



The Scottish Parliament  
Pàrlamaid na h-Alba

Grant Archibald  
Chief Executive  
NHS Tayside

Via email only

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 Mr. Archibald,

### **Health and Sport Committee Scrutiny of Health Boards – NHS Tayside**

Thank you for giving evidence to the Health and Sport Committee on 26 November 2019<sup>1</sup>. As indicated at the meeting, the Committee wishes to follow up on several questions and responses provided at the meeting.

#### *Recruitment to senior positions and the Board*

Following the meeting on 26 November 2019, it was announced the Chair of NHS Tayside had resigned his position. **The Committee is concerned at the resignation of the Chair less than one month into his tenure, in the context of what was already described as “significant turnover”<sup>2</sup> on the Board, and seeks an update on plans for recruitment of the next Chair, including how you will ensure the “broad spectrum”<sup>3</sup> and “range of skills” you highlighted to the Committee will be maintained.**

Members had concerns about whether the composition of the Board reflected experience needed to deliver improved services, particularly around mental health. **The Committee seeks assurances as to how this will be incorporated in the selection of the new Chair.**

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<sup>1</sup> Health and Sport Committee. [Official Report](#), 26 November 2019

<sup>2</sup> Health and Sport Committee. [Official Report](#), 26 November 2019, Col 5

<sup>3</sup> Health and Sport Committee. [Official Report](#), 26 November 2019, Col 5

The Committee also seeks an update on:

- Timescales for recruitment of the deputy chief executive and a director of facilities;
- Timescales for the recruitment of a permanent appointment to the post of Associate Medical Director – Mental Health;
- What opportunities will new appointees have to shape strategic direction of the Board, especially in light of the appointments which have been made on an interim basis and the foundation work they will be undertaking; and
- Your reflections on Members’ questions concerning the composition of the Board, both in terms of the age demographics represented and the experience in areas where improvements are required, such as mental health.

### *Finance*

The Committee was pleased to hear about the Board’s ambitions to achieve “£7 million worth of savings” through the re-design of services. However it was not entirely clear where those would be achieved in light of further comments that the Board has invited proposals from staff of areas where savings can be achieved and is “currently at the stage of working through the array of proposed schemes to identify those that will deliver quickly and those that might take longer.”<sup>4</sup> The Committee was also told that 98% of the savings plan was identified<sup>5</sup>.

**The Committee seeks detail of how the figure of £7 million worth of savings to be achieved was identified and precisely how this will be delivered.**

Stuart Lyall, Interim Director of Finance, was confident of the Board’s ability to achieve savings, both individually and recurring<sup>6</sup>. The Committee was heartened to hear there were several successful initiatives which have achieved this, including the examples of reductions in spend on GP prescribing and stable spend on prescribing in secondary care settings.

The Committee will shortly be undertaking an inquiry into the Supply and Demand for Medicines and was therefore interested to learn from Stuart Lyall:

*“NHS Tayside historically had a wide variation in its GP prescribing costs. Three years ago, we were sitting at about 9 per cent above the national average cost, which represents a high seven-figure sum of money. In the past couple of years, the level of variation has reduced to about a third of that, so there has been significant progress over the period.”<sup>7</sup>*

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<sup>4</sup> Health and Sport Committee. [Official Report](#), 26 November 2019, Col 7

<sup>5</sup> Health and Sport Committee. [Official Report](#), 26 November 2019, Col 8

<sup>6</sup> Health and Sport Committee. [Official Report](#), 26 November 2019, Col 8

<sup>7</sup> Health and Sport Committee. [Official Report](#), 26 November 2019, Col 20

**The Committee believes there may be an opportunity for such successes to be highlighted as good practice and therefore requests detail of:**

- **All of the initiatives which have delivered individual and recurring savings for the board in the last two financial years, and how they have been achieved;**
- **detail of the precise actions taken in order to reduce GP prescribing across NHS Tayside from 9% above the national average to 3% above the national average in 3 years;**
- **The “good governance models for medicines management groups within each of the clinical care groups”<sup>8</sup>; and**
- **What “investment in the right areas in the community and in social care is taking costs out of the hospital system” means in practice and the practical actions taken which achieved savings.**

The Committee welcomed assurances<sup>9</sup> regarding the Board’s ability to break even without the use of further brokerage at the end of a three year period and will maintain an interest in the issue, particularly the detail of the basis on which brokerage provided during the three year period will be repaid, an issue the Committee has raised with the Scottish Government.

