The Scottish Parliament
Pàrlamaid na h-Alba

Official Report

PUBLIC AUDIT COMMITTEE

Wednesday 7 October 2015

Session 4

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PUBLIC AUDIT COMMITTEE
15th Meeting 2015, Session 4

CONVENER

*Paul Martin (Glasgow Provan) (Lab)

DEPUTY CONVENER

*Mary Scanlon (Highlands and Islands) (Con)

COMMITTEE MEMBERS

*Colin Beattie (Midlothian North and Musselburgh) (SNP)
*Nigel Don (Angus North and Mearns) (SNP)
*Colin Keir (Edinburgh Western) (SNP)
*Stuart McMillan (West Scotland) (SNP)
Tavish Scott (Shetland Islands) (LD)
Dr Richard Simpson (Mid Scotland and Fife) (Lab)
David Torrance (Kirkcaldy) (SNP)

*attended

THE FOLLOWING ALSO PARTICIPATED:

Catherine Calderwood (Scottish Government)
John Connaghan (Scottish Government)
Angela Cullen (Audit Scotland)
Sharon Fairweather (Scottish Government)
Caroline Gardner (Auditor General for Scotland)
Paul Gray (Scottish Government)
Alan Hunter (Scottish Government)
Peter Reekie (Scottish Futures Trust)
Mark Roberts (Audit Scotland)
Alyson Stafford (Scottish Government)
Sandra White (Glasgow Kelvin) (SNP) (Committee Substitute)

CLERK TO THE COMMITTEE

Anne Peat

LOCATION

The Sir Alexander Fleming Room (CR3)

Scottish Parliament

Public Audit Committee

Wednesday 7 October 2015

[The Convener opened the meeting at 09:31]

Decision on Taking Business in Private

The Convener (Paul Martin): Good morning, ladies and gentlemen. I welcome members and the press and public to the 15th meeting in 2015 of the Public Audit Committee. I ask those present to ensure that their electronic devices are switched to flight mode so that they do not affect the work of the committee.

Agenda item 1 is a decision on taking business in private. It is proposed that we take agenda items 5, 6, 7 and 8 in private. Are we agreed?

Members *indicated agreement.*

Major Capital Projects (Update)

09:32

The Convener: Under agenda item 2, I welcome our panel of witnesses to give evidence on the Scottish Government's 2015 major capital projects progress update. I welcome Alyson Stafford, who is the director general of finance at the Scottish Government; Peter Reekie, who is the deputy chief executive and director of investments in the Scottish Futures Trust; Andrew Watson, who is deputy director for financial strategy at the Scottish Government; and Sharon Fairweather, who is deputy director, finance programme management, at the Scottish Government.

I understand that Alyson Stafford would like to make a brief opening statement.

Alyson Stafford (Scottish Government): Thank you, convener, and thank you for the opportunity to discuss with the committee the latest six-month report on major capital projects. Very detailed questions might best be answered by individual project owners, so if there are any points of detail that go beyond the information that we have with us today, my colleagues and I will take a note of them and seek to respond swiftly.

When we last met on 29 April, members were understandably interested in the work that was under way by the Office for National Statistics to classify a major non-profit-distributing—NPD—road project that has been signed since the introduction, in September 2014, of the rather confusingly labelled European system of accounts 2010.

The Scottish Parliament has been kept informed throughout by the Deputy First Minister, including through two inspired parliamentary questions and a substantive oral parliamentary question in February, July and September respectively, but I will recap more recent events briefly.

On 31 July 2015, the ONS published its decision to classify the Aberdeen western peripheral route project to the public sector. As there is no route of appeal, I corresponded with the ONS to seek clarification on a range of points raised by the Scottish Futures Trust about the project—that engagement is continuing. In parallel, the SFT has submitted proposals to the ONS on the hub model—again, that engagement is continuing.

As chair of the Scottish Government's infrastructure investment board, I am passionate about ensuring the delivery of vital infrastructure in Scotland, and I share the concerns of project partners and stakeholders in local communities, so I continue to impress upon the Office for National Statistics the importance of the issues that we

have raised with it, while recognising its congested overall work programme.

The classification by the ONS has no bearing on how the Scottish Government accounts for projects in our statutory accounts. The classification does have a bearing, however, on how the Scottish Government records its activities against its HM Treasury annual budget. Without a conclusive position from the ONS, the budget discussions with HMT cannot be finalised. In the interim, the Scottish Futures Trust continues to engage closely with project partners to work through the implications with them.

Meanwhile, progress continues in the Scottish Government's overall investment programme. Since my last written report to the committee, the Queen Elizabeth university hospital and Royal hospital for children in south Glasgow, Inverness College and the Inverness campus, Borders rail, Ellon academy and Lairdsland primary school have all been completed.

The Convener: Thank you for that statement. You have touched on these, but I ask you to elaborate on the issues with time delays and associated costs in connection with ESA 10 interpretation.

Alyson Stafford: I ask Peter Reekie to respond on the time delays and costs, as he is close to the individual projects.

Peter Reekie (Scottish Futures Trust): We have said that all of the contracted projects across the NPD programme are going ahead with no impact from the ONS issue on cost or on the delivery programme. That includes the AWPR project.

There are now a number of projects in hub that are affected or are more likely to be affected by the ONS issue. The list of 12 projects has been made public to the Parliament, and it includes the Lothian health centre bundle, an Inverclyde care home project, Kelso high school, Newbattle community high school, Baldragon academy, Elgin high school, Dalbeattie learning centre, Barrhead high school, Our Lady and St Patrick's high school and Ayr academy. Given the timescales of responses and our discussions with ONS, Campbeltown grammar school, Oban high school and the East Ayrshire learning campus will now probably be affected. Those projects across the hub programme are approaching a stage where they will be ready to reach financial close, and we do not anticipate that they will be able to do so over the coming weeks.

You spoke about the cost implications. Until we finalise the position with ONS and we are in a position to move ahead with the projects and reach financial close, we will not be able to say what the full cost implication is of delays to those projects, if any. There will be a range of scenarios. Either contractors will have prices held, or the final project price may be subject to some inflation, given the state of commercial negotiations on each of the projects that are or could be affected.

The Convener: You are advising us that you are not able to specify this, because of the nature of the contracts, but I take it that you will be aware of the details of the contracts, so you may have been able to quantify them.

Peter Reekie: The contracts are not yet signed. It depends on some of the contractors' prices for projects that have reached what we call stage 2—which is their fully costed submission—in the hub development process. For those that have done that more recently, the contractor's price might still be valid by the time we are able to tell projects that they may move forward to financial close.

Other projects have been in that position for a little longer. For example, in the case of the Lothian health centre bundle, it is unlikely that the price that the contractor put forward originally will still be valid, as it will have gone beyond what is usually a three-month validity period. We will have to refresh the pricing with the contractor and go back to the market, as all the projects have transparent sub-contractor prices involved. There will be some process to go through with the contractors to refresh their pricing for the projects.

Mary Scanlon (Highlands and Islands) (Con): You mentioned various projects. We represent constituencies, and my particular interest is in Elgin high school; there are serious concerns there.

Alyson Stafford mentioned ONS's publication of its decision in July this year. I have a written answer from John Swinney, dated 13 February this year, which says that the Scottish Government is looking at contractual changes in order to reach a conclusion on the matter and that it would keep Parliament informed. I would not like to mislead anyone and say that the classification of the Aberdeen western peripheral route issue has suddenly come out of the blue in the last three months—it has been known for some time. I just want to put that on the record.

