then, in 2022, the Government paused the pathway, quietly and without explanation.

We did not pluck this issue out of thin air for our report; our board had experts in the field—that is, people with direct experience of working with those who had experienced homelessness and housing issues and people who had experienced it themselves. When we realised what had happened, we asked for the pathway to be reinstated, but we did not get a response. We then wrote to the Minister for Housing at the time—Paul McLennan, I think it was—and the response that we got told us what the Government was doing but did not say that the pathway would be reinstated.

We did not agree with that, so we asked to speak to the director general, Gavin Henderson. He came to meet us and, bizarrely, asked us what the pathway would do that the Government was not already doing. Given that homeless applications for care-experienced people were rising by 15 per cent at that time, I felt that the question was the wrong way around, and we did not agree with his assertion that things were going well. We asked him to take it to the sub-committee for the Promise, which was to meet that May. We do not know whether he did, because he did not get back to us—and there are no minutes for that meeting, because I checked.

We then met the Minister for Children, Young People, and The Promise who came in in the same month, and when we asked her about the pathway, she did not know that it had been paused. She was unclear about the wording—the wording seems to be quite an important aspect for Government—but when she turned to her adviser, Mr Henderson, he did not seem to clear the matter up. In fact, it was Fraser McKinlay who stepped in to confirm that the pathway had been paused. We

terminated that conversation, because it was not going anywhere.

Several months after that, I asked whether things were happening. Nothing was happening. We eventually received a letter from Mr Watson, saying that what the Government was doing was adequate. He also referred to a report by the Rock Trust that had come out that October; we had read that report, and it did not demonstrate that enough was being done. Only half of the local authorities responded to the survey and, on three of the recommendations, there were no responses at all. Therefore, it was not much use in giving us a clear picture.

I would also note that it highlighted an 8 per cent decrease since 2022 in a number of areas with regard to arrangements in place to prevent young people from leaving care. Despite those concerns, the letter presented the situation almost in a reassuring way, noting, for example, that although homelessness was rising, youth homelessness was rising more slowly.

For a group that had been given specific commitments, that did not, I think, bring any comfort. We have live examples of young people who have been in care not for three or four months but for years; they put in housing applications two years before they left, as recommended—and what were they offered? They were offered homelessness accommodation. When pressure was brought to bear, they were taken to a flat, but what did they see when they opened the door? They saw mould on the walls. I know that that sort of thing is far removed from the lives of the people who have their hands on the levers of power, but that is what we are trying to do. We are trying to change that. The delay and drift around this issue are just unacceptable.

I did not accept the response, and the Oversight Board believed that there was more that could be done. So, I wrote to the director for housing and the director for social justice, saying, “We are going to be critical about this issue in our report.” Lo and behold, we received a response from the director of housing, in which they said that they were confident that they would be able to find the resources to progress further the homelessness prevention pathway for care leavers and that, as a first step, they would look to arrange a meeting to discuss this work and the areas that it would be best to focus on and prioritise.

For me, that meant going out, looking at local authorities to identify which kids were transitioning or were in homeless accommodation and sorting the issue out straight away with those resources. That was not the case—the answer was to create another sub-group. I know that that is a common Government response to problems, but it certainly does not answer the questions on the ground.

So, okay, we accepted the response, and I was quite positive in my media communications about it. We had had some movement from the Government, even though it had taken a long time. We are here to support the Government, and every corporate parent that is trying to make this change, but we have to tell the truth. Did that sub-group meet that month, the next month, or the month after? No, it did not.

Barnardo's received £18 million to develop 50 gap homes across the UK, with five in Scotland. That was great news, and I initially said to Fraser McKinlay, “Can we speak to them to see how we can support them and see what support they need from the Government team, or a Promise team that is supposed to help deliver the Promise?” Did the Government contact Barnardo's? No.

We asked Barnardo's what support it needed, and we met the gap homes lead. We then organised a meeting with all the third sector providers to get a set of asks for Government to see what progress it could make—and this was in a moment of crisis, so the focus should have been on what it could do to help.

Has that sub-group met? No. We learned that there was a new permanent secretary, so we raised it to that level; I met him to raise these issues and told him that the delay is unacceptable, and we had an assurance from him that it would be dealt with. Lo and behold, there was a meeting of the sub-group, and there will be an action plan by the end of this month.

In short, we are talking about two years of unnecessary intervention by an Oversight Board that is not responsible for that sort of thing. If we had been listened to at the outset, this would not have happened.

I have an even better example for you, convener, but I will not go into it. I will let you move on.

10:30

The Convener: The clock is militating against us.

David Anderson: I know. Unfortunately, it was just the particular issue that we were discussing.

The Convener: Your example of the homelessness pathway was very clear. If we have time, we will come back to your other example.

David Anderson: Please do.

The Convener: Colin Beattie, do you have any further questions?

Colin Beattie: My last question was about what has to happen over the next four years or so to deliver the Promise and how the work will be

prioritised through the various organisations, but it sounds like there is an awful lot of work to be done internally to smooth the pathways that are needed. I will leave it there for the moment, convener.

The Convener: Okay—thank you.

I said earlier that one of our committee members—Joe FitzPatrick—will be putting his questions to you via videolink, and I now invite him to ask his questions.

Joe FitzPatrick (Dundee City West) (SNP): Gosh, I almost want to change my questions after hearing the points that David Anderson made in answer to Colin Beattie's questions. I will try and shift a little bit, however.

David was mostly talking about the Scottish Government's responsibilities and how it has interacted. I am keen that we all recognise that the Promise was made by not just the Scottish Government but other public bodies, too. It was a promise from the whole of Scotland that we all need to make sure that we are keeping.

I am keen to hear how we are managing to get the joined-up working that is required. I would be keen to hear from COSLA whether there is the correct engagement across local authorities. If we could hear from COSLA first, then maybe David Anderson could talk about the experience from his perspective on whether local authorities are managing to get the engagement that they require with the Scottish Government and with other significant public authorities, such as local national health services. Would Nicola Dickie or Fiona Whitelock want to come in first?

Fiona Whitelock: Sorry, could you confirm whether you mean engagement within children's strategic partnerships or more nationally, or something else?

Joe FitzPatrick: Sorry, what I mean is, on a local level, are we managing to get the people who are all committed to the Promise to work together? The Promise cannot be delivered in silos. It can only be delivered if we all work effectively as team Scotland to deliver something that we have all promised. We are all committed to this. I have not heard anybody saying that they are not committed to the Promise, so we cannot do it in isolation. Are we managing to break down the barriers that have sometimes made such a joined-up piece of work more difficult? Are local authorities experiencing that change and are they managing to work not just for the Scottish Government and not just across their own portfolios, but with big organisations such as the NHS?

Fiona Whitelock: Thank you for that question. You have touched on a key, pivotal part of the Promise. I think that that is a real strength and the Promise has done well to articulate the joint

responsibility and the role that all partners play. We have known for a long time that corporate parenting responsibilities sit with a large range of partners, but the Promise helped to move that forward in terms of how we are working together locally.

With any change of this scale there will always be challenges but, broadly speaking, we hear from local areas that they are getting together and getting on board and that they are working collaboratively. That has its challenges in different areas but, broadly speaking, people are around the table. Often that is done through children's strategic partnerships.

At a previous meeting, when you spoke to the Auditor General, there was mention of the evaluation of CSP plans from 2023 to 2026. I know that there was mention that the Promise was only a strategic priority in, I think, 15 of those plans. I would point out that when the evaluation looks at what all the strategic priorities were, the Promise or care experience was the fifth one. The top four were, first, child protection and safety; secondly, children's rights and voice; thirdly, mental health was most commonly mentioned; and the fourth strategic priority was child poverty and inequality. All of that, while not specifically the Promise, contributes to the Promise and improving the lives of care-experienced people. We need to be clear about the wider ambitions of the Promise and how all that connects in terms of supporting children, their families and their wider communities. Those plans are developed collaboratively with partners, so the point that I am trying to make is that there is clearly joint agreement and sign-up commitment to that.

The other report that I will mention is "Keeping the promise: A local perspective". I think that it was mentioned earlier. It is over 500 pages of examples of work that is happening locally, often through local authorities, but not all the examples are exclusively of local authority work. Some are examples of joint work with partners, whether that is the third sector, or health boards, as you said, or others. I do not know whether Nicola wants to add anything to that.

Nicola Dickie: Just briefly, what Fiona has articulated is what is working well at a local level. What we have to recognise is that there is a whole public service reform agenda. I appreciate that the Auditor General cannot put everything in the report, but sometimes it can be quite distracting at a local level if things are changing en masse at a national level. We will not go back into the national care service discussion as it has been mentioned a couple of times, but policing is another big part of our public sector and policing reform programmes are moving on.

I think that we have to be mindful of whether there is enough flexibility in what other parts of the public sector, local government and, indeed, wider third sector partners can do at a local level. We need to be aware that there are many moving parts at a national level. We spend a lot of time helping our colleagues inside of Government with that. David gave an example of housing and homelessness, and until the Promise is everybody's business, we will always have to be deliberate in reminding our colleagues who are delivering homelessness policy nationally—or indeed locally—that they are corporate parents.

My gut feeling is that all the organisations that are working in a local area understand their corporate responsibilities as corporate parents, but the system is incredibly busy and we do not want to slow down the progress that we have made so far. We need to be mindful that, in the next five years, public services in Scotland will change. As we change the governance arrangements that are referenced in the report, we need to be mindful of future proofing and that we do not upset the local partnerships that are working well.

Joe FitzPatrick: Are you confident that, even where the Promise is not specifically a clear priority in a local authority area—as in written down—it is still at the fore? When we are talking about changes to policing, is the Promise still being remembered and not just put to the side?

Nicola Dickie: That is certainly my sense, looking at it from a strategic perspective. Local government has three main areas for governance—not to go back to the governance conversation. We have the children and young people board in COSLA, with all 32 local authorities represented and other public sector bodies sitting on it, including public health and our heads of education. We have many professionals there. We have the local government Promise programme and then we have the Promise leads network.