#### *Finances of Integrated Joint Boards*

The Committee was keen to learn what happens when an Integrated Joint Board (IJB) overspends. The Committee was surprised to hear of the mixed approach within NHS Tayside to risk sharing between the Board and Councils. It was noted<sup>10</sup> this was a technical issue.

**The Committee seeks further information on what will be done to further align the risk-sharing agreement in Perth and Kinross with those in the other local authorities within NHS Tayside, recognising the challenge<sup>11</sup> described by Gordon Paterson, Chief Office of Perth and Kinross Integration Joint Board, of new personnel in key positions.**

The Committee heard concerns from staff at NHS Tayside that integration of health and social care has made lines of accountability and the governance of services less clear, an issue Audit Scotland also addressed in its 2018 report “Health and social care integration: Update on progress”<sup>12</sup>.

**The Committee wishes to know whether these are concerns you share and what has been done within NHS Tayside to improve the situation since the publication of the 2018 Audit Scotland report.**

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<sup>8</sup> Health and Sport Committee. [Official Report](#), 26 November 2019, Col 8

<sup>9</sup> Health and Sport Committee. [Official Report](#), 26 November 2019, Col 10

<sup>10</sup> Health and Sport Committee. [Official Report](#), 26 November 2019, Col 13

<sup>11</sup> Health and Sport Committee. [Official Report](#), 26 November 2019, Col 14

<sup>12</sup> Audit Scotland (2018). [Health and social care integration Update on progress](#)

## *Operating Model and the redesign of services*

The Committee was told<sup>13</sup> of decisions the Board made shortly after your appointment and the redesign of several services. In each instance, it appeared that services were centralised or moved to an urban hub, for example, you noted<sup>14</sup> a “one-stop-shop” service for urology had been established at Perth Royal Infirmary.

A “separated model”<sup>15</sup> for orthopaedics was highlighted, along with a public consultation exercise on the redesign which had received 375 comments. However, it was not clear what was meant by a “separated model” or whether respondents were happy with the new model. You also said “We are working on a thrombectomy model, with patients bypassing Perth to get to the excellent established service in Ninewells, which enables them to return home.”<sup>16</sup>

One of the recurring themes of the Committee’s meetings with patients and service users on 25 November 2019 was the transport problems and time taken to attend appointments posed by the centralisation of services.

Peter Stonebridge, Medical Director, noted<sup>17</sup> how NHS Tayside shares staff with expertise (using the example of vascular surgery) with other health boards such as Fife.

### **The Committee requests further detail of:**

- **How the public, as well as staff, have been consulted on service changes and examples of where this has influenced decision making;**
- **How the Board has supported staff and patients to travel to and access services centralised to new locations;**
- **The extent to which the consultation proposals led to changes in the original proposals; and**
- **The model of sharing staff with other health boards, including:**
  - **Why this causes a misrepresentation in the staffing data and is not accounted for in the presentation of figures;**
  - **The arrangements agreed between boards for the wages of staff who work across board boundaries;**
  - **Whether this is a good use of resources or spreads staff too thinly across two services;**
  - **Whether this model is used in other services; and**
  - **Whether further opportunities to work in this manner have been identified, particularly to reduce the use of locum staff in mental health services<sup>18</sup>.**

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<sup>13</sup> Health and Sport Committee. [Official Report](#), 26 November 2019, Col 18

<sup>14</sup> Health and Sport Committee. [Official Report](#), 26 November 2019, Col 18

<sup>15</sup> Health and Sport Committee. [Official Report](#), 26 November 2019, Col 18

<sup>16</sup> Health and Sport Committee. [Official Report](#), 26 November 2019, Col 18

<sup>17</sup> Health and Sport Committee. [Official Report](#), 26 November 2019, Col 18

<sup>18</sup> Health and Sport Committee. [Official Report](#), 26 November 2019, Col 17

## *Delayed Discharge*

Both you<sup>19</sup> and Gordon Paterson highlighted progress made with regard to delayed discharge, with Gordon Paterson saying “For example, in 2015-16, 19,900 bed days were lost in Perth and Kinross as a result of delays, and, last year, that figure decreased to 12,200.”<sup>20</sup>