Mr Reekie mentioned some projects that will be affected by the ONS issue, including Campbeltown high school. On pages 61 and 62, the update has a considerable list of projects included in the pipeline for the first time. Will any of those or any other projects also be affected, or will it be just the ones that were mentioned—Newbattle high school, Elgin high school, Baldragon academy, Kelso high school, NHS Lothian and NHS Inverclyde?

It is a worry for people. Moray Council thought that it was going ahead with Elgin high school, and

it is under a lot of pressure. Plus, apparently, the costs are rising by £100,000 a month, and people are really worried about who is going to pay.

Alyson Stafford: I appreciate the point that is being raised. Given that it is about a detailed project, Peter Reekie is the best one to answer, because he is close to it.

Peter Reekie: The ONS issues will affect only projects that are due to be revenue funded through either the hub or NPD programmes. They will be noted as design, build, finance and maintain and will be flagged as revenue funded in the documentation. The majority of the projects that have recently been added to the list are primary school projects that will be design and build projects. They will not be affected by the ONS issues.

Mary Scanlon: I have a question on that point. I tried to read and understand the briefing paper last night; I think that I got about halfway there. At about paragraph 20 it says that the Government had not put a cost on delays. I accept that; I also accept that the SFT has submitted proposals and that the ONS is expected to respond next month.

My understanding is that ONS reclassification depends on the amount of private sector, as opposed to public sector, involvement. The committee has had so many discussions about what a private finance initiative is and what an NPD is, and I think that it was Audit Scotland that said that NPD was a form of PFI. What I really want to ask is this: if we were using the old form of PFI, would we not be facing this reclassification? Is there something to do with the way that NPD or the hubco projects are set up that is making this investment more tricky and difficult and less able to fit in with ONS reclassification, which ultimately leads to delays?

Alyson Stafford: I will start first and then allow Peter Reekie to come in.

Mary Scanlon: I am trying to understand this—it is not the easiest subject.

Alyson Stafford: You are not alone. There are a number of people who do not specialise in the area who are just trying to understand it, and I appreciate that it is very difficult to explain it to constituents as well.

You referred to a paper that I think is private for committee members, so I am unable to address any particular things that you refer to in it, although I will be happy to look at it afterwards and come back to you if that is useful.

The point about the Office for National Statistics is that it is actually a statistical body. Ultimately, it is there to set out in statistical terms the size of the private economy and the public economy in the United Kingdom. It starts at a very high level.

The reason why the ONS is part of our considerations in relation to the projects is that Eurostat has set out new standards for assessing projects, which the ONS must work to. Those new standards came in very late in the day—in September 2014—and that is why the issue is particularly nudging up against the Aberdeen western peripheral route contract, which was signed in December, with the long lead times that it has.

09:45

The Treasury has chosen to use the European standard as an indicator of a measure when it asks Whitehall departments and devolved Administrations to budget for these things. The approach changed in 2009, at which time the accounting and the budgeting were absolutely aligned. When the United Kingdom Government changed to international financial reporting standards, it realised that that would sound the death knell for any PFI, public-private finance initiative or non-profit-distributing project, because they involved conflict between the two aspects.

Until 2009, everything was really straightforward. However, when the accounting arrangements changed, the budgeting was out of kilter and all PFIs and PPPs would not have continued. The Treasury, therefore, found another reference point for determining how we score activities against the Treasury budget and decided to use the statistical indicator.

The reason why we are having to consider the issue now is that that statistical indicator has changed materially and at short notice. The interpretation document that was designed to help us understand the new standard came out in August 2013. It gave us no particular cause for concern. The Treasury held a session for experts in the field, which was attended by Peter Reekie and others, in March 2014, and there was no cause for concern.

It was only when Eurostat revised its own interpretation in August 2014 and published the standard in September 2014 that it was understood that there were some material changes that started to call into question the private classification of not only the things that were well under way—the lead time for building any road is long—but also things that the UK Government was considering. The private finance initiative private finance 2 was something that was under scrutiny early on.

Irrespective of the type of model that is being used to get, in effect, additionality over and above the usual capital programme, the latest changes have caused not only we in Scotland but also the UK arm, which is called infrastructure UK—I am

trying to remember the full names rather than just use the initials—to pause and think about things again. The same thing is happening across Europe.

Colin Beattie (Midlothian North and Musselburgh) (SNP): Is it the invariable practice to form an SPV for any of these individual projects?

The Convener: Just for the record, I ask colleagues to say what the acronyms that they are using mean.

Colin Beattie: An SPV is a special purpose vehicle.

Peter Reekie: Yes, that is the invariable practice. When a project is project financed, the financiers like a tight ring fence to be put in place around the money that they are putting into the project, so that they can see exactly what risks they are exposed to and exactly what rewards they will get for taking that risk. In financial circles, that is generally done by setting up a specific company whose only job is to do that one project. After the project is completed, 25 years later, the company will cease to exist. Because they do only one thing, they are known as special purpose companies or special purpose vehicles. For the sort of projects that we are discussing, such a company is always set up.

Colin Beattie: In the past, SPVs have been wholly owned by a hub company, and were called sub-hubcos—someone good must have thought of that name. You are changing that to a design, build, finance and maintain—DBFM—arrangement, which reduces the public sector interest in that company. What are the implications of that in terms of cost and in terms of management and control?

Peter Reekie: The previous structure, as you said, was for the project company that was set up for every design, build, finance and maintain project to be 100 per cent owned by the hub company that was set up in the hub territory to take forward the hub programme. The revised proposals are to set up separate DBFMcos—we love our acronyms—with a specific company for each project. Sixty per cent will be owned by the private sector development partner in the hub area, 20 per cent by a charity and 20 per cent by the public sector, with half of that being SFT and half being the public body that holds the contract.

Within that overall structure, there will be no implication for the unitary charge or the cost that is paid for the project, and within the governance arrangements we will still have a public sector director sitting on the board of the delivery company to bring good governance and accountability to the delivery side of the project and enhance the overall partnership arrangements over the long term.

Colin Beattie: Will you give me a bit more information on the newly formed private sector charity that will have 20 per cent of the company?

Peter Reekie: In the lead on the charity that is being established are the five private sector development partners across the hub territories. It will have independent trustees, plus one trustee from the private sector development partners and one from the Scottish Futures Trust. It will be established to take the stakes in the design, build, finance and maintain companies, and it will then be able to use its share of any of the returns from those investments to take forward charitable works that are associated with the types of facilities and programmes that the hub is there to deliver.

Colin Beattie: Will the charity exist across Scotland or will it be localised?

Peter Reekie: The intention is that one charity will be set up across Scotland, because some of the activities that it will be involved in as it invests in the projects will be reasonably specialist. I cannot speak for the charity because it will have independent trustees, but it is likely that it will act as a foundation and fund other charities to do works in local areas rather than undertaking charitable activity itself.

Colin Beattie: My concern is that money that is raised through the local community should go back into the local community. If it is a national charity, there will always be a risk that money will be siphoned off and used elsewhere, perhaps on the basis of greater need. There is a lot of need in my constituency and I would like any earnings that come from there to go back into it.

Peter Reekie: It is absolutely right to want to see local benefits from local projects. That is one of the things that the hub is there to deliver overall. I am sure that over the very long term—the 25 years or so for which the charity and the projects will be set up—distributions will be made to various causes across the country, but I cannot say exactly which causes they will be at which points in time.

Colin Beattie: I asked in particular about the possibility of any additional costs arising from the use of the new model. The document that I have mentions the possibility of increased borrowing costs because of the new structure, so there is a potential cost from moving to it.