Fiona referenced children's services and we also have good oversight into the community planning partnerships, and the community planning improvement board, which is the national body that supports what happens at a local level. I am confident that local authorities and their partners at a local level understand their requirements as corporate parents for the Promise.

Joe FitzPatrick: Do Andrew Watson or Gavin Henderson want to add anything around this? There are obviously many shared responsibilities.

Andrew Watson (Scottish Government): I am happy to respond to that from my perspective. One observation is that day in, day out I see partnership working between local government,

the Scottish Government, the Promise and other partners. That is a fact of life in terms of our delivery of the Promise. Just to give the committee that assurance, that is what I see happening at team level and at senior level. We do have a range of governance, to go back to the governance point from earlier. It can look complicated and there is a commitment from us all to streamline that going forward.

An observation would be that if you consider the Promise to be a wide portfolio of activity within which there are some particular projects and programmes, sometimes you need to put particular governance around a project or programme for a while. The example in my mind is the work on the whole family wellbeing programme for which we established some specific governance. The programme is now well under way and I have taken steps to integrate its governance with that of two other programmes within Government. I think that there is definitely a shared sense of purpose around streamlining.

At senior level, we also have a good opportunity to bring together the chairs of the different governance boards from The Promise Scotland, local government and the Scottish Government. That is a forum for us to look across the piece between the three different partner organisations. There are some positive steps there in relation to our shared governance.

Finally, I have leadership responsibilities in that I chair a range of groups of wider partners. The strategy that we have tended to take is to co-chair key groups of leaders across the public sector so that it is not just the Scottish Government chairing and guiding the discussions. I chair a couple of key bodies with partners from COSLA and SOLACE, for example, so we are very much doing that in partnership.

Joe FitzPatrick: Thanks for that. That all sounds good. David, do you want to add your comments?

David Anderson: Obviously, in our report, we encouraged COSLA and the Scottish Government to work well together because, historically, there has always been a table tennis back-and-forth of responsibility on certain issues and when it gets difficult. We believe that the Promise calls for shared ownership of concrete plans with a timescale for actions. We received the latest COSLA report on progress for the Promise; we appreciate it and we recognise the commitment that it expresses to keeping the Promise and all the good work that is going on.

On housing, however, COSLA highlights positive examples—transition flats, aftercare hubs and dedicated housing support—but those are an isolated snapshot. There is no evidence that

comparable support is available in every local authority or that care-experienced young people can rely on consistent access to safe and stable homes. More importantly, there does not seem to be much housing data in that report. How many care-experienced young people become homeless, how many spend time in temporary accommodation and how many supported tenancies exist in local authorities?

As we go on fulfilling our reporting, we will get into more detail. We have never separated out local authorities—we have always spoken about COSLA—but, as time goes on and if the Promise is not being kept and there are barriers to change, we have to become more specific about where the problems lie.

Joe FitzPatrick: Thanks for that. My next question was going to be whether you were able to start doing that, so that we, as politicians, can make sure that we are putting pressure in the right place. If you have that in hand, that sounds good. Thanks very much. Thank you, convener.

The Convener: Thanks very much. I will move things straight along by inviting Graham Simpson to put some questions to you.

Graham Simpson: I will be quite quick; I just want to find out where we are with establishing a framework for measuring progress. Anyone can answer that.

Neil Rennick: I will bring in Gavin Henderson, although the Promise progress framework is a joint framework.

Gavin Henderson (Scottish Government): In December last year, we published “The Promise Progress Framework: Plan 24-30” jointly with COSLA and The Promise Scotland. The intention was to bring together a common framework with outcome statements that clarify with specificity what change the Promise is looking to achieve and list the measurement indicators by which we will judge delivery. It is still a work in progress as of December last year. We will publish an update next week. The framework is one of three parts of the wider package on the Promise story of progress. It sits alongside the work on how organisations are delivering change as well as how the care community is experiencing change.

Graham Simpson: There is an update due next week, not a final version of the framework.

Gavin Henderson: I think that there will be an on-going process of developing the statistical indicators and data. Last year’s publication included data across a range of areas, setting out transparently the progress from 2020 through to 2024, and there will be an update on that next week. The wider point is that the Government is being quite transparent and open about the

measurements by which we will hold ourselves accountable for keeping the Promise by 2030. It is not just the Government, obviously; it is across the system.

I think that it was Mr Beattie who asked earlier, “What is the Promise trying to achieve?” The vision statements in the framework set that out in crystal clarity. For example, keeping more families together where that is safe; reducing the number of children in compulsory care; reducing the number of exclusions of care-experienced children in schools; reducing the number of restraints that are happening in residential childcare; and so on. It is a cross-portfolio package that is about not just the core care system but a wider range of measures that include mental health and drugs issues for care leavers up to the age of 25. I would encourage the committee to review that document as well.

10:45

Graham Simpson: Why has it taken so long to get the framework in place? All that we are getting next week is an update. When will we have it?

Gavin Henderson: What we published last year is the thing. The figures and numbers will be updated regularly through to 2030 to have a real-time measurement of how we are delivering against the Promise. What we published last year was not a partial document; it was a complete statement of the measurement framework that we will hold ourselves to deliver against. It does have gaps in those indicator sets where we do not yet have the data points that we agree are necessary. For example, we are working with Public Health Scotland to develop datasets that will measure health indicators for care-experienced young people, which are currently not collected.

Graham Simpson: One of the gaps, as referenced in the Auditor General’s report, is that:

“The current framework does not yet capture the experiences of care-experienced people, or the workforce.”

Will the next iteration of the framework do that?

Gavin Henderson: The experience of the care community is part of a separate piece of work that is intended to be published next week, as part of the Promise story of progress package.

Graham Simpson: Is that a yes?

Fraser McKinlay: Very briefly, the answer is yes. The idea was always that the story of progress, which is the overarching name that we give for the measurement framework, has three components—I think that Neil mentioned them earlier.

The progress framework that Gavin has just described has been out there for 12 months. It is

the national tracker across a whole range of different vision statements and outcomes and that is important. I will give you a brief example: it includes things such as the number of children in temporary accommodation in Scotland. Our proposition, which is shared, is that for as long as we have 10,000 children in Scotland living in temporary housing, the Promise will be harder to keep. While it is not about the care system per se, it is an important indicator that we think needs to be progressed.

Alongside that, the work that has been happening this year has been to develop how we go about measuring the experience part of it—the qualitative part of the framework—and the third element is around organisational progress. Those second two are due for publication next week, but just to be clear, Mr Simpson, the whole idea of this way of measuring is that it will continue to evolve and be updated on an on-going basis. It is not that we publish it this year and then move on and step away from it. The work will continue into 2026 and, indeed, all the way through to 2030, the idea being that on a regular basis—on an annual basis—people can go into the framework and get a sense of and understand the progress that is being made in keeping the Promise.

David Anderson: Very briefly, from an Oversight Board perspective, our next support will focus on the care-experienced voice because we understand that it is time to hear their voice and determine whether there is a general opinion on how the Promise is being kept in the different groups that make up that community.

Graham Simpson: When is that due out?

David Anderson: That will be out next year. We also have a parliamentary event in February when we will be updating on various other aspects of the Promise to keep it in the minds of MSPs before the election. I hope to see you all there on 26 February.

Graham Simpson: Hopefully, we can all make it. It sounds like it will be a good one. I will leave it there, convener.

The Convener: Thank you. We have a final round of questions from the deputy convener. Jamie, over to you.

Jamie Greene: I thank our witnesses for their responses to our questions thus far.

I will try to pick up some of the areas that we have covered, to give our witnesses the opportunity to make sure that they leave this public session having said everything that they think they need to.

I will reflect on the example of housing that was given by Mr Anderson as chair of the Oversight Board. He raised a practical example of how the

Promise is essentially not being kept. Although I think that it is useful to talk about the specifics of that issue, I simply ask the Government, based on that example, what the point is of having that new model of oversight in the Oversight Board. It is clearly a new way of doing things: it is attached to the Promise but independent enough to critique progress—or otherwise. However, what is the point in having an oversight group if the Government does not react or respond to the warnings that it is given? We heard a classic example of two years of dither and delay in responding to a very specific problem, when instead a huge difference could have been made for a cohort of young people.

Neil Rennick: I am pleased that you have asked that question, because it is on something that I wanted to come back on. I really appreciate the level of challenge from David Anderson and the Oversight Board. Their job is to challenge us and to ensure that we are all responding to the issues. I will let Gavin Henderson or Andrew Watson answer in terms of some of the work that has been happening on the pathways that David mentioned and the engagement with housing colleagues.

As David said, there are some fantastic examples of delivery at a local level. I recently visited a project in Midlothian that is working with 16 to 26-year-olds who are leaving the care system, ensuring that they have permanent housing solutions. It is not about just providing a flat but about ensuring that they have a cohort of peer support, that the flat is painted and decorated and that they have access to support and on-going advice and help. There are fantastic examples across different local authorities.

That project told me that housing is a significant challenge, not just for care-experienced people but more broadly. It has not ignored the wider challenges that are facing the housing system in its local authority area but has worked with its housing partners and the local authority. That was the best way of ensuring access to housing but also that the project had the support of the local community in decisions around prioritisation. That is a good example of a local solution that tries to respond to a wider challenge that goes across a number of local authorities.

Jamie Greene: It is a good example of that. However, David gave a really good example of the oversight group going to ministers and civil servants at the most senior level and saying, “We have a problem here as this policy has been paused”—and nothing happened. That is not the local authority’s fault.

Neil Rennick: I will bring in Andrew Watson and Gavin Henderson. I will be hugely disappointed if nothing happened. Everyone around this table is

aware—more so than I am—of the wider housing challenges that Scotland and individual areas face. There is a huge amount of work and effort going into that, and the needs of care-experienced young people and young people generally are a key priority in that work. It is not the case that that is not identified and being reflected. I do not know whether Andrew or Gavin wants to say more about the discussions around that.

