



The Scottish Parliament  
Pàrlamaid na h-Alba

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Dear Mr Burns

I refer to the evidence NHS Ayrshire and Arran gave to the Health and Sport Committee on Tuesday 5 December and as indicated by the Convener I have been requested by the Committee to seek further information.

The Official Report of the meeting is available [here](#) and for ease of reference I will refer to passages from it by reference to the relevant column numbers.

As a general comment the Committee were disappointed with the level of detail provided in response to questions. Members were expecting to hear examples to illustrate the general statements made and to understand performance against standards together with the added value provided by the Board from a spend of over £689 million.

In opening (column 2) Dr Cheyne noted the need “to adapt and innovate” to meet the challenges you face, and later he referred to you having “a strong approach to continuous improvement”. Much of what follows seeks elaboration of responses to understand where and how such adaptation, innovation and continuous improvement occurs. The Committee are seeking specific examples and where appropriate and available details of outcomes, either achieved or anticipated.

**Improvement and learning from others.**

Ivan McKee (column 3) asked a series of questions around indicators with a view to understanding what sits behind the numbers. The Committee have noted your comments that in Ayrshire and Arran “improvement is fundamental” and that your organisation has a “continuous improvement philosophy”, and that it seeks to “look beyond the traditional boundaries”.

Please could you provide:

- Examples of the process improvement processes you have in place and what the outcomes of these have been;
- Information on how your improvement processes are implemented and how you monitor change;
- Information on how you learn from other Boards;
- How you share examples of good practice across Scotland: and
- Examples of how you encourage staff to innovate?

In initially responding you indicated there are good examples of collaborative working with NHS Scotland, please provide these examples and the areas in which you consider you can do more.

You gave as an example of a specific indicator - infection control (column 4). You describe a summit, a focus and of meeting the target last year, can you explain what has changed which is now preventing you meeting the target and describe the measures being taking to resolve the ongoing shortfall.

You indicated a desire to move to focus on outcomes (column 6) can you provide detail on how Ayrshire and Arran are taking this forward.

The Committee notes that quality improvement plans etc. are in place (column 13) and Ayrshire and Arran's unique governance approach. Could you set out how these plans are routinely monitored and reported throughout their lifespan.

In response to Emma Harper (column 13) you explained the work being done through sharing of skills with other Boards, ending your answer by indicating this is not always a practical solution, can you elaborate on the reasons for that position.

### **Performance Targets and Waiting Lists**

In the discussion around treatment targets and GP bookings (columns 6-7) you also agreed to write detailing the ongoing actions being taken and the improvements that are expected. Please also indicate the timeframes over which you anticipate improvements being delivered.

The Committee have noted (columns 9-10) you are meeting the 31 day delivery target on cancer treatment but not meeting the 62 day diagnosis target. The Committee recognise that the earlier cancers are diagnosed and treated the better the expected outcome, can you indicate the steps you are taking to deal with increased referrals to cancer services and when cancer targets will be met.

The Committee noted you are keeping workforce issues around radiology workforce (and other) challenges under review and are focussed on improvements in this area (column 8). Can you indicate what is being undertaken to make these improvements and when these will feed through allowing the national targets to be met.

Emma Harper also asked (column 14) about the sharing of radiology images through PAC, can you indicate if you share images and the detail of any such sharing.

As reported in your mid-year report there are a number of areas where you were not meeting the national targets. Can you advise what support the Scottish Government provides to assist in addressing performance issues

### **Infection control**

During the meeting you offered to provide the additional detail relating to the failure to currently meet the C Diff target (column 6) and the Committee look forward to hearing about the actions you have taken and are taking in this area.

### **Workforce**

Turning to recruitment and retention Jenny Gilruth asked a series of questions (column 11) about the higher consultancy vacancy rate in Ayrshire and Arran, which you accept is a critical and significant issue. In reply you indicated this is being looked at and one new consultant has been recruited. Could you elaborate on your response to the Committee by providing detail of the action being taken to address consultant vacancies and indicate when you expect the shortfall to be resolved.

The Committee also note (column 11) attempts to recruit a number of practitioners for care of the elderly. Mention was made of a combined assessment unit, detail about the changes that entails and the benefits it is delivering would be of interest along with when you anticipate the improvements you mention will come through. Please also elaborate on progress with recruitment in this area, which it appears is a longer term problem (column 12).

The Convener asked about inventive or creative solutions to recruitment and difficulties with your medical workforce (which you explained does not include nurses and AHP's (column 14)). In response a nursing example was provided and mention was made of using an agency to tackle medical shortages. Can you advise any inventive or creative solutions you are using or intending to use to address the recruitment difficulties within your medical workforce?