**The Committee was pleased to hear of progress being made on the issue of delayed discharge and would like detail of exactly what is being done to achieve this. The Committee also seeks assurance you project further reductions this year and when you anticipate this will be effectively eradicated, if at all.**

Representations were made to Members suggesting that rehabilitative care and physiotherapy for orthopaedic patients were on occasion not made available until 6 months after discharge. Lorna Wiggins, Chief Officer, Acute Services, undertook<sup>21</sup> to provide further details on waiting times and other information. **The Committee looks forward to receiving this.**

## *Oncology Services*

Members were keen to hear whether the report of Dr. David Dunlop, the Scottish Government’s Senior Medical Officer for Oncology, into case notes of 14 families affected by the approach to prescription of chemotherapy drug intended to prevent the spread or recurrence of breast cancer had been circulated to those families. It follows reports of dissatisfaction the findings were not shared with them. In your response<sup>22</sup> you indicated Dr. Dunlop had met with some families and offered to meet with others. **The Committee seeks assurances the report produced by Dr. Dunlop has been shared with those affected. It also requests a copy of the report and confirmation Dr. Dunlop will meet with all the families affected.**

You also informed the Committee:

*“I have taken on the responsibility of chairing the north cancer alliance, to make sure that we work in a coherent way across all the northern health boards, from NHS Tayside up to NHS Shetland. As part of that narrative, we are developing standardised dosage ratios, clinical management guidelines and advisory groups that clinicians have signed up to, to make sure that we are all doing the same thing.”<sup>23</sup>*

The Committee sought to further understand whether this standardisation would bring others in line with the approach of NHS Tayside or NHS Tayside in line with the approach of other health boards. Peter Stonebridge, Medical Director, told the Committee:

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<sup>19</sup> Health and Sport Committee. [Official Report](#), 26 November 2019, Col 21

<sup>20</sup> Health and Sport Committee. [Official Report](#), 26 November 2019, Col 22

<sup>21</sup> Health and Sport Committee. [Official Report](#), 26 November 2019, Col 23

<sup>22</sup> Health and Sport Committee. [Official Report](#), 26 November 2019, Col 26

<sup>23</sup> Health and Sport Committee. [Official Report](#), 26 November 2019, Col 24

*“Oncologists consent on regime, not dosage, so any shift from what everybody else does requires consent. The oncologists at NHS Tayside have now signed up fully to the CMG for the north of Scotland and our patients are fully providing consent around what they receive.”<sup>24</sup>*

This raises questions as to whether consent was being provided previously when NHS Tayside was working on a basis which was a “shift from what everybody else does”. Peter Stonebridge noted that only a shift in regime, not dosage, required consent.

**The Committee seeks clarification of the scope for clinicians to deviate from guidance based on their professional judgement. Will guidance become mandated?**

You told the Committee of your “joint commitment”<sup>25</sup> to address cancer waiting times and reported “a major turnaround” in only six months “to the extent that in the previous quarter, performance on the 62 day waiting-time guarantee increased to 96.9 per cent against the target of 95 per cent. On the 31 day guarantee, our performance was 97.6 per cent in the report for the period up to September. For the past three months, we have been reporting performance of above 95 per cent.”<sup>26</sup>

**The Committee is impressed by this improvement and requests details of the specific actions taken as part of the “major turnaround”<sup>27</sup> resulting in a leap from 85% to over 95% of patients being seen within the target waiting times. You and Lorna Wiggins noted it was a case of staff working more “creatively”<sup>28</sup> and having a “weekly huddle”<sup>29</sup> regarding patient care. Are there specific actions which have materially contributed to this improvement which can be shared with other boards and what is the mechanism for sharing such practice?**

**What was the situation previously, how have these initiatives improved things and have you considered whether these approaches could be replicated in other services the Board provides?**

### *Mental Health Services*

Mental health services were a prevalent issue at the Committee’s discussions with service users on the performance of NHS Tayside on 25 November 2019 and were raised with you throughout the meeting on 26 November 2019.