Andrew Watson: I am happy to add to that. I was at one of the meetings that David Anderson referenced in his chronology. My first point of assurance around the particular example that he gave is that when issues relating to the Promise are raised with us, we act on that. We raise them with other parts of Government that have direct responsibility for those policy areas. I can recall clearly some of the discussions that David mentioned and my action afterward, which was immediately to raise what was happening with the housing area.

On the overall Government position, it is as Neil Rennick says: do not underestimate the challenges around housing and homelessness. We have the national emergency housing and a number of local emergencies as well. We would want to give further assurance that the Government is seriously looking at these questions.

Another element in the timeline that David set out is the Parliament's recent scrutiny of, and the discussions around, the Housing (Scotland) Bill. There will be another conversation around the duties to ask and act, but there has clearly been progress around that bill.

My final point is on our governance structures and accountability around the Promise, where we have the Cabinet sub-committee on the Promise. The sub-committee recently heard from the Cabinet Secretary for Housing, who was able to give us assurances about progress in this area.

There is more work to be done, but I think that there has been that guarantee offered within Government by the portfolio leading work in this area that it will be looking at the issue and taking it forward through the sub-group that David mentioned, but also through a wider programme of activity.

Jamie Greene: You say that progress has been made. Since the Promise was first made, a third of councils in Scotland have declared a housing emergency. Our briefings from COSLA and Shelter Scotland state that nearly 17,000 children are homeless in Scotland and more than 10,000 are in temporary accommodation. Does that sound like we are keeping the Promise for those 17,000 children? It does not sound like it to me.

Andrew Watson: I would probably agree with Fraser McKinlay's earlier comment that this is a key area of action that we need to address in order to keep the Promise. I would agree that the numbers that you mention present a significant challenge. The Government and partners are looking to address that. It is not straightforward, but the Government has set out the level of its commitment in this area. It is not all to do with the Promise; it is a much broader issue, as you know. However, from our perspective in keeping the Promise, we will do all that we can to make sure that these particular questions are prioritised in that broader piece of work.

Jamie Greene: I will move on to COSLA.

We received a letter from COSLA just two days ago, ahead of the session. I appreciate that you did not write the letter but it has your logo on it, so I will ask you about it. It is from Councillor Buchanan, who is your children and young people spokesperson. He made the valid point that local authorities make annual budget decisions within the confines of the funding arrangements that they work to. However, he then went on to say that

"COSLA cannot comment on gaps within each of our 32 councils."

That leads me to ask what the point of COSLA is in this area. You have a commitment to keep the Promise, but you can talk only about the generality of what local authorities do and are clearly unwilling to criticise individual councils. The impression that I get is that, if there are specific failures in specific parts of Scotland, which we know there are, COSLA seems quite unwilling or reticent to unearth those local failings. Ultimately, it is local delivery that will meet local needs, is it not?

Nicola Dickie: There are two issues here. First, we do not scrutinise our councils. We have many organisations in the room whose primary function is to scrutinise and assure, and, obviously, the electorate scrutinises local authorities. We are a membership organisation, but I do not know that criticism is the easiest way to change practice. What you have heard this morning is about collaboration and about supporting individual local authorities to improve their performance. Publicly criticising people does not always get you the best result. From COSLA's perspective, we will go alongside individual local authorities and find out what the issues are, whether those are to do with the Promise, delayed discharge, housing or homelessness.

Secondly, on the finances, one of the things about the Promise and finance, and how much has or has not been invested, is that it is almost impossible to find and follow the totality of the investment made by local government that

benefits people who are care experienced or indeed the investment that goes into getting it right for every single child.

One of the challenges is that, if you asked me to go around the 32 local authorities and find out, in pounds and pence, what they are short and what they require, I would not be able to do that. If I could, that would probably suggest that there were silos in individual local authorities that meant that we were not getting a whole-system approach.

The COSLA manifesto and lobbying campaign for the upcoming Scottish Parliament elections are clear that a strong settlement for local government in Scotland is an investment in our communities. Given that care-experienced children and adults live in communities the length and breadth of Scotland, that is the most powerful thing that we can do.

Whole family support funding has come up a couple of times on the periphery, and £500 million is a welcome investment. A sum of £500 million invested in the local government settlement, without any ring fencing and with the flexibility to deliver for individual councils and communities across Scotland, is where COSLA is at the moment.

11:00

Jamie Greene: I am glad that you mentioned that. I received your manifesto asks the other day. It is interesting. You say that it is difficult to quantify how short councils are in terms of their ability to deliver the Promise, but we have specific asks from COSLA, and it is not a small amount of cash that is being sought—it is a £16 billion inflationary uplift to, I presume, the block grant funding. There is £750 million for social care, which COSLA claims would increase the social worker workforce by more than 19,000—I will come on to the workforce in a moment; £844 million for the capital grant; and another nearly £1 billion for affordable housing supply, which may address some of the housing issues.

Mr Rennick, I imagine that you do not have £16 billion sloshing around your coffers at the moment. However, do you see the point? If local councils are not properly funded, there is no way on earth that we will deliver the Promise by 2030.

Neil Rennick: There will be an on-going dialogue between local and national Government, as Nicola Dickie says. It is crucial to understand the Promise in the context of specific bits of funding that we provide. The whole family wellbeing fund is a great example. I go around the country and speak to local authority colleagues, and they are using that funding to provide some innovative projects, with real variety in what is

being delivered and a lot of flexibility in how that money is being used.

We also need to think of it in the context of the bigger mainstream budgets that we have for local government, health, justice and so on. It is about how we make use of the totality of funding.

The other thing that I would say is that part of the message of the Promise is around how we shift resources. It is not just about additional resources but about how we make sure that we are shifting resources towards prevention, so that we do not need to spend money further down the line in responding to the crisis when it arises.

Jamie Greene: Let us talk about the whole family wellbeing fund. How much of the £0.5 billion that was promised has been spent?

Neil Rennick: So far, £148 million has been spent.

Jamie Greene: When will the rest of it be administered?

Neil Rennick: It is spread over the coming period. That partly reflects discussions with our partners about when they will be ready to spend that money. I do not know whether Andrew or Gavin wants to say more about that.

Andrew Watson: We set out the latest approach of the whole family wellbeing funding in the Promise implementation plan update, which I think Neil mentioned was published in 2024. As he said, that set out the point about the feedback from not only delivery partners but from families, which was that a longer-term approach to funding and support is needed. However, we are looking at that in the current period and are very mindful that, with the election coming up, there are some challenges about pre-committing too far into the future.

We have set out a timeline that will be used to make decisions about the profile of future funding over the years, which will be very much based on the cycle of evaluation around the impact of years 1 and 2 and, subsequently, 3 and 4 of the programme.

Jamie Greene: Where did the figure of £0.5 billion get plucked from? Who said, "That is how much we need to deliver the Promise"? It sounds like an arbitrary number. Having read the Audit Scotland report, it also sounds to me as if the Government has no idea whether that money is being effective in delivering what it has to deliver. It is virtually impossible to follow the money, so before you spend another £250 million, how confident can you be that the money will be well spent?

Andrew Watson: I have a couple of remarks to make about that. On the impact of the funding, I

mentioned a second ago the role of evaluation. One of the findings from the year 1 evaluation was that local partnerships—the money goes into partnerships and not just to councils; it is routed through the children's services planning partnerships—have taken some time to recruit staff to do particular things. We should see in successive evaluations that demonstration of impact.

Neil mentioned that when you visit particular projects, you get great evidence of delivery locally. However, because there is a fair amount of flexibility locally around how the funding is used, there is not a single line around how it is being deployed. There is a complexity in what is being delivered, but we think that there is good emerging evidence of impact.

On where the figure of £500 million came from, that was before my time in engaging with the Promise. However, my understanding is that it was based on an estimate of 5 per cent of community health funding as a benchmark or a frame of reference for the amount of investment that might be needed to support the objectives of the fund.

Neil Rennick: Overall, progress will be measured in the Promise progress framework that Mr Simpson was asking about earlier. The wider story of progress needs to be seen in that wider context of whether we are making overall progress.

Jamie Greene: I appreciate that time is ticking on, so I will try to make my last two questions brief. Workforce is an important issue that is covered in the report. Exhibit 8 provides us with a nice visual way of understanding the scale of the problem that we have at the moment. To pick a few examples, 13 per cent of social workers who were asked were very likely to leave their jobs in the next 12 months—I presume that that is a fairly high figure—half of foster carers have considered resigning, half experience burnout and poor wellbeing and some 40 per cent of children and young people social care staff do not feel safe at work. Those startling statistics paint a worrying picture of the workforce required to deliver the Promise, do they not?

Neil Rennick: We recognise that a range of different people in the public sector and the third sector workforce play a key role in delivering the Promise. We are taking a number of specific actions to respond to some of the issues that have you mentioned. For example, we have committed to establishing the national social work agency, which is currently in shadow form. The new chief executive and chief social work adviser took up posts earlier this week and will be fully operational from April next year. They will play a crucial role in looking ahead to the future workforce requirements for the social work profession and in

ensuring that we are considering the factors that help the existing social work workforce respond to the challenges that they face, including how we do more to support retention and recruitment into the profession.

We have a strand of work focused on supporting foster carers. We supported a national campaign earlier this year on the recruitment of new foster carers and we are doing work on the immediate support that new foster carers need in taking on that role and responsibility. A lot of work is also being done locally on foster care—you will see the adverts for that if you walk around Edinburgh.

We recognise that it is not purely about the number of staff involved and how they are deployed but the support that we provide to them, particularly on things such as trauma support and training. I do not know whether Andrew Watson or Gavin Henderson want to say more on that.

Andrew Watson: You have covered quite a lot. I have just a couple of comments; I know that we are a bit short of time.

We recognise that another key factor is the pipeline of future social workers and other members of the workforce. Investment in graduate apprenticeships in social work could be one example of support in that space. We recognise that some of the issues around the cost of living are significant, too. We have looked at allowances for foster and kinship care—there are particular developments on that.