### **Emergency Admissions**

When Alison Johnstone sought information about your high rate of emergency admissions (column 16) you offered to provide information about technology-enabled care. The Committee would welcome that information together with detail of how you are using digital technology to support individuals and how you are working more closely to support those with chronic conditions.

In the ensuing exchange with Alison around a possible link between early discharge and high levels of readmission you note the nature of multimorbidity often causes people to be readmitted for different reasons. The Committee would be interested in further detail on this and how you classify readmissions. Your comments would also be welcome on whether these figures could suggest treatment is wholly focussed on the presenting symptoms without consideration of the person as a whole.

In relation to winter admissions (column 17) the Committee were told about the use of home and mobile health monitoring as well as anticipatory care through GP practices. Can you provide statistical information to support those statements together with information on the outcomes being achieved through this work.

## **IJB Budgets**

There were lengthy answers to Alex Cole Hamilton's question around possible tensions between Board and Social Care spending impacting on delayed discharge (columns 20-21) which included an exchange around shifting funding between acute and community provision. Reference was made to strategic planning looking closely at demand and the potential for possible shifts of funding in the future.

Can you provide information on how funding can be shifted following any reduction in demand for acute beds.

What issues, if any, have Ayrshire and Arran Integration Authorities encountered in agreeing set aside budgets and can you advise any concerns the Board have regarding the control over these budgets.

Can you advise when the budgets for the three Ayrshire Integration Authorities were finalised?

## **Complaints**

Turning now to the subject of complaints (column 26), you may wish to consider the evidence the Committee received at its meeting on 12 December from two individuals with contrasting experiences in how they have been treated. The Committee heard how a complainer to NHS Fife was telephoned the day after she submitted her complaint, treated sympathetically, her views welcomed and then invited onto Health Board committees to help deliver change as a result of her experiences and observations. By contrast Fraser Morton who complained to NHS Ayrshire and Arran described himself as being held at arms-length from the procedure by the Board which looked at anything but themselves. Your comments on these different approaches would be welcome together with an indication of whether the experience of Fraser Morton is typical of complaints to Ayrshire and Arran.

Please also provide detail of any feedback routinely sought from complainers about their experiences.

It is perhaps instructive in considering the exchange on 5 December to note that at no point was there mention of learning from complaints. Responses focussed on meeting, or not meeting, the 20 day deadline. Please could you provide information on how you learn from complaints?

Can you also explain what prevents NHS Ayrshire and Arran from making immediate contact with complainers as happened in Fife in the example the Committee heard.

## **Serious adverse events reviews**

On serious adverse reviews (column 26) you provided information on how adverse events were defined. Could you explain to the Committee why the definition matters to Ayrshire and Arran?

You agreed to write further on CTG training (column 27) and confirm the position.

## **Finance**

Can you confirm current financial projections show an anticipated shortfall of £6m in cash-releasing efficiency savings in the current year (column 28) and give examples of cash-releasing efficiency savings.

Derek Lindsay advised (column 28) that when vacancies arise an assessment is made as to whether the post is necessary. To what extent and at what frequency is such an assessment made on all posts regardless of whether it flows from a vacancy?

Can you also explain what is meant by “Some non-recurring savings have been identified that need to recur in future years”. Perhaps the provision of some examples of non-recurring savings that actually recur would assist understanding.

Your projected deficit for the year was given as being around £20m (column 29) and you indicated the Board were in discussions for that to be met by a brokerage payment from the Scottish Government. Given the shortfall in current efficiency savings how do you anticipate repaying that sum? And can you confirm whether brokerage payments have been required previously together with detail of any sums outstanding.

Given the deficit and shortfall can you explain further the detail underpinning how it is anticipated you will be able to meet the assurance provided that you will deliver services within resources in future years? (column 29)

In response to the Convener’s question about the delivery of services (columns 29-30) mention was made of a need to address unscheduled care provision, underlying pressures around the medical workforce and a need to redesign and deliver services differently in a way that delivers better value for money. The Committee are interested in what is being done to address these issues and when changes will be made that deliver better value for money.

## **Prevention**

Finally turning to prevention activity (column 31) in relation to the Health Board the Committee were advised about a focus on gestational diabetes, greening of your estate and encouragement of physical activity. Please could you give examples of other preventative activity being undertaken by NHS Ayrshire and Arran Health.

It would be appreciated if your response to these questions could be received by 9 January 2018.

Yours sincerely

David Cullum  
Clerk  
Health and Sport Committee