From the evidence you provided, it was not clear to the Committee where responsibility for mental health care services within NHS Tayside lay. The

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<sup>24</sup> Health and Sport Committee. [Official Report](#), 26 November 2019, Col 24

<sup>25</sup> Health and Sport Committee. [Official Report](#), 26 November 2019, Col 27

<sup>26</sup> Health and Sport Committee. [Official Report](#), 26 November 2019, Col 27

<sup>27</sup> Health and Sport Committee. [Official Report](#), 26 November 2019, Col 27

<sup>28</sup> Health and Sport Committee. [Official Report](#), 26 November 2019, Col 28

<sup>29</sup> Health and Sport Committee. [Official Report](#), 26 November 2019, Col 28

Committee was told<sup>30</sup> that the Board took ownership of the care of patients and that it was responsible for services but the IJBs hosted, commissioned and led on such services. You also told<sup>31</sup> the Committee that in-patient mental health services in Tayside are delegated to Perth and Kinross Integrated Joint Board (IJB).

**The Committee requests more detail of the lines of accountability in mental health services, including examples of situations in which services have not been at an acceptable standard and how this was resolved according to those lines of accountability.**

**The Committee would also like to know more about the interactions between the Board and the Integrated Joint Boards in hosting, commissioning and implementing services in the situations where the Health Board is ultimately responsible for services which it does not lead on.**

**Do you envisage any alterations to this arrangement as part of your whole system review of services as recommended by Dr. David Strang?**

There has been well documented concern as to decisions taken regarding mental health services in NHS Tayside despite the final report of the review not yet being published. You told the Committee you were taking on board the one recommendation of the interim report “which was that we should look at the whole system rather than at the beds and the embedded services”<sup>32</sup>.

The Committee welcomed your assurances that you “continue to build a bigger solution to the questions of where our mental health services are going in Tayside in the coming years, and how we will develop a more community-based model”<sup>33</sup>. **The Committee will maintain an interest in that model and would appreciate an update once this is in place as to the structure of the services and the intended measurable outcomes of that service.**

**The Committee notes the final report of Dr. Strang’s review is due for publication in January and awaits this with interest. The Committee anticipates writing to you again following publication seeking details of your response. The Committee also requests confirmation of the publication date of the Royal College of Physicians report on mental health governance<sup>34</sup>.**

Members raised the issues of lack of consultation (both with the public and staff) on changes to locations/design of services and work place culture within mental health services, highlighting anecdotal reports of bullying. You undertook<sup>35</sup> to review the concerns.

**The Committee requests an update on your review of both these issues, including the timescales and when you anticipate being able to update the Committee with the outcomes.**

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<sup>30</sup> Health and Sport Committee. [Official Report](#), 26 November 2019, Col 15

<sup>31</sup> Health and Sport Committee. [Official Report](#), 26 November 2019, Col 15

<sup>32</sup> Health and Sport Committee. [Official Report](#), 26 November 2019, Col 29

<sup>33</sup> Health and Sport Committee. [Official Report](#), 26 November 2019, Col 29

<sup>34</sup> Health and Sport Committee. [Official Report](#), 26 November 2019, Col 33

<sup>35</sup> Health and Sport Committee. [Official Report](#), 26 November 2019, Col 32

On staffing, you said you were “not confident”<sup>36</sup> you could recruit psychiatrists to fill 14 consultant vacancies within NHS Tayside, and further noted your approach to consideration of the recommendations of the Strang review was to think about the staff available, rather than the facilities. You informed the Committee of the redesign of services to ensure delivery of care was ongoing<sup>37</sup> and the Committee would welcome detail of this new “model of care” as it is developed.

#### *Use of locums*

You noted your view the use of locums in NHS Tayside was “poor use of money, because they are expensive and they are not embedded in the service”<sup>38</sup>. The Committee would welcome detail of the prevalence of the use of locums within the board. It would be helpful to know in raising the issue of locums with the Cabinet Secretary and to assist in our wider understanding of this issue which services use or rely on locums and over what period they have been used.

The Committee appreciates your time and thanks you once again for giving evidence on 26 November 2019. The Committee requests a response to this letter by 29 January 2020 and I look forward to hearing from you.

Yours sincerely



Lewis Macdonald

Convener, Health and Sport Committee

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<sup>36</sup> Health and Sport Committee. [Official Report](#), 26 November 2019, Col 17

<sup>37</sup> Health and Sport Committee. [Official Report](#), 26 November 2019, Col 17

<sup>38</sup> Health and Sport Committee. [Official Report](#), 26 November 2019, Col 17