Peter Reekie: Separately from the establishment of the new structure, one of the things that the ONS potentially has concerns about is public sector bodies making capital contributions to projects and paying for elements of the construction either during the construction

period or when construction is completed, rather than paying a charge over the life of the use of the asset.

It is likely that, rather than public bodies making those contributions—typically, in a schools project, a local authority will be able to borrow from the Public Works Loan Board and make a contribution of capital—that will have to be financed through the project and repaid over the life of the asset in the unitary charge.

There would likely be a small increase in the cost of borrowing from that element of the structure. If there is, that element would be picked up as part of a sort of no-better, no-worse arrangement that has been arrived at with the local authorities. Any additional cost of financing would be picked up in the central contribution to the projects.

Colin Beattie: That does not sound like a great outcome, if we are paying extra for the borrowing. Does that depend on what the ONS comes up with, or is it a done deal?

Peter Reekie: Nothing is a done deal at the moment. As Alyson Stafford said, we are awaiting feedback from the ONS.

Colin Beattie: So it is speculation at this point. If it goes one way, we will incur the extra costs.

Peter Reekie: All the issues remain subject to the on-going discussions with the ONS.

Colin Beattie: That is clearly something that we should perhaps follow up down the line, convener.

The Convener: Okay. I will bring in Stuart McMillan for a brief supplementary, and then I will bring in Colin Keir.

Alyson Stafford: Convener, if I might, I will just add something and then I am happy to take the question from Stuart McMillan.

Mr Beattie is obviously concerned about some of the changes that might happen and whether they would have marginal cost implications—and they are likely to be marginal. At some point, we will weigh up the relative benefits of a marginal change to enable things to continue on the current trajectory. One of the key reasons for all these initiatives is that the main grant for the capital budget in Scotland has been cut by 25 per cent in real terms since 2011 up to the end of this year. That has been the trigger for these initiatives—and the ones that we are discussing are not the only ones—to bring additionality for Scotland as a whole and in local areas.

We will weigh up the two issues but, clearly, there is a drive to keep the pipeline live and active, because we know that it has a material impact on Scotland's economy. Last year, about one third of the whole economic growth performance in Scotland was attributed to infrastructure investment, and the vast majority of that was through the public domain, whether through our grant funding, through the national housing trust, through local government investment or through NPD and hub-type initiatives. All those things are material. We have to weigh up the whole picture when we get to that.

Colin Beattie: Convener, can I come back in?

The Convener: Very briefly. Can we keep the exchanges as focused and as brief as possible please?

Colin Beattie: I appreciate what Alyson Stafford has said, but my concern is that we are basically talking about a bookkeeping change that will have a real cost for our projects, which I think is unacceptable.

The Convener: Okay—we note that and we will take action on the issue.

Stuart McMillan has a brief supplementary.

Stuart McMillan (West Scotland) (SNP): It is on the creation of the charity. Will the charity be able to deal with arm's-length foundations, which we have discussed before in relation to colleges and which the committee has highlighted?

Peter Reekie: The charity will be established explicitly for the hub programme to deliver investments in hub projects and, through the returns on investments, to deliver charitable funding for similar sorts of activities. It is very separate from anything that has happened previously or that we have discussed previously in the colleges sector.

Stuart McMillan: Will the charity have an opportunity to invest in the college sector through arm's-length foundations?

Alyson Stafford: I think that it is still too early to tell. Obviously, part of the development of the charity is still around getting the additionality through the programme, so we want to get over that hurdle first. Obviously, we do not want a cluttered landscape in Scotland. Bearing in mind that, as Peter Reekie said, the charity will by its nature have to operate from a more distant position, it will have to decide what its arrangements will be. Therefore, I do not rule anything out; equally, at this stage, the best advice to follow is to take one step at a time.

10:00

Colin Keir (Edinburgh Western) (SNP): I think that the witnesses have answered one of my questions, but I have another question, which is about the hubcos and in particular the health board partnerships. I admit that my interest is in the north-west Edinburgh health centre, which is

due to be built at Muirhouse. There is a degree of worry since the ONS issue has kicked off. From what I gather, we do not know exactly what will happen with future funding, but are there any cost implications in terms of work that has already been completed on projects? Obviously, there is a design aspect in the way that things move forward. Is there anything that might end up as a cost to projects just because things have stalled but the initial work has begun?

Peter Reekie: The development work that has been done to date on all the projects has been around design development, scoping and understanding the requirements. The design on the project that you mention and the other projects has been taken to quite a well-developed stage. None of that design development is wasted work, as there is a full commitment to taking forward all the projects once the issues have been resolved. We expect that, given that the project that you mention has been in this state for a little while, there will have to be a refresh of some of the construction costings, but that will allow the project to go ahead with its current design and scope and on the current land that has been allocated to it.

Colin Keir: Have any problems been caused to any of the other partners?

Peter Reekie: I cannot give you the detail of every individual project and say whether there have been costs to any of the partners that have been involved to date. There will have been design costs, but that work is very much needed and will be important for the project going forward.

Stuart McMillan: One of the issues that we looked at when you were before the committee previously was the two Caledonian Maritime Assets Ltd ferries. Ferguson Marine in Port Glasgow was recently awarded preferred bidder status for those, but the final announcement has not yet happened. However, our paperwork suggests that the final announcement was to take place by the middle of September. I am keen to have an update regarding the situation with that particular order.

Sharon Fairweather (Scottish Government): My understanding is that we are close to getting a final signing on that—we expect it in the next few weeks. I do not have the details on the delays in getting the signing, but I have no reason to believe that it will not happen shortly.

Stuart McMillan: Were there any complaints from European Union member states regarding the process? That could by why the process was not completed by the middle of September.

Sharon Fairweather: No—not as far as I am aware.

Stuart McMillan: Okay—thank you.

The Convener: On behalf of the committee, I thank the panel for their contribution. We can follow up through the clerks any further information that might be required.

I suspend the meeting briefly to allow the witnesses to change over.

10:03

Meeting suspended.

10:05

On resuming—

Section 23 Reports

"Accident and Emergency: Performance update"

The Convener: Agenda item 3 is the section 23 report entitled "Accident and Emergency: Performance update". I welcome our panel of witnesses. Paul Gray is director general of health and social care and chief executive of NHS Scotland; John Connaghan is the NHS Scotland chief operating officer; Catherine Calderwood is the chief medical officer; and Alan Hunter is NHS Scotland performance director in the Scottish Government.

I understand that Mr Gray would like to make a short opening statement.

Paul Gray (Scottish Government): Thank you, convener. I am conscious of the time, so I will keep my statement brief.

We have faced some very challenging times in relation to accident and emergency performance, especially last winter. I acknowledge that, along with the effect that there has been on patients and their families, and the fact that staff have worked exceedingly hard through the challenges. Last winter, the key factors that affected performance included unprecedented levels of activity, which we can say more about later if that would help the committee, and lost bed days as people awaited care in their communities and therefore had delayed discharges.

Scotland's unscheduled care performance last winter deteriorated, but it was in line with performance in other parts of the United Kingdom and was, indeed, similar to the performance of similar health systems across the world. Our core A and E performance was about 1 per cent better than that of England in the winter of 2014-15, whereas in the previous winter it was about 1 per cent worse than that of England.

I accept that we are not at the standard that we are striving towards, but performance against the four-hour A and E target increased to 95 per cent over July and August from a starting position of 86.1 per cent in the week ending 22 February, when we started to publish weekly. In the past three months, performance has reached 95 per cent on seven occasions, and it was above 94 per cent on a further six occasions during the same period. There was also a significant reduction in long waits of over 12 hours by 99 per cent from January to the week ending 27 September.

