



The Scottish Parliament  
Pàrlamaid na h-Alba

Via email

Health and Sport Committee  
T3.60

The Scottish Parliament  
Edinburgh  
EH99 1SP

Tel: 0131 348 5210

Calls via RNID Typetalk: 18001 0131 348 5224

Email: [healthandsport@parliament.scot](mailto:healthandsport@parliament.scot)

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Dear Mrs Cowan

I refer to the evidence Forth Valley Health Board gave to the Health and Sport Committee on Tuesday 16 January and as I indicated the Committee wish further information and elaboration in relation to aspects thereof.

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 pleased to hear from clinical leads although they would have preferred more detail in answers on patient facing actions as opposed to the amount of information provided on internal processes and governance.

### **Annual Reviews**

In relation to annual reviews by the Scottish Government the Chairman mentioned there were “two tricky issues”(column 5), one was covered in some depth, namely SAB’s, could you advise what the other one is and provide detail on how this is being tackled.

More generally on action points following annual reviews the Committee would like to know what specific action is taken to address the points that are raised and how this action is monitored.

### **SAB**

On SAB much background information was provided and you noted it was difficult to eradicate these completely recognising you “have a way to go ...compared with other boards.”(column 9) Like other Boards the figures include community acquired infections.

It is recognised drug users are a vulnerable and high risk group and you invest substantially in a “robust recovery programme” (column 27) although we note the SAB figures for areas with high levels of drug users such as Glasgow and Lothian are lower.

It was also asserted the numbers have improved yet we can see no evidence of what was described as “pretty spectacular results” (column 10) with the Board remaining well above the target for a number of years.

The Committee would welcome detail of what further work is being taken to meet the target.

### **CAMHS**

The Committee would welcome further detail on how the effect of “a 10 or 12% [difference] in staffing levels”(column 12-13) can result in the dramatic reduction in service delivery and why it will take until June to rectify.

### **Delayed Discharge**

There were extensive exchanges around this area and the Committee would welcome the information you offered to provide at column 21 on code 9, which may according to your submission be 22, amounting to one third of the November census figure of 66. Could you also clarify the 50:50 split suggested at column 24 in exchanges with Ivan McKee. Please also confirm the costs quoted during these exchanges for the costs of acute bed care and provide similar non acute costs which may be a more relevant comparator in the context of the exchange.

Shiona Strachan (Column 22) referred to a “moratorium in place because of care standards” and it would be helpful to have further detail about this including its cause and the expected date for the facilities becoming available.

In relation to delayed discharge please advise when you anticipate the target will be met.

### **Integration changes**

The Committee recognise Cathie Cowan has only taken up post this year but are concerned that some 3 years into integration (including a shadow year) they are continuing to hear suggestions that “huge steps forward to make the changes that we know need to be made” are yet to happen (column 35). They would welcome detail about what it is that is being proposed and when these changes will happen.

Please confirm the chief officers have each been allocated the appropriate authority required to autonomously undertake their roles.

There are also several points in your submission that the Committee would welcome further detail about.

One of the core priorities the Committee have set relates to health inequalities and they would welcome detail about the progress you are making to reduce this as set out in your 2016-2021 strategy. They would also welcome detail of how you are measuring this work.

The Committee noted 11 out of 26 specialities were meeting the 95% 12 week outpatient standard and would welcome detail on progress for the other 15.

Similarly on the 12 week outpatient referral to treatment the Committee would welcome detail on progress by the 5 subspecialities not meeting the target, together with detail of when you expect that to be achieved.

And finally, on complaints could you indicate why all prison complaints are responded to within 20 days when the rate for others is below 80%.

It would be appreciated if your response to these questions could be received by 20 February 2018.

Yours sincerely



Lewis Macdonald  
Convener  
Health and Sport Committee