A theme across the report is complexity. Exhibit 8 mentions the different legislation and so on that social workers and other practitioners have to apply. Further guidance was issued earlier this year for the Scottish Social Services Council, which pulls together some of the key building blocks of professional practice to help give clarity and guidance about how the different pieces of legislation fit together. That is an area that we could possibly look at further going forward.

Jamie Greene: My final question is simply this. We are now five years on from the Promise being made. There is clearly an ambition and a lot of good will in the room among stakeholders to meet the Promise, but in your professional judgment are we on track to do so by 2030? I am happy to go along the panel to hear answers.

Fiona Whitelock: Are we on track? We have to go by what we see in the Oversight Board's reports and the Audit Scotland report. I hope that you have seen our annual report, which was published a couple of months ago. We had some clear asks in there about what we need to succeed. We are very clear that unless some of those are met, we will not be able to keep the Promise. It is very hard to answer the question whether we are on track, but I think that the

coming months and years will be pivotal for that. Not all hope is lost. We still have the opportunity to do this and we have been clear in our annual report about what we need from the local government perspective.

Nicola Dickie: I echo what Fiona Whitelock said and reiterate the point that I made earlier. An awful lot of public service reform will have to go on in the next five years. Can we deliver the Promise by 2030? Yes, but we will need to be very deliberate about remembering it in all the public service reform and the efficiency drive that we will probably see in public services as we move forward.

David Anderson: The short answer is no, at the current pace. The Oversight Board report has the qualified hope that the Promise could still be kept. I will leave this meeting today somewhat frustrated that we have not been able to touch on things such as the whole family wellbeing fund and long-term trust-based funding or demonstrate again who is responsible for the lack of pace. A specific example is the Children 1st proposal on family group decision making.

Mr Rennick's office contacted me twice last week to arrange a meeting, but when I saw that the meeting was for only 15 minutes I declined. I ask him if we can meet and discuss this. We are a forward-looking Oversight Board and we have solutions to some of this—we understand the complexity and about the progress and so on, but we have to focus on where change could happen. There are some things that could happen now to up the pace, so I look forward to meeting Mr Rennick, if he agrees to progress that conversation.

If you have any other questions for the Oversight Board, we are happy to provide more information.

Fraser McKinlay: I agree with that assessment. We are not on track and not where we want to be, but this is still very doable. We all recognise the amount of work and change that need to happen.

My only other point, which is related, is that one of the really stark findings in the evaluation of the children's services plans is that only eight out of 30 met the criteria for shared resourcing. For me, that is the key to unlocking some of this. We need to better understand that resource—the money and the people who will build the whole thing—and what we have locally. Time would be well spent understanding how investment can happen locally as well as doing the national piece. The fact that in children's services planning partnerships we still do not properly understand the totality of the public resource in our local communities is a critical part of the work.

Jamie Greene: That is helpful feedback. Mr Rennick, will you give Mr Anderson more than 15 minutes of your time? This is an extremely important matter.

Neil Rennick: Yes, absolutely. I know that the minister is due to meet the Oversight Board this afternoon, which clearly demonstrates the commitment, but I am more than happy to meet Mr Anderson separately to talk through those and other issues.

In answering your question, the Oversight Board captured it really well by saying:

"We remain hopeful and determined ... but there is not a moment left to waste".

The young people who spoke to the Education, Children and Young People Committee earlier this year also captured it well. They said that there are moves in the right direction and that change is not happening fast enough but there is still time. I think we have to take them up on that challenge.

Andrew Watson: The Promise is not immune to some of the challenges that affect public service delivery across the piece, given the current public finance position, the economy and so on. I hope that we have shown in the evidence today but also in some reports, particularly the implementation plan update from last year, that good progress is being made. The key point for me is that we have some really strong foundations in order to deliver over the next few years. We have spent some time developing those, but I think we should be confident that they will help us reach the target by 2030.

Gavin Henderson: To echo what has been said, I would like us to be positive. I think that we are making change—things are changing. When we speak to people on the ground who are delivering change, they tell us that things are better than they were. We just have to make sure that we are delivering all aspects of the Promise for the next few years to meet it by 2030.

The Convener: Thank you. That draws this part of this morning's agenda to a close. Mr Anderson, we do not normally have as many as seven witnesses, so if we did not get round to things that you wanted to raise—and this applies to you all—or if there are things that on reflection or contemporaneously you determine it would be useful for the committee to see, we are very happy to receive written submissions from you. Once again, thank you very much for your evidence this morning. I will now suspend the meeting to allow for a changeover of witnesses.

11:14

Meeting suspended.

Section 22 Report: “The 2024/25 audit of NHS Tayside”

11:20

On resuming—

The Convener: I welcome everybody back. The next item on the agenda is consideration of the Auditor General for Scotland’s section 22 report “The 2024/25 audit of NHS Tayside”. I am very pleased to welcome our witnesses. We are joined by the Auditor General, Stephen Boyle. Good morning, Auditor General. Alongside the Auditor General is Rachel Browne, who is an audit director at Audit Scotland, and Eva Thomas-Tudo, who is an audit manager at Audit Scotland. The committee is also joined by Michael Marra for this evidence session on NHS Tayside, and I remind everyone that Joe FitzPatrick is joining us via videolink.

We have some questions, Auditor General, but before we get to those, I invite you to make a short opening statement.

Stephen Boyle (Auditor General for Scotland): Many thanks, convener, and good morning. As you mentioned, I bring to you this morning a section 22 report on the 2024-25 audit of NHS Tayside, which I prepared under section 22 of the Public Finance and Accountability (Scotland) Act 2000. The report brings to the Parliament’s attention NHS Tayside’s progress in improving mental health services and outlines the substantial issues and challenges that remain for the organisation.

Long-standing concerns about mental health services in NHS Tayside resulted in a critical independent inquiry into those services being published in February 2020. In January 2023, an independent oversight and assurance group that was appointed by Scottish ministers published its final report on the progress made by NHS Tayside against the recommendations from the inquiry. It also identified six priority areas for NHS Tayside to focus on. NHS Tayside and the three Tayside integration joint boards approved the mental health and learning disabilities whole-system change programme in June 2023 to address those priorities.

The whole-system change programme has made some progress, such as decreasing the level of mental health delayed discharges and the backlog of repairs that are needed at Strathmartine hospital, but substantial issues and challenges remain. The planned move to a single site for in-patient mental health services at Murray royal hospital in Perth is delayed and there is a lack of clarity on how concerns relating to the availability of staff and services at the new site will be addressed. Governance and leadership arrangements for the change programme are complicated, unclear and not working well.

Progress is not being reported transparently enough to enable good scrutiny and oversight, and there remains a lack of clarity about the purpose, role and responsibilities of the groups that are involved in delivering improvements across NHS Tayside's mental health services.

In late 2024, the scope for the change programme was reduced in recognition of a lack of skills and capacity to participate in change. There now need to be clearly defined priorities for improvement with specific actions, timescales and costs identified.

I am joined by Rachel Browne, who is the appointed auditor for NHS Tayside. Rachel's annual audit report, from which I have drawn the section 22 report, covers much of the ground that is referenced in the report that we are discussing today. I am also joined by Eva Thomas-Tudo, who is part of the audit team that supported the preparation of both the annual audit report and the section 22 report. As ever, between the three of us, we will do our best to answer the committee's questions.

The Convener: Thank you very much indeed. When I read the report, and even just hearing your opening statement, I could weep, because this goes back, as the report points out, to at least 2018, but also before that. I think of Mandy McLaren, who lost her son Dale, and Gillian Murray, who lost her uncle to suicide around the Carseview site. Those very traumatic and moving human stories drove the Government to establish the Strang review, which led to reports, although we reached a point where there were complaints about reviews on reviews without progress being seen.

I read the litany of conclusions that you draw about the single site provision and what a mess that appears to be, about complicated structures and about stakeholder engagement being unclear. These are all familiar themes that we have been around the circuit on so many times. Meanwhile, people are being failed. It really does feel as though no progress has been made in the course of seven or eight years.

Stephen Boyle: The frustration is very real and reasonable, convener. You are right—this is not a new issue, as I referenced in my opening remarks. Some of the themes have lingered from both the independent review by David Strang and the follow-up review by the independent oversight and assurance group. As I set out in my opening statement, although there is some important progress in some areas such as delayed discharges and the estate, it is clearly not enough. I think carefully about preparing statutory reports on any public body, but the report that we are discussing today sets out some important outstanding issues that remain to be addressed.

It may be helpful for the committee to hear from Rachel Browne. As you know, we make recommendations on findings in our audit reports. The annual audit report was not quite lifted and shifted into the section 22 report, but there is a clear read-across. The annual audit report also includes the response of NHS Tayside management to the recommendations. They are a robust set of responses but, as auditors, as always, we have professional scepticism. A robust response is welcome, but it is the action that accompanies those commitments that really matters. We will look at that by way of follow-up during next year's annual audit and I will certainly give consideration to further public reporting on this important matter, which is not abstract but, as you mentioned, convener, has very direct implications for patients and their families.

If you are happy, I will bring in Rachel Browne to say a bit more about that.

Rachel Browne (Audit Scotland): The health board fully accepted the findings in my annual audit report, which you have before you. When we checked the factual accuracy of the draft audit report and sought agreement with senior officers, the response was immediate. The whole executive team was involved in that consideration and agreement of the management actions in the annual audit report appendix—the action plan. I clarify that I have not performed a follow-up audit in the period since that happened. I will follow up on those recommendations in my 2025-26 audit, which is in its initial planning stages.

I see progress being reported to the board, the audit and risk committee and other relevant committees in the health board. The refocus of the whole-system change programme into two models of care—the general adult mental health model of care and the learning disability model of care—is in its initial stages, and the focus is very much on progressing those models. The general adult mental health model of care is out for consultation now and the other model of care is in development. There was an immediate call to action and a cross-board statement of intent from the health board on how to move forward and step up the pace. We recognise in the report the complexity of whole-system change, and the findings reflect that. There is a realism in the refocus of that very complex work.