In order to ensure that we have a structured approach as we go into this winter, we have launched a new improvement approach to unscheduled care using six fundamental actions—again, we can speak about that if the committee would find that helpful—and invested a total of around £55 million in this year to address issues that affect performance, particularly over the winter. I can give a breakdown of that figure if the committee would find that helpful. That is significantly higher than the £29 million investment last winter. We have also issued winter guidance to national health service boards two months earlier than normal.

We are focusing on tackling unscheduled care from a whole-system perspective. I assure the committee that we are well aware of the complexity of the issues that affect performance. We are working hard with our partners to deliver sustainable benefits to ensure that patients receive timely treatment and safe, person-centred and effective care.

We are happy to answer questions from the committee. If we do not have information immediately to hand, we will provide it in writing as quickly as we can after the meeting closes.

The Convener: Thank you.

You refer in your written submission to examples of key national programmes and unscheduled care. I note the bullet points in your submission. For example, one bullet point refers to

"senior clinicians and managers working together at site level to ensure better accountability for performance".

Another refers to

"using the best available data to develop patient capacity and management plans which are regularly updated by site based teams to ensure good flow and to minimise delays".

I have not done so this morning, but I am sure that, if I did a Google search, I could probably find similar terms in previous health board documents. They are pretty generic terms that have been used over a number of years. How is what is being done any different from what has been done before? Should those things have been happening anyway?

Paul Gray: Taking your last question first, convener, I believe that there ought to be close working between managers and clinicians, and I absolutely agree that if that has not been happening, it should have been.

What is different about this year is that we have started the process earlier and are very thoroughly checking that boards are following through on this. Boards will be publishing their winter plans on their websites by the end of this month. We are two months ahead of the game and we have put in more money. If you want more detail about our

direct engagement with boards, I think that Mr Connaghan will be the best person to provide it. However, I personally assure you that I have been engaging directly with chief executives and senior clinicians through the chief medical officer to ensure that we make clear the importance that we attach to doing better this winter than we did last winter.

The Convener: Why would managers and clinicians not have worked together before? I saw exactly the same things being said back in the acute services review in Glasgow, and in every meeting that I have had with senior officials at your level over the past 15 years, they have said, "Clinicians and managers will be working much closer to deliver the targets that they need to meet." Are you saying that that has not happened before and that it should happen now? How will we know whether it is happening?

Paul Gray: The committee might recall a Healthcare Improvement Scotland report on NHS Lanarkshire that was published in December 2013, which highlighted the capacity of clinicians and managers to work together as a result of governance structures that were too complicated. As a result, each of the three main hospitals in NHS Lanarkshire now has a tripartite operation involving a senior administrator, a senior nurse and a senior doctor. That sort of arrangement was not there before, and I and my colleagues can give you examples from other hospitals, if you so wish. Indeed, each of the hospitals in Glasgow now has an identified site director, which was not the case before.

We have actually changed the system. We are not simply hoping that this will happen as a result of instructions or guidance—the system itself is different.

Mary Scanlon: As a member of the health committee in 1999, I remember that even back then we were asking managers and clinicians to talk to each other. I retire in a few months, and I find it quite sad that 17 years on we are still recommending that managers and clinicians work together.

My first question is about increased demand. We have received a briefing from Audit Scotland, and I find what says very disappointing. For example, it says:

"The percentage of patients seen in A&E departments and"

minor injury units

"within four hours fell to"

87 per cent

"in January 2015, the lowest ... since ... April 2008."

I had hoped that what we would get today would be a better understanding of the increase in demand. We all accept that that has happened, but I had hoped that you would address some of the issues involved. A couple of weeks ago, eight of the questions for the health portfolio at question time were on the shortage of general practitioners; as we all know, if people cannot get a GP, they go to accident and emergency. We have not had serious winter pressures for many years, but I note that a report that came out yesterday found attendance rates in Ayrshire and Arran to be twice as high as those in Tayside and the number of those attending in the most deprived area to be twice as many as the number attending in the least deprived area.

I had hoped that given all this time, all the pressures on A and E and, indeed, the fact that this Audit Scotland report came out in May 2014—we are actually discussing a report that is 18 months old—we would be getting, instead of a recommendation to ask clinicians and managers to work together, a bit more of an analytical and forensic understanding of why we have these pressures on A and E and what is being done about them. I would like you to address that issue. I hope that you do not share my disappointment without addressing those challenges, which we all know exist in the system.

10:15

Paul Gray: You make two important points, Ms Scanlon. The first is about the need for clinicians and managers to work more closely together, and the second is about the demand on the system. The chief medical officer will be able to give you some details about both those issues, if that is acceptable to the committee.

Catherine Calderwood (Scottish Government): As you rightly say, it sounds obvious that clinicians and managers should work together, but we recognise that that does not seem to happen automatically or just because it should. We are, therefore, introducing much more formal paired training of managers and clinicians with groups of formal educators throughout the health boards in Scotland. Instead of expecting it to happen—you are right to say that it has not—we are formalising that education, and we now have examples in every health board of different departments having taken that on. It is in its early stages, but we are progressing it.

Mary Scanlon: Clinicians and managers are being educated and trained to talk to each other.

Catherine Calderwood: It is about understanding each other's work within the system. They already talk to each other, but we now require a more formal understanding—

Mary Scanlon: You are asking them to work together, so they are being educated and trained to work together.

Catherine Calderwood: Absolutely. I am speaking to the Institute of—

Mary Scanlon: That is sad in a country of 5 million people.

Catherine Calderwood: They do work together, but perhaps not as effectively as they could, probably because of a lack of understanding of each other's vital role within the service.

Mary Scanlon: You have not addressed the major issue, which is the exponential increase in demand.

Catherine Calderwood: We have a huge increase in our older population and we expect the number of people aged over 65 in Scotland to increase by 62 per cent by 2035. The number of people with comorbidities is also rising exponentially. That figure would include, for example, someone with diabetes and heart disease who has had a stroke or is on long-term medication.

I will use diabetes as an example. In the past 20 years, the number of people in Scotland who have diabetes has risen from 22,000 to 237,000, so there has been a more than tenfold increase in the incidence of that condition alone. Diabetes is a good example, because diabetes puts people at increased risk of cardiovascular disease, heart attacks and strokes. It also causes neurological and eyesight issues and is linked with chronic kidney disease. The fact that our population is living longer is a success story, but such comorbidities are partly behind the increase in demand on both elective services in hospitals and emergency services.

Mary Scanlon: We all know that the silver-haired brigade are now living longer—I am grateful for that—but you have not addressed the two issues that I raised. First, in Ayrshire and Arran, emergency departments' attendance rates are twice as high as the rate in Tayside—why is that? Secondly, why is the number of attendances among people from the most deprived backgrounds twice as high as that among the least deprived? I would have thought that it is only by understanding that that we can address the huge increase in demand. It cannot all be down to older people.

Catherine Calderwood: We know that multiple comorbidities are much more prevalent in our most deprived communities, partly because of so-called lifestyle diseases of smoking and substance misuse but also because access has not been as good or efficient as it could have been. There is a definite propensity for the more deprived communities to require emergency services. A lot of the demand at the accident and emergency department in Glasgow royal infirmary, for example, will be caused by deprivation. Mr Hunter might be able to talk about the differences in Tayside.

Mary Scanlon: I would point out that Dundee is quite a poor city with very poor areas, yet it has the lowest emergency department attendance rate.

Catherine Calderwood: I visited the Tayside A and E department in August. Alan Hunter will talk you through the detail.

