



The Scottish Parliament  
Pàrlamaid na h-Alba

John Raine

Chairman

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Via email only

Health and Sport Committee

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Dear John

I refer to the appearance of NHS Borders before the Committee on 12 March and as I indicated at the conclusion of the session I am writing to request information on a range of 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.

Overall the Committee were concerned at the weakness of evidence given in relation to strategic thinking and planning. You appear to anticipate brokering for an indeterminate number of years into the future. Please address these issues in your response.

The further questions that follow will elaborate and highlight these observations.

Reference in the letter are to column numbers in the [official report](#) of the meeting on 12 March.

### **The best in Scotland in terms of delivering services**

You indicated the above (columns 6/7) and that you will have no in or outpatients waiting for more than 12 weeks, and none waiting more than 6 weeks for diagnostic tests. The information available to us indicates the following in relation to targets not being met:

- **12 weeks Outpatient Waiting Times** – performance is consistently reported outwith the standard for the full 2017/18 year and since the beginning of 2018/19
- **12 weeks Inpatient Waiting Times** – performance is consistently reported outwith the standard for the full 2017/18 year and since the beginning of 2018/19
- **12 week Treatment Time Guarantee** – performance reported outwith the standard for the full 2017/18 year and since the beginning of 2018/19
- **6 week Diagnostic Waiting Times** – performance is consistently reported outwith the standard for the full 2017/18 year and since the beginning of 2018/19.

Can you support the claims made in the statement to us with refreshed data that will be provided to NHS ISD for the month end. Can you also provide detail of how the Board compares with other boards in relation to the efficiency of its delivery of services.

The Committee is interested in the extent to which additional resources have been directed towards meeting waiting times. Could you confirm what impact any redirection of resources onto waiting times targets has had on shifting the balance of care.

While you may be unable to comment at this stage in your 'special measures', the Committee are interested to understand to what extent you envisage changes in the way the budget will be managed to achieve financial sustainability will impact on performance.

### **Financial Balance**

Would the Committee be correct in its understanding that the confidence you expressed in reaching financial parity (column 7) is entirely dependent on additional financial settlements being made available?

Can you advise if the Scottish Government have agreed (in principle) to provide brokerage to the Board in future years, if so at what level, and what conditions are you anticipating will apply? Please also confirm whether the recovery plan being prepared will include repayment of future brokerage.

### **Prescribing costs**

Tim Paterson (column 8) made reference to increases in prescribing costs. Please advise how these are monitored, to what level, and details of any targets set in this area. Please also indicate how you are measuring future demand in this area.

### **Effects of Scottish Government support and advice**

Carol Gillies indicated (column 8) you have changed a lot in relation to the way you work with the advice and support of the Scottish Government. Please detail the major changes made and provide information on their impact.

### **Engaging with Staff**

Emma Harper asked (column 12) about engaging directly with the workforce to elicit suggestions for savings. In response you referred to vacancy rates and staff awards. Nicky Berry referred to wellbeing and coffee mornings and Jane Davidson suggested only large-scale changes involving the delivery of services. We heard about project management workstreams and new governance arrangements and Rob McCulloch-

Graham indicated 'Bold Revolutions' would be joining with the Board to see how the work currently being done can be developed. In each of these areas please provide specific examples, together with details of the savings and other benefits they have or will produce.

The Committee would also like to understand the accountability arrangements in relation to Bold Revolutions. Are they accountable to the Board and if so please indicate the terms of their engagement.

Please also confirm how much was saved by implementing the pulmonary rehab programme (column 16).

Can you describe how you are measuring programmes such as "respect" and what estimates of financial savings you are estimating they will produce.

### **IJB overspend**

The evidence provided in relation to the IJB overspend for the 18/19 financial year was confusing (columns 18/19). What is the overspend for the year and how is it being met? Please also indicate the amount of overspend for each financial year and how this has been met.

How much has been spent on shifting the balance of care, as explained (column 19), and what has been the shift in percentage terms. What are your projections for this over the next 2-3 years (column 19).

Please explain what council services you are investing in, the amount that is being invested and the purpose of the investment (column 19).

Please provide examples of joint strategic planning between the Board and the IJB?

More generally, what services, to address the objectives and principles of integration are appearing in the community, and how are these being financed. What benchmarking and cost analysis is being done by all partners to assess current situation, planned initiatives and better outcomes. How are initiatives being evaluated in terms of cost, outcome and sustainability?

### **Efficiency Programme**

You referred to this and how it is governed. Please indicate how effectiveness of the programme is being assessed along with detail of the savings it has produced to date. (column 22)

How many band 2 healthcare support workers are training to become band 4, and how will they be replaced in their current roles. (column 23)

How effective have the nursing and midwifery tools been in reducing agency nursing costs. You only mentioned use of professional judgement – was this the use of the tool, or clinical judgement? Do you use the full suite of nursing and midwifery planning tools, and do you always apply the results when organising staffing. When Nicky Berry is on leave, or

otherwise unavailable, who is responsible for approving requests for agency staff. (column 24). How are you controlling the costs of medical agency spend?

Please provide results of the staff survey of your EU national workers. (column 26)

Brian Whittle asked about high sickness and absence rates and in reply Nicky Berry indicated (a proposal) that every ward has a ward clerkess responsible for offering all staff drinks of water (column 28). Please indicate the impact this has had or is predicted to have on sickness absences.

What are the current estimates of savings to the Board from co-locating administrative functions to council headquarters? (column 31)

Emma Harper asked for detail of the work being undertaken by the Board on integration (column 32). We heard about the work of the IJB in this regard, and would welcome detail of work being undertaken by the Board in addition to the information requested earlier.

In relation to the work of the IJB on integration we heard about monitoring and “a number of activities” being brought into play. How much have these activities saved? Please provide more detail on what the activities are.

### **Set Aside Funds**

In relation to these funds please provide examples of how this has been used and the savings achieved, together with detail of which body has accrued the savings

### **Delayed Discharge**

The Cabinet Secretary has repeatedly indicated the target is for zero delays. We heard about “a number of initiatives” around step-down care etc, what impact have these had in reducing the numbers?

We have also heard that Edinburgh, as part of Lothian, has unique problems associated with costs, premises and staff in relation to care at home. We would therefore welcome further detail in relation to the suggestion that it is more expensive for Borders to provide care homes and care at home than in Edinburgh (column 34). What percentages of your care at home and care home provision respectively are directly provided by the local authority?

When do you expect to reduce delayed discharge to zero and what is being done to learn from others with better performance and more effective solutions? (Column 35)

The Committee concluded a lengthy inquiry into the Preventative Health agenda last year, can you elaborate on what areas the GPs consider they can do in the realm of “real preventative health” in the context of the new GMS contract and new ways of working? (Column 38)

## **Monitoring Primary Care**

Brian Whittle asked how you are monitoring GP practices (column 39). We heard about how practices have quality frameworks, and quality leads who are also GPs. Can you please indicate what input the Board has to those frameworks and priority planning and how the Board, along with the IJB, monitors and measures GP practice activity.

The Committee would welcome your response by 18 April.

Yours sincerely



Lewis Macdonald  
Convener  
Health and Sport Committee