



The Scottish Parliament
Pàrlamaid na h-Alba

Via email

Mr J Crombie
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Health and Sport Committee
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Dear Mr Crombie

I refer to the evidence NHS Lothian gave to the Health and Sport Committee on Tuesday 24 April 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 found themselves frustrated by the lack of detail provided in response to questions and look forward to your response to the following providing both detail and quantification as appropriate.

Finance

When discussing risk and the transfer of resources (column 10-11) you indicated there was a bridging issue in shifting resources. Can you indicate the criteria you are using to “prove the model is delivering” and the resource you are looking to identify?

We were interested in Susan Goldsmith’s comment in relation to the Improvement programme (column 17) that supporting an improvement programme can mitigate against upward pressure and increase productivity but not save cash. It would be helpful if you could expand on this observation.

Susan Goldsmith indicated Brexit was a high-risk, when will you have completed your assessment of this?

We understand the Board have relied on non-recurring resources to achieve financial balance and would welcome detail of these resources.

We are keen to understand the financial relationship between the board and the IJBs. Could you describe in detail how this operates and who is responsible for overseeing the direction of IJB resources? Where, if anywhere can the clear distinction between what finance is directed by IJBs and what finance (including set-aside) remains under the control of the health board in the delivery of integrated services be identified.

We understand, in approximate figures, some £500 million was passed to the IJBs in 16-17 from the health board. That figure equates to around 30% of the health board budget and we would like to understand why the overall percentage, at around 30% is lower than the anticipated figure of nearer 60% being controlled by the IJB.

Could you explain how the set aside budget works and the process and criteria followed for funds being transferred or retained?

Strategic Planning

With reference to your 10 year strategic plan can you advise how the medium and longer term propositions it contains are being monitored and reported?

The plan discusses increased centralisation of specialities for south-east Scotland, can you indicate how this impacts upon the IJBs in Borders and Fife particularly in relation to their providing and planning hospital services for their local communities.

And flowing from this we would be interested to understand how the three health boards and six IJBs work collaboratively on a Regional Plan, you mention work streams in your submission and we would welcome more detail on these.

Can you indicate who is driving the Regional Planning objectives?

Workforce planning

There was discussion about vacancies (column 10 onwards) when you indicated you have “an elegant and detailed understanding of what the demands are”. Despite this understanding the skills gaps persist and you describe in your submission some of your approach to this. You further indicated you are “looking” and “identifying” various areas and likely future problems. Can you indicate how you feed into the Scottish Ministers these areas to allow them to take account when setting intake targets with the SFC.

Targets, Delays and Waiting Lists

There was a lot of discussion about “risk” in relation to performance against national targets. Given your understanding of demand and demographics and you were clear you cannot meet national targets please advise what performance levels you expect to achieve during the coming financial year,.

In your submission you refer to “waiting list initiatives” and the purchase of capacity from private providers, can you indicate what these initiatives are, and how much they have cost and the comparative in-house costs where private providers have been used. These might include the use of agency staff, extra/weekend clinics, private hospitals etc.

A&E.

As part of the above answer you will be providing your anticipated demand for the current year. During the session you indicated you have seen demand rise for the past 10 years as population grows and you are striving to “understand the elements of demand and pressure at a micro-level.” (column 18) You indicate you are working with the IJBs to understand flow issues and exploring other data. Can you indicate what changes are being made to address all the issues you are exploring.

NHS Lothian is currently the poorest performing board in relation to A&E target. When do you anticipate improvement will be made? Please also indicate what your proposals are in relation to those GP practices that you have identified as being above your average for the number of referrals to A&E.

Delayed discharge

David Small indicated in relation to delayed discharge (column 30) “bed numbers are now adequate for the demand placed on them”. The Committee also notes David indicated the average length of delay is coming down, can you confirm the number of persons delayed is rising

You later advised (column 31) a review is being done and contract exploration is taking place and that work is ongoing to find explanations for provider failure. You then discussed a different model of care, namely discharge to assess.

Despite having adequate beds, undertaking reviews, achieving reductions in length of delays, significant additional investment and the introduction of new models your delayed discharge figures are almost 3 times higher than Greater Glasgow and Clyde and account for nearly 25% of the Scotland total. Can you indicate why you consider there is such a difference and when you anticipate the figure reducing. What is your prediction of the delayed discharge figure for the remainder of this financial year?

What conditions have been attached to the additional £8m investment in these services and how will the additional spending be monitored for outcomes?

Accountability

I asked "Who is accountable for the failure to reduce delayed discharges?"

In response Brian Houston stated:

"Who is accountable? The trite answer is that we all are. The chief executive of NHS Lothian, as the accountable officer, is accountable; the chief officer of the IJB is accountable and the chief executive of the city of Edinburgh Council is accountable. That is the model that we have set up so it is a shared accountability. At the end of the day, accountability still rests primarily with the chief executive of the health board as accountable officer."

Our understanding was the chief officer is accountable for the spending of the funds controlled by the IJB. We recognise the position in relation to set aside funds is less clear. Your suggestion is however of concern and leaves us wondering about the control exercised by the IJB's over the services for which it is responsible. Can you confirm your approach to accountability has been approved by the Scottish Government?

Finally, the Committee members who represent Lothian have commented on how useful they found the informal briefing sessions you previously held with them. Do you have any plans to resume these sessions?

The Committee would welcome your response to this letter by 11 June.

Yours sincerely



Lewis Macdonald
Convener
Health and Sport Committee