In the report, we mention limited capacity and skills to lead change. The health board is looking to get in place a single executive lead, which is one way of bringing in additional capacity and having unity of oversight for all mental health services. There are currently, I think, five directors of the different aspects of mental health services in NHS Tayside, and it is looking to bring in a single executive lead. I understand that

discussions with the Scottish Government are quite supportive of that, but it requires the lifting of a ministerial direction from 2020. When the “Trust and Respect” report came out, the direction gave clarity at that point, with responsibility for in-patient services sitting with NHS Tayside and responsibility for community mental health services sitting with the Tayside integration joint boards, led by the Perth and Kinross IJB. The IJBs and NHS Tayside are working together to drive that forward.

11:30

The Convener: Am I right in thinking that NHS Tayside is still at level 3 in the escalation process?

Stephen Boyle: You are correct, convener. Perhaps it will be helpful if I set out some of the history and the context of the Scottish Government’s engagement with NHS Tayside. In respect of mental health services, NHS Tayside was escalated to level 5 in April 2018, and it reduced to level 4 in February 2019. In June 2021, following the Strang review and the independent oversight group, it was at two different escalation levels, which have remained constant for the four and a half years since then: level 2 for finance, governance and leadership and level 3 for mental health services.

The Convener: I will invite Joe FitzPatrick to come in in a second, but I have one last question before I do that.

One of the features of the earlier phases of the reviews and the responses from the health board was what David Strang described as overreporting of progress and an optimism bias. Rachel Browne talked about realism and so on. What is your sense of whether the board is being given an overoptimistic picture of what is changing on the ground? What is your sense of whether the board is being presented with cold, hard facts about where things have reached? As I mentioned at the beginning, the section 22 report mentions a whole series of areas where things are not going as they ought to go.

Stephen Boyle: I will offer a thought or two on that and I will then bring Rachel Browne in again. There is something of a mixed picture. As I mentioned in my opening statement, the board has reduced the scope of some of the work. We can look at that in two ways. We can see it as a reduction in services or planned activity, but it is perhaps also a realistic response to the resources that are available. We can look at it in both respects. Then there are the other aspects of monitoring and review not being in place and there being a lack of key performance indicators for progress, which are really important. We also say in the report that the governance and leadership of

mental health services are not as clear they need to be. Those are all relevant components of how the system and progress would be monitored and reported to the board.

I do not think that we can take comfort that there has been the kind of progress that ought to have been wanted in the intervening period since the completion of the independent oversight group and the Strang report before that. Rachel Browne will have a closer assessment of that.

Rachel Browne: In relation to reporting to the board, I would say that my annual audit report drove the reaction across the whole executive team and action across the whole board. I am also the appointed auditor for two of the Tayside integration joint boards, and I am aware that progress reporting has been made to all the IJBs and to the NHS Tayside board. In the month or possibly two months after the annual audit report was produced, there was a whole-board workshop on the issues that considered how the board had got to where it is on mental health services and what the next steps are. Every single board member was involved, either at the workshop or in one-to-ones with the chief executive if they could not attend on the day.

There is that sight on where progress reporting has got to and the gaps that we have reported in both my annual audit report and the section 22 report. The board is sighted on that, and some of the responses to the annual audit report have been driven by the need for effective performance monitoring, KPIs and reporting within clear governance lines.

Stephen Boyle: I highlight for the record that the section 22 report sets out some governance deficiencies in the system. In paragraph 13, we say:

“These structures are not yet working well.”

In paragraph 14, we note that the executive leadership group that had been in place but was disbanded was still being referred to in board discussions. Paragraph 16 cites what seem to be examples of poor governance, including a lack of minutes being taken of meetings, papers not being provided to support good scrutiny, and verbal updates being a feature.

Those are simple but important things. Not having that level of rigour in place serves to undermine good scrutiny, effective governance and, more important, the confidence that the board can give patients and families about how the system is operating. Going back to the detail of the management response, we hope that there will be a sustained response to the recommendations that we make in the reports.

The Convener: Thank you very much. I invite Joe FitzPatrick to put some questions to you.

Joe FitzPatrick: As constituency MSP for Dundee City West, which is within the NHS Tayside area, I am acutely aware of long-standing, widespread concerns about the provision of mental health services across Tayside. Like other colleagues, I am regularly contacted by constituents who have difficulty in accessing support. I am often contacted by families and friends of constituents who have not received anywhere near the level of support that they should have had. I am in contact with NHS Tayside on behalf of constituents every single day. Mental health provision—or the lack of it—is more often than not the reason that my intervention is required.

As we heard, David Strang was appointed chair of the independent inquiry into mental health services in Tayside in July 2018. His final report was published in February 2020, and the independent oversight and assurance group published its final report in 2023—yet here we are now, at the end of 2025. I know that my constituents in Dundee will be asking what progress has been made.

I am extremely concerned that NHS Tayside simply does not have the required expertise to make the substantial improvements to patient care that your report highlights or to improve confidence on the part of members of this committee, members of the wider Parliament and, most importantly, people living in the NHS Tayside area. I would be grateful for the Auditor General's view on whether we have now reached the point where external oversight is required.

Stephen Boyle: I will point to two aspects, but I do not think that I will yet be able to give you—or, indeed, the committee more widely—the assurance that you seek through your constituency responsibilities.

In a moment I will turn to Rachel Browne to talk about the governance and leadership changes that have been made. Although those are important, they are new changes—they were perhaps made in response to this report but might have been coming anyway. The management response that has been touched on feels robust but, again, to echo that professional scepticism, as you set out in your question, Mr FitzPatrick, we are not in new territory in there being concerns about mental health services in Tayside. What clearly matters is that there is sustained follow-through that builds the confidence of elected members, the Parliament, and patients and their families.

From an audit perspective, we will make recommendations, as we have done, and as Rachel Browne has done in her report, and we will

follow through and report publicly the progress made on those. It will be for others to determine leadership structures and how those are supported, along with deciding whether the Scottish Government's quite well-established arrangements for support and intervention are doing what is necessary to support the required changes in mental health services in Tayside.

Rachel Browne can say a bit more about recent developments in executive leadership and the governance changes that have been brought in.

Rachel Browne: In recent months, the chief executive has created an enhanced monitoring and scrutiny executive team, which involves fortnightly oversight to review progress on the mental health services programme and the development of the medium-term delivery plan and the models of care. That executive-level oversight happens very regularly.

The health board has also been in contact with the Scottish Government on the potential to bring in a single executive lead for mental health services. It is hopeful that that will happen in the near future, which would provide capacity and leadership for change.

The health board has also expanded the programme management office, which exists to support those who are driving change activity and to provide extra capacity.

I will follow up on the effectiveness of the responses to my audit report and the section 22 report as part of the 2025/26 audit, but those are the key governance arrangements that are in place.

The health board is also looking to set out, in a simple, understandable way, the governance arrangements for that change activity, because our report recognised that the lines of governance and accountability are complicated and unclear.

Joe FitzPatrick: That is really helpful. My point is that there is a lack of confidence and it will take a long time for that to be restored. One factor that would help would be more transparency. You talked about having regular meetings. Will those be held in a transparent way such that my constituents, and the constituents of other MSPs in the room, will be able to access them, so that they can see that change and the required oversight are actually happening?

Rachel Browne: At this stage, I do not know what the health board's plans are. That is a question for the board itself to answer.

Joe FitzPatrick: Okay. That is fine, thanks. The challenge is that we have heard so many positive managerial words over the years that more transparency would be really helpful. I will leave

that there for now. You may be right that I should perhaps put that question directly to NHS Tayside.

Your report also stated:

“The mental health and learning disabilities Whole System Change Programme (WSCP) in Tayside has made some progress in addressing the issues identified by the subsequent IOAG, but substantial issues and challenges remain.”

Could you advise us of the areas where progress has been made and those where issues and challenges remain?

Stephen Boyle: In a second I will turn to Eva Thomas-Tudo to set those out in a bit more detail. In the first item in the section 22 report, in exhibit 1, we set out aspects of that progress. For example, mental health delayed discharges have decreased, and there has been progress on consideration of the estate.

As you mentioned, there is quite a tale to the reviews of mental health services, together with the Strang reviews and then the independent oversight and assurance group consideration. I think that the fundamental issue that remains to be addressed is the single-site provision.

A decision was made back in 2018 to move to a single site, which was identified as Murray royal hospital. Seven years later, we do not yet seem to be sufficiently clear on if or when that move will be made. Staff and others have significant concerns about the suitability of the site and how they are being engaged with. There are clearly still matters to overcome.

Although I mentioned some positive developments in delayed discharges for mental health-related discharges, we are not seeing the same level of progress on learning disability delayed discharges. Again, although there are some positives, significant and perhaps fundamental issues are still to be addressed.

If you are content, Mr FitzPatrick, I will turn to Eva Thomas-Tudo to set those out in a bit more detail.

Eva Thomas-Tudo (Audit Scotland): I am happy to touch on that latter point in a little more detail.

The high levels of learning disability delayed discharges have been quite a long-standing problem, and plans that were put in place to address them have not progressed. NHS Tayside planned to recruit a complex care discharge lead, but the recruitment process was delayed. There was also a lack of suitable community provision for patients with very complex needs in Tayside, and those issues have not yet been resolved, either.

11:45

Tayside has been working with health and social care partnerships to explore options such as developing shared accommodation across all three HSCP areas, but there is not yet a clear plan in place to address those delays.

Joe FitzPatrick: Is there any suggestion of when that plan would be put in place?

Eva Thomas-Tudo: We did not get that answer. I do not know whether Rachel Browne has received any further updates since our review was carried out, but we did not get a clear response on that.

Rachel Browne: There is a phased approach to the move to Murray royal hospital, but the dates for that are still to be determined because one-to-one discussions are still happening with staff about whether they will transfer. Those are very much in progress, so I cannot give you a date for that.

Joe FitzPatrick: Okay. That is obviously a really important part of any such process. Thanks for that.