Alan Hunter (Scottish Government): The attendance rates in Ayrshire and Arran are higher per head of population, as Ms Scanlon said. The reasons for such variation are different across Scotland; in part, that is about underlying morbidity in the community and deprivation, but it is also to do with how the services have been profiled over the years.

Tayside has redirection policies, which we have now adopted. Through the programme that Ms Scanlon referred to earlier, we are promoting redirection and making sure that patients are signposted to the right locations. Tayside has been doing that for about 15 years.

Other initiatives are being promoted and their benefits are being shared across the various health systems. For example, frailty models, which are services for elderly patients attending A and E, are designed to get support in place quickly and identify problems before patients are admitted. It is better to keep elderly patients in their own community, if possible. For example, Fife has identified that 20 elderly care admissions on average per week are being avoided, and that service is being built up. Such models are being shared across Scotland. For example, Ayrshire and Arran is also putting in a frailty model, and Dumfries and Galloway has put in weekend discharge teams to try to get the weekend discharge rates to match normal weekday rates.

All those things are designed to address the type of problem that Ms Scanlon has highlighted.

Colin Beattie: Our discussions today are all about comparing statistics and figures. In the past, we have had considerable difficulty in collecting statistics about the NHS. To what extent has that situation improved and to what extent are the figures accurate?

Paul Gray: The figures that are published weekly are reviewed by statisticians to ensure that they are as accurate as they can be. The longer-term published figures go through a more thorough system of checking and validation. The weekly figures are management information,

which is checked by statisticians for consistency, and the monthly and quarterly publications go through more thorough checking. We take as many reasonable steps as we can to ensure that the figures are as accurate as they can be. We also ensure through our statistician colleagues that the formal processes that are set out for national statistics are followed for those that are published as national statistics.

Colin Beattie: Clearly, we are measuring ourselves against the notional figures or targets that we produce in Scotland. Do we benchmark how we are doing against overseas figures? Do we compare ourselves with, for example, UK or European figures?

Paul Gray: Yes, we do. We compare ourselves with the other nations in the United Kingdom and with those in Europe and beyond that have similar systems. We can give a brief overview of that now, if that would be helpful, or provide a more detailed overview in writing. I am happy to do whatever suits the committee.

Colin Beattie: It would be useful to have that information.

The Convener: If you could provide it in writing, that would be helpful.

Paul Gray: We can do that.

Colin Beattie: We are looking at statistics, which are fairly dry, but the important thing is the outcome for the patient. How are we measuring what actually comes out at the other end?

Paul Gray: I will turn to the chief medical officer on the clinical matters and to the chief operating officer on any detail that is required. However, as we are talking about A and E performance, there is good clinical evidence to support the value of having a 95 per cent target. It is not appropriate for some patients to be moved out of A and E within four hours; it is better for them to stay there either to be discharged later or to be treated in the same place because they are acutely unwell and it would harm them to move them.

There is good evidence that the outcomes for most patients who present at A and E will be better if they can be either discharged or moved on to another place for care and treatment. That is why we strive to meet the standard—it is not merely an arbitrary decision.

Our standard is higher than the standards in some other countries, on which we can provide written evidence. Nonetheless, after consulting the Royal College of Emergency Medicine and taking on board other emergency department advice, that is the standard on which we have settled, based on clinical evidence that it produces the best outcomes. The chief medical officer will be able to say more about that.

Catherine Calderwood: We have evidence that longer waits in A and E lead to increased morbidity and mortality for a range of conditions. It is the point of definitive care that is important. If someone needs a specialist cardiologist, the sooner they can be seen and triaged in A and E and moved to a specialist ward with other facilities, the better.

John Connaghan (Scottish Government): I would like to comment on management and clinicians working together. Previously in Glasgow, we had matrix management, with one manager and one clinician managing the surgical service across a number of sites. That was fine, and it was effective for planning purposes.

However, the latest approach to ensuring that managers and clinicians work better together highlights the question who is in charge of a particular site on a particular day. While matrix management is good for planning, it is not all that effective at ensuring that people take quick decisions on, for example, what will happen in the afternoon if there is a problem in the morning. That is one of the aspects that lies behind the recommendation.

With regard to measuring the impact on patients, the guidance that we published on 6 August 2015 is the most comprehensive that we have ever issued on winter planning. We have asked boards to look at a checklist of more than 100 items, which includes aspects such as the effectiveness of the respiratory services that we make available for cases that present at accident and emergency units.

All boards will reflect that guidance in their winter plans, which are due for publication at the end of this month. We already have draft winter plans from boards and we are engaging with them on those plans. The whole process is now taking place two months earlier than ever before. We want to try to get ahead of winter and ensure that our measurement systems are appropriate for patients.

The Convener: Just before I bring in Nigel Don, I want to come back to the point that you raised regarding the relationship between clinicians and management. A clinician obviously has a responsibility to their patients, but who is in charge? Is the manager in charge of the clinician, or is the clinician in charge?

John Connaghan: That depends on how the local management is set up. I have been a chief executive in three health boards and have had both managers and clinicians in charge of services. I like to encourage clinicians to take charge of services. I ran a system in which we had a clinical director in charge of each of the major components of service provision in the health

board. The decision on who is the best person to be in charge depends on the nature of the task.

The Convener: Is that allied to the challenges that are faced? There is no consistency in the system because nobody really knows who the manager is; it is different in each locality. Another problem is that some clinicians are in charge and other clinicians are not. Does that lead to local problems?

Paul Gray: I will come in on that, convener. It is a fair question. I will use the example of Glasgow. There is a rota there for a lead director to cover weekdays and weekends. Sometimes the lead director will be an administrator and at other points the director will be a clinician. That is a good thing, because it means that clinicians and administrators are dependent on one another.

To put it positively, if an administrator is in the role on Friday and leaves a good well-flowing system for the clinician on Saturday, that is beneficial. If either leaves a bad product for the other, that is not beneficial. The system of rotation works well because it means that everybody has to work in the interests of everyone else.

The Convener: Can we be honest about this? There are senior clinicians who do not want to be managed because they are looking at the situation from their own perspective, which is that they have a responsibility to their patients, which is their absolute priority. That culture has existed for a long time, and it is difficult to manage, is it not?

10:30

Paul Gray: I am saying this with a smile on my face, convener: I will not be drawn into criticising administrators or clinicians. The top ones in either profession are people who are committed to delivering safe, person-centred and effective care.

The Convener: I am not saying that they are not.

Paul Gray: I apologise, convener: I did not mean that you were trying to get me to criticise them.

The Convener: I am just being realistic about the situation in which we find ourselves. Senior clinicians have a responsibility to their patients, and they do not always like to be put in a position in which somebody is saying to them that they have to look at diverting their resources to somebody else. That is a clinical decision that sometimes has to be made. Not every clinician wants to be a manager, do they?

Paul Gray: The point is that, by having clinicians and managers working together as we do, we are fostering joint working in a way that we have not done previously.

You are right that there are points at which an administrative decision on the availability of a bed and a clinical decision on the needs of a patient can conflict. However, we are now having conversations—there is not simply a battle in which somebody from on high says, “Do this” and it is done. The conversations are actually happening. That is why we are training clinicians and managers together. I am clear that getting people to work together and talk to one another is the way to resolve the issue. I or the CMO can give any amount of instruction, but the system really works when people work together.

I totally accept your point about the potential conflict between administrative decisions and clinical decisions, which is why we have to get better at working in that area. We cannot just let it stay as a conflict.

