



The Scottish Parliament
Pàrlamaid na h-Alba

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Via email only

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Dear Paul

I refer to your appearance and that of other members of NHS Fife before the Committee on 25 June. As I indicated at the end of the session I am writing to follow up on some issues that arose from the session.

We would like to request the further information you offered to provide, seek answers to questions posed at the evidence session that you were unable to answer and pursue some issues that the Committee wishes to probe further having reflected on your oral evidence.

Please note that I will refer in this letter to column numbers that are contained in the [Official Report](#) of the meeting on 25 June 2019.

Committee follow-up

In response to my question on **financial planning** you and other NHS Fife board members expressed confidence in your position even though there was recognition that it is a challenging financial environment. Several efficiency initiatives were referred to during the session (columns 2 & 3) including the transformation approach to medicines programmes, reviewing formulary & formulary compliance, mental health redesign and transforming acute services. Can you advise your current financial projection position and indicate whether you remain confident your financial position remains healthy and will do so for the remainder of the year, i.e. brokering will not be required? The Committee would also like to hear more on how the initiatives referred to are faring, and what impact they are making (or you predict they will make) in your budgetary forecasts.

Linking to other work the Committee is undertaking we would welcome details of the ways in which your medicines programme has been able to deliver 'significant savings'.

When asked about longer-term financial planning you indicated a number of projects were being looked at. Can you describe what these are, how they are progressing and the extent to which you anticipate they will contribute towards the longer-term financial planning.

Emma Harper and I asked about **set-aside budgets** (Columns 4 & 5). In response you, Michael Kellet and Carol Potter suggested NHS Fife was moving in the right direction but that it is “early days”, although some 3-4 years have now elapsed since it was introduced. Have you any further reflections on how you manage the set aside budget, and have you concluded on who is ultimately responsible for it, and when will progress on utilising the set aside budget as it was envisaged in the legislation become evident?

The Committee were surprised (Column 6) to learn that you were only seeking to understand the **IJB over and under spends**. Are you now able to advise the reasons for this? Please also indicate the current overall position.

On **hospital acquired infections** (Columns 9&10) when do you anticipate meeting the target and what actions are you planning to take in relation to those who inject drugs?

At columns 13-14 you discussed the use of monies from the **primary care transformation fund**. Please indicate how you are monitoring the benefits, financial and otherwise, from those activities?

There were several questions around **sickness absences**, please indicate the reasons for the high incidences in Fife.

On the increase in patients waiting for **dementia support** (column 18), can you give us the numbers referred to and the reasons for the increase.

Brian Whittle asked for views on how well the Integrated Joint Board (IJB) is operating in Fife (column 24). You and others stated that a lot of effort was being put in to making the system as effective as possible but agreed with the Audit Scotland comment that there was room for improvement, particularly around the issue of a shared culture (columns 24-27). Emma Harper added to the discussion asking about what cultural issues were slowing down progress in streamlining **health and social care integration** (column 31). The Committee would like a better understanding of what you think are the barriers that are standing in the way of progress in this area?

The Committee was struck by the absence of any mention of NHS Fife **benchmarking** its performance. We are interested to know what governance mechanism you have in place to judge your performance in comparison to other regions.

You and your team offered to provide additional information in respect of details around **waiting lists for patients waiting to be contacted by dementia workers** (column 18); and the **costings of delayed discharging** (column 27). I would be grateful if you could provide your latest assessment in respect of the waiting list, and provide up-to-date figures related to delayed discharge costs.

In relation to increases in **A&E attendance** (Columns 29-30) you indicated a role for pharmacy and we would welcome details on how that is developing. In addition can you provide information on how you plan to “effectively communicate” proposals with the public.

New questions

Time constraints meant there were several questions the Committee were unable to ask during the session on 25 June. It would be helpful if you could provide responses to the following questions:

- At the session we discussed issues around a deterioration of CAMHS waiting times. What support do you offer to children, young people and families while patients wait for their CAMHS appointments?
- The Integrated Performance Report highlighted key actions for improvement, namely the development of Primary Mental Health Worker First Contact Appointment; development of Tier 3 Initial Assessment Appointment; and development of Tier 3 Therapeutic Group Programme. Can you explain why these key actions were delayed from February and March of this year until June, and can you confirm that these identified improvements are now being implemented?
- NHS Fife is not meeting the targets on complaint handling falling below on oth Stage 1 (72.1% against target of 80%) and Stage 2 (54.8% against target of 75%) complaints. What steps are being taken to improve complaint handling in NHS Fife, and what reasons can be given for the delays in responding to complaints?
- In its 2018/19 Management Report Audit Scotland identified ‘scope to improve the openness and transparency of the NHS Fife website’, noting it required improvements to make it more ‘user friendly’. Can you please explain what steps you have taken to make these improvements?
- The Scottish Government lowered its quit target for smoking cessation in the 40% most deprived areas of Fife (a figure of 490 post 12 weeks quits). What reasons do you think explain why this target has not been reached? The Committee would also appreciate any reflections you have on the national target being reduced?

The Committee would welcome your response by 24 October.

Yours sincerely



Lewis Macdonald
Convener
Health and Sport Committee