Auditor General, your report says that you

“expect to see NHS Tayside implement these actions within the timescales it has committed to”

and that you will

“continue to monitor progress with the issues highlighted in the report and consider further reporting as necessary.”

I know that the First Minister is also actively monitoring the situation and has committed to undertaking a review next month. Can you advise the committee what NHS Tayside has committed to and the options available to you for further monitoring and reporting?

Stephen Boyle: Yes, I am happy to do that. I followed the exchange between Mr Marra and the First Minister at First Minister’s question time when the First Minister made those remarks.

On the information that we have from NHS Tayside on its response to the audit recommendations, some of the timescales have already passed: some were in October, and others related to the delivery of KPIs by the first of this month.

Of the key recommendations, there are management responses both to accept and to set out what will be done. Whether that would allow for definitive assurance would take a little bit longer than the date by which the recommendation should be implemented, only because of what has gone before. I say that not to question or challenge the appropriateness of the management responses, but rather to see that change is

embedded, which feels like the fundamental next step.

As Rachel Browne mentioned, we will follow up those aspects and report publicly through the annual audit. Likewise I will give proper consideration to further reporting to Parliament on the progress that NHS Tayside is making during 2026.

Joe FitzPatrick: Thanks very much for that. That will definitely be appreciated by my constituents.

The Convener: Okay, thank you very much indeed. I invite Graham Simpson to put some questions to you.

Graham Simpson: The report focuses on mental health, quite rightly, but there is a section that deals with the general financial situation in NHS Tayside. We have discussed the financial situation of other boards.

Other boards have had to have brokerage from the Scottish Government—another way of putting that would be that they have been bailed out—but luckily NHS Tayside did not need any of that in 2024-25 to break even. However, it did rely on non-recurring savings and there were some late allocations. For me, that poses a bit of a risk. Do you agree?

Stephen Boyle: We have said in both the NHS Tayside report and in evidence to the committee on the other two NHS section 22 reports in the past couple of weeks, on NHS Ayrshire and Arran and NHS Grampian, that there is a need for greater transparency around how brokerage or late funding allocations are made by the Scottish Government to NHS boards that are anticipating that they will not be able to break even.

NHS Tayside is different this year. As my colleagues confirmed, it was one of the boards that previously received brokerage. It did not need brokerage during 2024-25, but, as we say in paragraph 6, in order to deliver its financial targets it received late funding allocations and relied on non-recurring savings.

I will bring in Rachel Browne; she will have looked at this closely during the audit process. It is perhaps indicative of the fact that NHS Tayside is still experiencing significant financial challenges to deliver its service objectives and meet its financial targets.

The committee will be aware that we published our annual report on the NHS in Scotland earlier this month and we will have the opportunity to give evidence to you on it early in the new year. That report sets out the need for more transparency about how NHS boards are receiving financial support from the Scottish Government, whether that relates to brokerage, progress against savings

or late funding allocations, and what that means for their financial position and their ability to deliver for their populations and meet the targets set for them by the Scottish Government.

Just for completeness, I add that, no, NHS Tayside did not need brokerage this year; through a combination of other measures, it delivered financial balance. I will bring in Rachel Browne to say how that manifested.

Rachel Browne: I have concluded that NHS Tayside's financial management arrangements in general are effective. However, it does rely on non-recurring savings and late allocations. NHS Tayside delivered cash-releasing savings of £36.1 million last year, but that was still a shortfall against its target. I note that only £18.9 million of those savings are recurring, so my recommendation to the health board is to focus on improving the delivery of targeted recurring savings plans.

In the current financial year, the health board is noting a shortfall against its savings plans this year. There is strong financial management in the board, but I also note that service delivery models are not financially sustainable. The significant financial sustainability risk continues for the health board, and it needs to redesign services to ensure financially sustainable services going forward. That is not unique to Tayside, but the position is that it is delivering savings, although it has a shortfall against its target.

There are financial recovery plans in place for the current year, and reporting indicates that they are having an impact. The sustainability and recovery group has delivered just under £28 million in the current year, which is still short of target, and the health board is projecting an £11.4 million deficit for 2025-26. Those are continuing issues that are being faced and managed by the health board; those issues and the risk around the sustainability of services continue.

Graham Simpson: Just to be clear, this year it looks like it will be £11.4 million short?

Rachel Browne: Yes, that is the latest reported position to the board.

Graham Simpson: Will that impact on the services that it can deliver?

Rachel Browne: The health board will be managing what savings and financial recovery actions it can to shrink that gap and it will be in discussion with the Scottish Government about any support that may be available for that. Last year, that support manifested itself in the £12.5 million allocation at the end of the year to address acute system pressures.

Graham Simpson: Except that the Scottish Government has made it clear—I am not quite

sure how it will achieve this, given the state of play in a number of boards—that it will not entertain any more brokerage. NHS Tayside has a shortfall of £11.4 million. I am not asking you to come up with a solution for the Government, but you can see the problem, can you not?

Stephen Boyle: I am sure that we will cover this when we speak to you in the new year about the NHS overview report, but you are right. We think that there needs to be more transparency. If there will not be any more brokerage, what will happen to NHS Tayside or any other board that is not able to deliver within the financial resources allocated to it? More clarity on that is required.

On the one hand, you might think that it is welcome that NHS Tayside did not need brokerage during 2024-25. However, receiving a late funding allocation is another form of recognition either that there are financial pressures or that support is required to meet service requirements within the board. Setting out clearly how the Scottish Government will manage different scenarios feels like an important next step.

Graham Simpson: Of course, I welcome the fact that the board did not need brokerage, but that masks bigger problems. There is the fact that it has had to rely on non-recurring savings. In the year that you have looked at, £18.9 million of the £36.1 million savings were recurring, so the rest were non-recurring. That is quite a significant figure, is it not?

Stephen Boyle: It is a significant figure, and it has been a consistent feature of how health boards have delivered their financial position that they have used typically a combination of recurring and non-recurring savings, brokerage or late funding allocations to get them over the line.

I agree with the point that Rachel Browne made: it is not a sustainable model to continue to look for non-recurring savings. You can see the strain, with seven health boards in 2024-25 requiring brokerage to get them over the line. That sense of their ability to keep delivering non-recurring savings is evidence that the Government is having to provide brokerage to get them into a balanced financial position.

Graham Simpson: Thanks, convener. I will leave it there.

The Convener: Okay, thank you very much indeed. I invite Colin Beattie to put some questions to you.

Colin Beattie: The report shows that mental health delayed discharges generally decreased, but delayed discharges in learning disability services were high. Is there a reason why the figure is particularly high compared with regular

mental health delayed discharges? I am not sure whether you would say “regular mental health discharges”, but you understand what I am getting at there. Why the differentiation, and why is there a specific issue with learning disability services?

Stephen Boyle: I will bring in Eva Thomas-Tudo to set out why there is a difference between the two types of service requirements and why there are particular challenges associated with learning disability services.

Eva Thomas-Tudo: For learning disabilities patients who are experiencing very long delayed discharges—some over a year—the reason why the board has been struggling to discharge those patients into community settings is largely the lack of community provision in Tayside. The board has been working with the health and social care partnerships in the area to identify suitable community provision, but it has not yet been able to find a solution to the problems in providing suitable accommodation for patients in the community.

Colin Beattie: What is the target for delayed discharges versus the actuality?

Eva Thomas-Tudo: I do not have that detail.

Stephen Boyle: We can come back to the committee in writing with the latest position that is reported on target versus actual performance. As Eva Thomas-Tudo said, some of those cases will be complex and are about the availability of suitable accommodation support packages outside of hospital. Rachel Browne might want to say a bit more, as she mentioned our role in terms of the IJB, but if we do not have the information to hand, certainly we can either signpost the committee to it or come back to you in writing on that point.

Colin Beattie: Presumably—Eva Thomas-Tudo might be able to comment on this—it is not actually a systemic problem; it is simply supply in the community that is the problem.

Stephen Boyle: I will bring in colleagues in a second, but it is a combination of both of those things. In our work programme, we will soon be publishing—early in 2026—a wider report on delayed discharges and how the system in totality is working for the throughput through hospitals.

I appreciate that the committee is very familiar with some of the wider pressures in the NHS and that getting people into an appropriate setting as quickly and safely as possible is a key part of how the system either is or is not operating in different parts of the country. Again, I will pause in case colleagues want to come back on some of the specifics.

12:00

Colin Beattie: Perhaps your colleagues could also comment on the lack of a plan to reduce the delays and what more could—and should—be done in that regard.

Rachel Browne: I will comment very briefly. First, I do not have the actual versus target performance information at this point.

Availability of community provision is the key reason. In some instances, I understand that there is no suitable provision in Scotland, so it is a case of constructing provision in the community. I believe that responsibility sits with the integration joint boards for commissioning those community models.

I do not have to hand information on planning to reduce delays. I know that there are some active discharge plans for patients who are waiting for a newly commissioned model to be available, and the intention is that they will be discharged in the first half of 2026. However, in terms of the detail, I would need to get further information, or you would need to seek that from the health board.

Colin Beattie: You are talking about community-based solutions. Would those entail the construction of a specialised centre where people with these disabilities could be moved for their support, or do they go out into the community as individuals scattered around? I am just trying to get my head around how the IJBs are approaching the issue.

Rachel Browne: I do not know the detail of the plans. My understanding is that there are discussions between the three Tayside integration joint boards—the health and social care partnerships—about the possibility of shared accommodation. Some individual patients would need an individual placement. It very much depends on the individual's needs.

Stephen Boyle: We absolutely recognise that when an individual patient is discharged from hospital to a more homely setting than a hospital can provide if hospital care is no longer clinically required, that setting has to be appropriate for that patient and their family. However, in exhibit 1, we set out that some of these delayed discharge cases are of long standing, and that NHS Tayside and the three IJBs do not yet have a clear plan in place to reduce the delays. It feels fundamental and really important that progress is made. If that requires appropriate accommodation to be either acquired or built, that should be factored into plans. The extent of the delay is the issue that has to be tackled.