Nigel Don (Angus North and Mearns) (SNP): Good morning, colleagues. I would like to pick up on a couple of points. You have suggested that winter pressures next year will, as I understand it, be addressed not only by getting guidance—and instruction, dare I say it?—out a little bit sooner, but by putting some money in the appropriate places. I am quite prepared to believe that you will put that money in the appropriate places, but money buys you people—in this context, professional people. As MSPs, we all know that it is difficult to get the right people, and there are not spare people hanging on skyhooks. How is that money actually going to buy you more medical resource in the winter months when those people are more likely to suffer from flu and we are far more likely to fall over in the street and break a wrist?

Paul Gray: Of the money that I have mentioned, £30 million is going towards addressing delayed discharge, which does not, by and large, require us to buy hospital-based services but rather requires that we support the integrated joint boards in delivery of services outwith the hospital. The CMO, along with my colleagues at the table, will be able to tell you in more detail how that money might be deployed effectively.

We have put £9 million into unscheduled care—again, we are trying to stop the flow coming in rather than dealing with it once it gets there. Valid points have been made about primary care, and we are working hard to strengthen the resource and development there.

In fact, the amount of money that is going straight into hospitals—if I may put it as crudely as that—is not a large proportion of the money that we have. The CMO may want to say something about the availability of staff and how that issue is addressed over winter.

Catherine Calderwood: The A and E departments expect an increased flow, as they do throughout the year during festivals and public holidays and on new year's eve, and there is always a group of doctors—I will talk about doctors initially—who will be available to do extra shifts. There are locum shifts, but the doctors are usually people who already work in the department. That capacity is built in at times of expected high pressure, and it can be sustained for a number of days and weeks—for example, if the weather is particularly cold.

Similarly, with regard to nursing staff, the boards plan to use the available agency and bank staff who are on their books. If they are not available, the boards look elsewhere. That is part of the planning structure. People are not just "hanging on skyhooks", as Nigel Don said—although perhaps they are to a certain extent given that there are people who are available to work specific hours.

Nigel Don: That answer was very helpful. I am interested to note that you are putting in money to try to ensure that people do not come into hospital in the first place and to try to get them out at the other end. That makes sense, because your constraint is the limited resource in the middle.

I will ask about the other side of statistics. You have spoken about the 95 per cent target for moving patients on. I encourage you to find a better way of describing that. I listen to people who tell me that people have not been seen within four hours. I know perfectly well from experience that triage is more or less instant, unless there is a queue, which is rare. The problem is in getting people moved on within the four-hour target. I encourage you to find words to describe that better, because the press does not understand it, and therefore the public do not understand it.

You said that the 95 per cent target makes clinical sense. I suspect that there might be an increasing trend of folk who come in under the influence of drugs and alcohol. Although you could triage and do some medical things to those people, you could not conceivably move them on within four hours, because you could not finish the process. Do you have any statistical understanding of what fraction of those who present are in that category? Does it vary in different places? I suspect that there must be some variation. Should you present that aspect of the statistics to us? If it is significant, there will be no way that you can get to the 95 per cent target.

John Connaghan: I can answer some of that. We split the population that presents at accident and emergency departments into two age groups: 0-64 and post-64. For presenters in the 0-64 age group, by far the biggest single cause of presentation is poisonings. That is how it is coded—"poisoning" usually means overindulgence in alcohol, drugs and so on. The next biggest cause is chest pain. In the post-64 age band, the biggest cause is chest pain, with respiratory failure and so on coming thereafter.

A slightly younger age group presents with poisoning. It is significant, because it is the biggest cause of their presenting. When we analyse the figure, we see that most of those presentations are in and out and dealt with in about a day: they do not tend to stay all that long in hospitals. They stay in the front end of the hospital and are probably kept under observation until they can go home.

Nigel Don: That is helpful in a medical sense. I am concerned about the statistic, as I am sure you are, because people keep bashing you over the head with it. Is it fair to say that those who come in with what we will now describe as "poisoning" are less likely to be moved on within four hours, or are am I barking up the wrong tree? Are they as easy to deal with as everybody else?

Alan Hunter: We will get you the statistics. Clearly there are big difficulties in splitting things out exactly when somebody has an alcohol presentation but also has a serious problem that needs to be dealt with. I do not think that people who present under the influence of alcohol or drugs are the biggest issue for performance, which is partly about how we get patients into the hospital and how we get the flow. Over the summer, performance has been at around 95 per cent of target: we managed to get 95 per cent of patients through within four hours over the past two months.

Building hospitals' resilience for winter is critical, which is why we have been working earlier with boards on planning for winter.

The Convener: Paul Gray can come in briefly, then we will need to move on.

Paul Gray: I was going to ask the CMO to talk about the point in principle that Nigel Don made about the types of patient whom it is not appropriate to move out of A and E in four hours. That was the core of the question that was being asked.

Catherine Calderwood: I think that Nigel Don is concerned that we will never get to 100 per cent, because that is not appropriate. That may be because patients are very significantly injured—it would often be something such as major trauma—so they will need many hours of working up, if you like, until they are stable enough to be moved on. There are also a smaller number of people who would be deemed to be poisonings—that is the way that it is coded—but let us call the cause alcohol. They might be considered to be fit within a period longer than four hours, but would not need to be admitted. Such patients who do not recover well enough would be admitted to a short-stay or

observation ward, from which they would be expected to be discharged within less than a day or would not need an overnight stay. The figure for patients who cannot be moved on within four hours is about 2 per cent.

Sandra White (Glasgow Kelvin) (SNP): I will continue on the theme of data, which seems to be so important. Everyone else has mentioned the gathering of data, but can the data be broken down further?

My questions follow on from Nigel Don's theme. It is good that it is recorded that, in 2015, just under 96 per cent of patients across Scotland have been seen within four hours. However, in relation to waiting times of over four hours and so on, are patients who present at accident and emergency asked questions such as, "Why did you come to A and E? Could you not get a doctor's appointment in time?" Are they asked if their doctor's surgery is closed because it is a bank holiday? Are those questions asked when people present at A and E? I receive feedback from constituents that they could not get a doctor's appointment, so they just went to A and E, or that their doctor's surgery was shut on the bank holiday, so they went to A and E. Do you gather such statistics?

Catherine Calderwood: There is recognition that more engagement with other parts of the service is required. The know who to turn to campaign—which was run very effectively in relation to the new hospital build in Glasgow—signposts people to NHS 24, to the opening hours of their local GP surgeries and to minor injury units, which may be geographically closer as well as more appropriate. In the longer term, NHS Tayside has put in place extremely good education for its local population. Attendances at A and E in NHS Tayside are extremely low proportionally compared with the number of people who have been sent by their GP. NHS Tayside's system seems to work well.

It is partly about education, because people are not necessarily aware of what is available and the times at which it is available. People can go to their pharmacist, and we are encouraging increased pharmacy input. In fact, we are investing in an extra 140 pharmacists to be placed alongside GPs in GP practices. That is being done partly because it is appropriate for medicines management, but it is also designed to help the throughput in GP practices.

Sandra White: I take your comments on board and I have read your report about Tayside. I have noticed on a couple of occasions in my area that when a GP surgery has been closed, the pharmacy next door has also been closed. That is a bit of a concern—I certainly noticed that over the September holiday weekend. You are gathering data, but you do not gather data about that. It is about education.

Another issue that I want to raise about the data is that, although it is good that just under 96 per cent of patients across Scotland are seen within four hours, two of the four worst-performing hospitals when it comes to the four-hour target were hospitals in Glasgow—Glasgow royal infirmary, and the Western infirmary and Gartnavel general hospital.

I will pick up on Nigel Don's question about the people who present at A and E. If someone is in a state of inebriation—to put it that way—it may take more than four hours for them to be able to be seen or treated. Data should surely also be available on those patients. Is there any reason why we have no statistics that tell us why the four hospitals in question—the Royal Alexandra hospital in Paisley, Wishaw general hospital, the royal infirmary, and the Western infirmary and Gartnavel hospital—are the worst-performing hospitals when it comes to that target? We have no information on why that is the case.

10:45

John Connaghan: We are keen to ensure that each board has its own hospital site plan, because it is also important for there to be good site management.

We have spent quite a bit of time setting up not just a statistical gathering exercise but a process through which we can roll out improvements. In order to do the latter, we need to know what improvement is being targeted. We know that there is variability in the ability of some of our hospital sites to discharge patients before noon. There is also variability in their ability to turn around beds in an appropriate time—if someone leaves a bed, is there an appropriate response from domestic services to ensure that the bed is turned around and available? That is particularly important for sites with single rooms.

We have a fair idea of what the issues are. The guidance from 6 August to which I referred is the most comprehensive that we have ever issued. It has well over 100 different reference points for boards to look at in addressing the differences between the sites. In summary, the work is a mix of improvement and statistical analysis.

Sandra White: I have a follow-up question. When the data on the various hospitals is presented—Mary Scanlon mentioned the deprivation in some areas of Dundee—it must be made quite clear that Glasgow royal infirmary is not just a local hospital; rather, it is a national hospital, just as the Yorkhill children's hospital was for children's services. Do you take account of that when you produce the data? People do not just

present at the hospital—there may be other areas in which clinicians are under pressure.

John Connaghan: That is a fair point. I have mentioned a lot of things to do with what goes on inside hospitals, but there are many things that we need to do outside hospital. On seven-day services, for example, it is important to have staff available in the community and the hospital site to ensure that discharges are just as effective at the weekends as they are during the week. It is also important to understand how to appropriately plan for demand and capacity at each site, because things change—for example, attendance patterns change.

I cannot remember which colleague mentioned this but, over the past 12 years or so, we have seen a significant increase of about 200,000 in the over-60 population. That brings its own demands and creates extra requirements for hospital and community-based services. Understanding how all that fits together is important, so we emphasise whole-system planning.

Alan Hunter: It might help if I mention something about Glasgow royal infirmary. A number of years ago, it introduced an assessment area and, a month ago, it expanded that to include surgical GP-referred patients. It is adapting its services and models to address some of the problems.

Ayrshire and Arran NHS Board is investing £34 million—I will confirm the figure—to realign its front-door services. It is creating GP assessment areas that are adjacent to the A and E departments. Those developments are happening as we speak. The service in Ayr will open in January 2016; the one in Crosshouse will open in summer 2016.

Services have to evolve; some of the buildings are older than others and they need to be adapted. Services must be shaped as best they can be.

Stuart McMillan: Catherine Calderwood mentioned the know who to turn to campaign in Glasgow. Will that be rolled out across the NHS Greater Glasgow and Clyde area?

Catherine Calderwood: As far as I know, partly because of the new hospital, the campaign spread widely to the areas of other hospitals that were changing their services. I am afraid that I do not know about the campaign in wider Clyde.

Alan Hunter: At the end of November, a national know who to turn to campaign will be launched. There will be radio and various other media opportunities. That is part of the winter plan. It sits in with the redirection and signposting plans of each of the boards. Local events will be tied into the national programme.

Stuart McMillan: I must admit that when I heard Ms Calderwood talking about the campaign earlier, I had not heard of it, even as a West Scotland member. I am glad that work is going to take place on it, but is that work going to focus on the winter period or will it continue post the winter period?

Alan Hunter: It is focused mainly on the winter period, but we recognise that we also need to take the work forward. The guidance on redirection or signposting is getting rolled out, and it is not just NHS Tayside but other health boards such as NHS Fife and NHS Grampian that are doing it. Most boards and hospitals are doing it to a degree, but they are building up their own and the staff's confidence in that respect. It has taken Tayside about 15 years, but it now has evidence that the local population knows that if they go to the hospital with something that they could take to their GP or the pharmacist the following day, they will be told as much. That is helping with the situation.

We have agreed those types of processes with the Royal College of Emergency Medicine, and the six essential actions, which include site management and planning, have been agreed with the Academy of Medical Royal Colleges and Faculties in Scotland, which is the collective organisation. We have clinical engagement in this area not only at the top level but at a local level, with lead consultants in each of the sites looking at these issues. We are building a process that is now gathering momentum. That is the right way to go about this, because the fact is that short, sharp shocks do not always work. After all, it is a programme of change.

Stuart McMillan: I also imagine that NHS Tayside has collected a huge amount of data over that time and will have estimated the number of people that it has managed to prevent from presenting at A and E. I am keen to hear the estimates for other health board areas.

Alan Hunter: Nationally, it is estimated that somewhere between 10 and 15 per cent of patients can be dealt with elsewhere. It is necessary to ensure that the links with community services are in place, and we are doing that through a range of initiatives.

Stuart McMillan: That was helpful.

I have to say that, as far as presentations at A and E are concerned, I had not thought of the issue of festivals, which were mentioned earlier. The number of festivals has been increasing, and the tourism sector in Scotland is a huge part of our economy, with more people coming to Scotland every year. How important are festivals in the number of people who present at A and E as a result of accidents or, as they say, poisonings?

Paul Gray: Boards make plans to, in effect, staff up on the basis of known events such as festivals or football matches, because it is a fact that with certain events you are more likely to get A and E presentations. I will ask the CMO to respond in a second, but to be honest with the committee, I am less worried about festivals than I am about other types of events that, I am afraid, tend to produce a regular throughput of seriously injured people. Alcohol plays a part, but there can also be quite serious physical injuries, some of which arise from violence. The spread of domestic violence after certain events is also a big issue on which our colleagues in the police and fire and rescue services are working very constructively. For example, the violence reduction unit in Glasgow is a major contributor to that work, but the fact is that certain events produce higher throughput.

Catherine Calderwood: The planning is very detailed. I have visited NHS 24 and the Scottish Ambulance Service; they have call centre-type software and will have different staffing for shifts. Of course, for a major event such as a football match or something more prolonged like the Edinburgh festival, which lasts for more than a month, the manpower and ambulance availability are set out in 15-minute slots 24 hours a day. Similarly, emergency departments are staffed with local events in mind.

The Convener: I have a brief final question. As we have said, people present at A and E because when they phoned their GP, they were told, "You'll have to wait three weeks before you can get an appointment." What do we tell people who cannot wait those three weeks when they arrive at A and E?

Paul Gray: I will turn to the CMO in a second, but one of the things about the NHS in Scotland is that, if someone presents at a place with something that can reasonably be treated there, we will do our best to treat them. There is a redirection policy, but NHS Tayside—which, as we have said, has been doing this for 15 years now—has the infrastructure to allow it to redirect people to something that is available. If someone is in need of help or clinical intervention, we do not at any point refuse them just on the grounds that they ought to have gone somewhere else.

The Convener: That was helpful.

Catherine Calderwood: All I will add is that the growth in minor injury units is an example of that.

The Convener: I thank the panel for their evidence. Anything that needs to be followed up can be arranged via the clerk.

I suspend the meeting for five minutes.

10:56

Meeting suspended.