Colin Beattie: Are they actively working on coming up with a plan?

Stephen Boyle: We say in the report that we have not yet seen a clear plan to reduce the delays. NHS Tayside, together with the three IJBs, will be better placed to explain where they go next with that issue.

Colin Beattie: Okay. I will move on a little bit to look at the change programme in support of “Living Life Well”. You comment that there is

“a lack of capacity for staff to lead and participate in change”

and that

“The new models of care workstreams and priorities had not yet been agreed, and there was not yet a clear delivery plan in place with specific actions, timescales and costs.”

You also say that the change programme is “overly complex”—I would like to understand that complexity a little bit more—and that it lacks a “clear delivery plan”. I am interested to hear more about the delivery plan that NHS Tayside is thinking of.

Finally, in your view, what needs to be done urgently to make the programme deliverable?

Stephen Boyle: I will start with your final question, and Eva Thomas-Tudo and Rachel Browne can talk the committee through some of the judgments that we have made about “Living Life Well” and the whole-system change programme.

What needs to be done is the production of a clear, realistic plan—it is as simple as that. There needs to be a plan that is appropriately resourced, with staff engagement and appropriate engagement with patients and their families; with clarity about how it will be measured and monitored, and appropriate KPIs; with the right governance to support oversight; and with clear leadership.

What I do not want to risk is that people say, “Well, that is all very straightforward and simple.” If it was that easy, it would have been done by now. The issue is that it is taking too long to address the issues that are set out—and certainly not for the first time—in this report. The system can come together—NHS Tayside, the local authorities and the IJBs—to find appropriate solutions faster than is already being done for patients in the area.

I will bring in Eva Thomas-Tudo first of all and then Rachel Browne to respond to the other points that you made.

Colin Beattie: Before they come in, I have one question for you based on what you have said. Things are not moving as fast as they should be. Is there a willingness among the different stakeholders to work positively together towards a solution?

Stephen Boyle: That is a question for the leaders of the organisations themselves to best evidence. What we have seen—and Rachel will have seen this through her audit work—is that there is a commitment. We have seen a renewed commitment in the management responses to our audit recommendations. However, we have had commitments before. That is why I do not wish to give you false or additional assurance. I think that the assurance that you will get is from action in tackling the challenges that are set out—and not just in the report that we are considering today. That is what matters most next.

Eva Thomas-Tudo: It may be helpful to provide a bit of context. The whole-system change programme that was introduced in 2023 came on the back of the IOAG's finding that the "Living Life Well" change programme was overly complex. The whole-system change programme was put in place to streamline that and make it more achievable. However, our review found that there was still a lack of capacity for staff to participate in change and to take forward the change that was needed.

Therefore, late last year the board decided to reduce the scope of the whole-system change programme again, in recognition of the need to streamline it further. It is taking forward the models of care as its next iteration of the change programme.

Rachel Browne's report this year—the external auditor's report—recommended that refreshed priorities for improvement are now needed as part of the new models of care, with a clear implementation plan and clear timescales and costs, and information about how the work will be resourced to make sure that it is deliverable.

Colin Beattie: I suppose the word I keep coming back to is "complex". You talk about streamlining and so on. Have the organisations involved recognised that the change programme is overly complex?

Stephen Boyle: There has been a response in terms of some of the programme governance and oversight arrangements. The whole-system change programme has evolved recently into the adult mental health and learning disability models of care programmes. At the risk of repeating myself, that might be an evolution into a different arrangement—an oversight and governance arrangement that is seen to be less complex.

Some of the planned changes to executive leadership that Rachel Browne mentioned might well be an appropriate next step, as well as giving an individual director more focus or authority to drive through some of the changes that are necessary. We are in a bit of a wait-and-see position at the moment as to whether any changes

that come through are effective. That will be the key test.

Colin Beattie: I will move on a little bit down that road. The report also said:

"Our review found it was not clear what stakeholder engagement was carried out, or what indicators were used"

to make the assessment that the system was working well. Given that there is a mismatch between the WSCP board's assessment and NHS Tayside's view of the progress on integration, how confident are you that governance and leadership arrangements are supporting genuine integration across the system?

Stephen Boyle: Eva Tudo-Thomas can take that question.

Eva Thomas-Tudo: To expand on that point, the whole-system change programme board did a review late last year of its workstreams as part of a request from the Scottish Government for an update. It assessed that indicators suggested that the integration was working well and that stakeholder feedback showed that things were working well across the system. However, when we asked for evidence of what informed that assessment, we were not provided with any detail about how the assessment was made, so that led to the conclusion in our review.

Colin Beattie: This may be my last question. Apparently, there has not been much in the way of engagement with the workforce workstream. The report mentions that

"In October 2024, a review of progress acknowledged that this was not meeting as a formal workstream but reported that staff engagement was under way across the change programme ... It also acknowledged that there lacked a systematic approach to staff engagement."

What improvements does the WSCP have to do to make engagement meaningful and ensure that staff engagement is incorporated going forward?

Stephen Boyle: You have said much of what we set out in the report. I will repeat what the report said, just for completeness.

A workstream on staff engagement was introduced and

"In October 2024, a review of progress acknowledged that this was not meeting as a formal workstream but reported that staff engagement was under way across the change programme."

However, the review also noted that a systemic approach to staff engagement was lacking and what are now referred to as "collaborative conversations" have been introduced. Those involve meeting with staff members every three months. We conclude, however, that it was not clear how those will feature in decision making.

As we have touched on a couple of times, of course the views of staff matter. They have to be persuaded, supported and given the right conditions and environment in which to deliver services for their patients. As Mr FitzPatrick mentioned, the move to Murray royal hospital clearly remains the biggest sticking point. How that is overcome or addressed is a matter for NHS Tayside. It needs to find a way through and to appropriately engage with its workforce to deliver the services that the workforce is there to provide.

Colin Beattie: It certainly seems to be a huge deficiency if NHS Tayside cannot take the workforce with it. I will leave it at that, convener.

The Convener: Thank you. I now invite Michael Marra to put some questions to you.

Michael Marra (North East Scotland) (Lab): Convener, I thank you and the committee for your forbearance and allowing me time to ask questions, and I thank the Auditor General for what is, I hope, a very useful report. You have highlighted, rightly, that there have already been an awful lot of reports from various sources.

To start with, I want to follow on from Colin Beattie and ask about delayed discharge. You have said that things are taking too long and that there is no clear plan in place. Ryan Caswell, a constituent of mine, has been a delayed-discharge patient for five years and 10 months in completely inappropriate settings. I have raised his case again and again and again and again, but there seems to be no progress in getting him out of that inappropriate setting and into another situation.

My question, then, is this: is the structure limiting progress? You have touched a little bit on the interaction between the health board and the IJBs. In the research that you have done and the work you have looked at, is the relationship between the IJBs and the health board just too intractable to deliver an outcome and make the change?

12:15

Stephen Boyle: First of all, I am not familiar with your constituent's case, but as an example of delayed discharge, it is clearly a matter that needs to be addressed.

The whole system exists to provide people with either an appropriate setting in which to receive care or support outside in a homely setting. I do not think that we can conclude that the system is not working well, because there are systems and partnerships across Scotland that are able to deliver services appropriately.

Forgive me—I do not know the complexity of the case that you have referred to, but I am sure that it is not an indication of any unwillingness in this

respect. Clearly, there are factors that need to be addressed. In other parts of the report, we touch on issues such as leadership and governance, oversight arrangements and the monitoring of progress that are not working well enough to address the very real issues that your constituents are presenting with.

There have been changes in executive leadership, governance and oversight, but they are very new, and they all have to come together effectively if they are to tackle the very real issues that are set out in the report and which you have mentioned.

Michael Marra: You started the evidence session by talking about the issue of leadership, Auditor General, and the comment in the report about NHS Tayside having

"Limited skills and capacity for leading and participating in the"

whole-system change programme really jumps out. You have said that the board is trying to bring in a single member of staff to do that work, but can you say more about where that capacity and that capability are missing? Is it in the IJBs, or is it in the central leadership? What is the deficit that the board is trying to make up?

Stephen Boyle: Yes, I am happy to say more about that. I will probably bring in Rachel Browne, too, because she has looked at this from an audit perspective. However, there might be limitations in the view that we can offer, because some of these things are planned or new changes.

Before I turn to Rachel, I will draw on some of the wider conclusions from her audit work. We are not identifying deficiencies per se in the wider leadership or governance of NHS Tayside; instead, our focus is very clearly on its mental health services. That is where the intended action with regard to the mental health executive leadership group is now planned. Changes have recently been made to the executive leadership of the board, too.

Some of that will take time to embed, but that is what has to happen now. The impact of the change and the plan has to be felt by the patients of NHS Tayside. However, Rachel Browne can set out more of that detail.

Rachel Browne: I can briefly give you some information on that. There have been changes at executive level in NHS Tayside, including a new chief exec who has come in.

Michael Marra: There have been such changes almost every year.

Rachel Browne: Yes, there was an interim chief exec last year, and there is now a permanently-appointed chief executive. There is

also a new chair of the NHS Tayside board, who comes with Healthcare Improvement Scotland experience. I should say that the chief executive has brought in new corporate objectives in order to bring a renewed focus on driving change in NHS Tayside and delivering for the people of Tayside.

The change programme, which has now been refocused as the adult mental health model of care and learning disability model of care programme, is being led by very senior people. However, that is just part of their job, not their sole job, so there is capacity stretch, which means that, as I think that Eva Thomas-Tudo has found, capacity needs to be freed up at other levels. People need capacity; the programme management office has been created to provide support for the change programme and to free up some leadership capacity, but, as we have said in our report, there is limited capacity to make things happen and drive them forward.

Michael Marra: Was it the new chief executive, or was it one of the previous two in the past three years, who downgraded the scope of the programme? When did the downgrading happen?

Rachel Browne: It was in November 2024 that the scope was most recently reduced. I was going to say that the chief executive joined in August 2024, but I would have to search for the right page in my report. She certainly came in in 2024.

Michael Marra: So, one of the responses of the new leadership team, which you have said is bringing in this different expertise, was to downgrade the scope of the programme. Part of its response to the crisis was to say, "Actually, we need to narrow the focus."

Stephen Boyle: As I have mentioned to the convener, there are perhaps two aspects to that. On the one hand, you might say that, if you downgrade the scope of the programme, it will fail to address the issues. On the other—and it will be for the executive to speak for themselves as to why the decision was made—it might be about their ability to focus on and deliver against multiple priorities all at the same time. We would recognise that what matters most is having a clear and deliverable plan.

Going back to your earlier example for a second, I am sure that, over the years, multiple commitments will have been made to address your constituent's requirements, but they have not been delivered to their, or their family's, satisfaction. Being realistic about what is deliverable and what can be focused on is what matters, alongside committing to a plan, regardless of scope.

Michael Marra: I want to stick with the issue of scope for a moment. Will the current scope of the

whole system change programme meet the 51 recommendations of the Strang review?

Stephen Boyle: Time will tell.

Michael Marra: Is that the intention, though?

Stephen Boyle: Some of the Strang recommendations have already been met. As for the outstanding ones, they will, to an extent, be rolled up into the review of the independent oversight group. It will be for NHS Tayside to set out really clearly how time has evolved in that respect. Some of the recommendations will have been met, and others will have been superseded; indeed, the whole system change programme has now morphed into the models of care programme. That is part of the complexity that we are dealing with in trying to track and monitor progress—that is, finding out whether the system of today can still evidence effectiveness and support.

Michael Marra: Is anybody reporting to the board on progress against those 51 recommendations in the report that was brought out? A lot of work went into that analysis. Are those things being reported on? I have to say that I cannot see any evidence that they are. They are being substituted by one programme after another, instead of someone saying, "This is the mission. We need to deliver it. How do we get there?" After all, we are now six years on.

Stephen Boyle: Indeed. NHS Tayside has to satisfy itself in that respect. It has a new board chair and a new chief executive. When it comes to the long-standing issues that we have revisited in the report, recommendations of six years ago might or might not still be necessary, but clearly there are still issues to be tackled. With governance this complex and with changing leadership, there is an issue about scrutiny and transparency that needs to be satisfied, too.

Michael Marra: But surely there has to be consistency. Rachel Browne, have you seen in your examination of the issue evidence that the board has asked for, and is seeing, reports setting out progress against the 51 recommendations, or is the reporting against a whole system change programme that might represent some of them but not others and which includes things of different scope? Have we lost focus on the outcomes of the Strang report over the past six years?

Rachel Browne: The reporting to the board that we reviewed as part of the audit work was on the whole system change programme. Eva Thomas-Tudo was looking at the change in focus in that programme over time—the reporting is on the programme as it is now.

Michael Marra: And not on the Strang recommendations.

Stephen Boyle: What we can do, Mr Marra, is go back and check the records of board minutes.

Eva Thomas-Tudo: They are not reporting against the 51 recommendations of the Strang review.

Michael Marra: They are not doing that.

Eva Thomas-Tudo: No.

Michael Marra: Okay. Surely, given this changing environment, with different leadership over different periods of time, we should not be losing sight of those recommendations. They came out in 2020, and the progress report, which came back in 2021, has been described to me as “the worst report in Scottish public life”.

As the convener has pointed out, it showed local bodies in Dundee misleading the public about progress that had not been made. We had the oversight assurance group in 2021, which reported in 2023, and now we have the whole system change programme.

All of that leads me to ask this question: do we not need external leadership to actually deliver this? The current model of leadership is just not working, is it?

Stephen Boyle: As I said to Mr FitzPatrick, that will ultimately be a decision for ministers, taking into account advice that they might get from the chief executive of the NHS in Scotland.

As you know, we will make recommendations, we will follow up the issue and we will report publicly on progress through our audit work. Today’s report sets out that there are significant challenges to be addressed.

Michael Marra: Moving on to single site provision, I would note, as an example, the state of Strathmartine hospital, which the Mental Welfare Commission for Scotland reported on in 2018, 2019, 2020, 2021, 2023 and 2024. The 2024 report on the hospital, which set out what I have described as “Dickensian conditions”, was published only half an hour before I had a meeting with the chair and the chief executive of the Mental Welfare Commission. It was months late; it would not have been published, had I not asked for a meeting. You talk about oversight and accountability—these are the reports that the leadership should have been responding to, but were not.

You have said that changes have been made to the physical environment. I agree with that—I have been to the site, and I have seen those changes—but what really concerns me is your comment that there is no clear plan and no costings for the move to single site provision. Do you think that that information has to be provided and put into the

public domain by the board, for the sake of accountability?

Stephen Boyle: There absolutely has to be transparency about the intention, but then there has to be a clear, deliverable plan instead of just the intention to have one. That matters, because, for all the reasons that you have touched on, patients, their families and the public need to have assurance and confidence that the plan that the board has agreed to can be delivered upon.

Michael Marra: On 2 May, I asked the board when it will next examine the business case and associated costings for the move, and it has still not provided any indication of when it will do so. Has Rachel Browne or Eva Thomas-Tudo seen in their work any evidence that the board has looked at a revised plan setting out the costings for, and the impact of, such a move?

Stephen Boyle: Before I bring in colleagues, I again highlight to the committee that, at the time of our review, it was not clear whether the move was on track, because timescales and expected costs were not available. We found a disconnect between the views of the leadership and the staff on the move, and the risk register highlighted significant risks that had to be addressed.

That is just some context for the record. I will bring in colleagues to give you any further detail that can be provided since our report was published.

Rachel Browne: I will make a very brief comment. As I said to Mr Beattie, the phase plans are in development. The full resource envelope for mental health services has been identified, but the health board is still having one-to-ones with staff to determine how many of them will transfer to the single site at Murray royal hospital and what the alternatives will be. The outcome of those meetings will determine some of the costings.

Michael Marra: Is your understanding of that live—in other words, as of today? I have to say that I have a very different understanding of the completion of the one-to-ones. Staff were told that the process was to be completed by August, but then at the end of June—four weeks before the process was meant to be completed—they were told that it would not be happening. I had been telling the health board for many months that there was no chance of it happening in August—that was absolutely clear.

There has been no publication of the capital costs or the investment in Murray royal hospital that is required; nothing about the overtime required to transfer staff from one place to another; nothing about meeting with bank staff; and nothing about the shortfall. Have you seen plans that actually contain that detail? Has the

board examined the cost of making this move versus the need to deliver for patients?

Eva Thomas-Tudo: At the time of our review, those things were not in place.

Michael Marra: When was that?

Eva Thomas-Tudo: That was in May.

Stephen Boyle: In many respects, the questions that you are asking are very reasonable, but they are for the board to give answers to. The purpose of our report is to draw the Parliament's attention to the findings of our annual audit report. I appreciate that it is a live, fluid environment, and we will continue to track and monitor it.

Michael Marra: I suppose that what I am asking—

The Convener: Michael, you can ask one final question, but then we really need to move on.

Michael Marra: Okay—I appreciate that. I suppose, Auditor General, that I am just trying to get you to say on the record that this plan should be published with the costings and a timeline for the delivery of single-site provision so that the board can scrutinise it and the public can see it.

Stephen Boyle: I think that I would highlight your last point; the plan has to be subject to appropriate scrutiny and all necessary engagement with staff to ensure that it is realistic. That speaks to many of the wider points in today's report. There have been many plans, proposals and intentions set out for the delivery of mental health services in Tayside, but what clearly matters is that the next plan is realistic and deliverable, and we will continue to follow progress and report publicly on that.

Michael Marra: Thank you for your tolerance.

The Convener: The deputy convener has one final question to put to you, Auditor General. Jamie, over to you.

12:30

Jamie Greene: Most of the ground has been covered by those with far more in-depth knowledge of the subject than I have, but one thing that has struck me throughout this evidence-taking session—and indeed in other similar sessions, particularly on NHS boards—is that these are not new issues. These matters that have been raised by Audit Scotland with previous iterations of this committee as well as with this committee and, no doubt, will be raised with future public audit committees.

However, we are not talking about financial auditing here—people are involved. Indeed, the convener opened the session by pointing out that people are suffering, and sometimes self-harming,

as a result of inaction. At what point, Auditor General, does what I can only assume is your frustration at the lack of progress turn into something more statutory? After all, we cannot keep producing section 22 reports year after year after year that say the same thing and still see no adequate progress by, or accountability from, these public bodies. What more can we as a Parliament or as a committee do? Indeed, what more can you, with your statutory abilities, do?

Stephen Boyle: My statutory powers are in evidence today. I have prepared a statutory report on an annual audit report for presentation to the Public Audit Committee, as the accounts are laid in Parliament for Parliament to take evidence on, to consider my findings and then to take any next steps that the committee or others wish to take. To me, that is evidence that public audit is working, because it allows Parliament to take a view, hear from officials and take evidence, if you so decide. That is the system working, deputy convener. I do not think that this evidence session represents a shortfall; instead, it is an example of Parliament's ability, through the work of Audit Scotland, to take evidence, get greater insight into matters and thereby support scrutiny.

What I do not have—and I do not think it appropriate for Audit Scotland or the Auditor General to have them—are powers of intervention. They would change the independence dynamic that is important in this context. Other audit and oversight regulatory bodies have that sort of authority—indeed, some have been mentioned today—and it is for those organisations, together with the Scottish Government and ministers, to decide on any next steps that they wish to take.

Jamie Greene: Thank you.

The Convener: Thank you very much. I will now bring this agenda item to a close and take the opportunity to thank Eva Thomas-Tudo, Rachel Browne and the Auditor General for your evidence. Some things might require to be followed up, and the committee will need to consider in due course whether it will be appropriate to get in representatives from NHS Tayside and ask them further questions.

As agreed earlier by the committee, I now move the meeting into private session.

12:32

Meeting continued in private until 12:47.

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