11:01

On resuming—

"Efficiency of prosecuting criminal cases through the sheriff courts"

The Convener: Agenda item 4 is evidence on the Auditor General for Scotland's report "Efficiency of prosecuting criminal cases through the sheriff courts". I welcome our panel of witnesses—Caroline Gardner, the Auditor General for Scotland; Angela Cullen, assistant director at Audit Scotland; and Mark Roberts, senior manager at Audit Scotland. I understand that Caroline Gardner has a short opening statement.

Caroline Gardner (Auditor General for Scotland): On average, 88,000 people appear in criminal cases in Scotland's sheriff courts each year, and many thousands more interact with the sheriff court system as victims, witnesses, jurors, lawyers and members of the judiciary. It is important for all those people, and for society more widely, that the sheriff court system works efficiently and effectively. Our report finds that there is mounting pressure on the sheriff court system and that it comes from two main sources: financial pressures and the nature of the cases that are entering the system.

As with many parts of the public sector, budgets have fallen. The Crown Office and Procurator Fiscal Service and the Scottish Court Service both saw their total budgets and their operating budgets fall by proportionately more than the overall Scottish budget did in the period 2010-11 to 2014-15.

The nature of the cases that the sheriff court system considers is changing. There are more cases that involve domestic abuse and historical sexual abuse. That is a good thing, as it means that the focus on those crimes by the Scottish Government and all the organisations that are involved is having an effect and giving more victims the confidence to come forward. It also adds to the pressures on the system. Those cases may date back over many years, and victims and witnesses may need additional support and time to allow them to give evidence.

One key measure of the system's overall performance is publicly reported: the percentage of cases that are completed within 26 weeks. In 2010-11, 73 per cent of cases were completed within that time, but by 2014-15, the figure had fallen to 65 per cent. The data that we present in exhibit 8 on page 26 of the report show that there is marked variability in performance against that

measure across the six sheriffdoms. We also report that there can be marked variation within a sheriffdom, as we highlight in case study 3 on page 28.

A range of factors affect how individual courts function. They include the mix of types of cases that are considered; the preparedness of procurators fiscal; the culture and behaviour of defence agents and the accused; and the way in which sheriffs principal and sheriffs manage their courts.

Inefficiency in the system is known as churn. That is not always a bad thing; although it causes an immediate delay, it might allow a case to be concluded earlier in overall terms. In many cases, however, court appearances do not proceed as planned because of problems with the correct citation and availability of witnesses, the readiness of the prosecution and the defence or the availability of court time. Based on our costing model of court appearances, we estimate that churn that should have been avoidable cost about £10 million in 2014-15.

A fundamental challenge is that although the system is made up of individual organisations that have to—for good reasons—operate independently, the system has to be managed collectively in order to improve its overall performance and efficiency. We found that the establishment of the justice board by the Scottish Government in 2011 brought together the chief executives of the various public sector bodies in the justice sector and has improved joint working at a national level. We would now like that to be replicated at a local level, where joint working has been less successful.

We have made four detailed recommendations that aim to improve the management and performance of the sheriff court system as an integrated system and to improve public reporting of the performance of the sheriff courts.

As ever, we are happy to answer the committee's questions.

The Convener: Thank you. You spoke in your statement about how sheriffs manage the courts. Can we be realistic about the challenge that we face? Sheriffs are there to ensure that justice is carried out properly through the judicial process. It is difficult for them to consider the associated costs if they must also ensure that there is a fair system that is implemented properly. Are there examples of where improvements could be made without compromising the judiciary or the judicial system?

Caroline Gardner: We have some very good examples, and I will ask Mark Roberts to highlight a couple for you. It is worth being clear that we are not asking sheriffs to focus just on the costs of the system. The costs are quite good indicators of the system's overall efficiency and of how good it is at delivering justice as quickly as possible for everyone concerned—not just the accused but victims, witnesses and others. There is a public interest in ensuring that the system works as well as it can.

I ask Mark Roberts to give us examples of where sheriffs and sheriffs principal have had such an impact on their courts.

Mark Roberts (Audit Scotland): In the case study on page 36 of our report, we highlight the extent of court management that goes on at Aberdeen sheriff court. Sheriffs work together in small groups there and focus on specific areas of legal activity, be that summary or solemn business. That has helped to secure earlier resolution of cases in the sheriff court. The sheriffs in Aberdeen have taken a very active approach to improve the process of managing business through the court. Of course, that is entirely separate from the legal considerations that sheriffs must deal with, which are equally important.

The Convener: Another challenge that is faced lies in the availability of witnesses. I know from constituents' experiences that that can vary, with police officers retiring or perhaps being abroad and difficult to locate, and with other witnesses being difficult to contact. What can be done to improve that? If someone is clearly making things difficult by not making themselves available, even though there is a legal process to deal with that, it can ultimately be difficult to improve things.

Caroline Gardner: You are absolutely right. Not everybody who is involved in the court system has the same interest in making it work smoothly, for obvious reasons. We are not saying that there is a magic wand that can take away the problems at a stroke. Equally, we have found examples where practical ways of working can help to improve the planning and management of cases.

Mark Roberts: I highlight one of the examples that we quote in our report. Under the making justice work programme, there have been initiatives by Police Scotland, the Crown Office and Procurator Fiscal Service and the Scottish Court Service to find innovative ways of reminding people that they have been cited for witness appearances, whether by sending text messages or by having a record of mobile phone numbers and so on.

The convener mentioned the importance of police witnesses being able to attend court appearances. A court witness stand-by system is now being instigated. It ensures that police officers are called at the specific time when they are required in court, rather than being required to be present all day, as sometimes happens, just in

case they are called. The system provides a bit more precision as to when their appearance will be. That has assisted with the amount of police time that officers spend waiting to be called to act as witnesses.

Colin Beattie: At paragraph 5 on page 7, you state that you

"did not consider the impact of ... court closures",

which are on-going. I presume that you will return to cover them at some point, as they will affect the dynamics of costs and so on. A lot of the costs that we are talking about now might not be absolutely relevant a year or two down the line.

Caroline Gardner: We did not explicitly consider the court closures mainly because of timing. The report focuses on the period that finished in 2014-15. Most of the court closures were scheduled to happen during that year.

We have examined the data as far as it is available. It is fair to say that there is no clear evidence of an impact from the court closures on the efficiency issues that we are considering. That is partly because most of the affected courts were dealing with quite small numbers of cases—that can be seen in the data that we present. We absolutely recognise that local courts are important to local people, but there is no evidence of a direct link to an impact on the efficiency of the court system.

We know that the Scottish Courts and Tribunals Service is conducting its own evaluation of the impact of closures. We plan to examine that evaluation and decide whether further work could be done on the back of it to add value. We are keeping an eye on the issue, but it is not a key part of the report that is in front of you.

Colin Beattie: The number of cases is relatively small, but the overheads might be disproportionately high. Will you do a fresh analysis of all this later and produce a fresh report?

Caroline Gardner: We will consider the Scottish Courts and Tribunals Service's evaluation and the data and see whether there would be value in doing that.

Colin Beattie: There are some significant percentages in the report. Paragraph 39 on page 25 states that the criminal justice targets are being exceeded, which is quite interesting. The pressure seems to be coming from summary cases. In paragraph 13 on page 12, you state that there was a 25 per cent increase in the volume of cases going through justice of the peace courts, mainly because of road traffic offences—as a motorist, that is obviously a concern to me. Do you agree that the primary pressure seems to be coming from summary cases rather than more serious cases?

Caroline Gardner: I will ask Mark Roberts to talk about the specific cases, because he is absolutely on top of them. Your point recognises one of the messages that we want to get across, which is that the sheriff court system has to be managed as a system. Decisions that are taken in one part of the system, whether that is in Police Scotland or in the Crown Office and Procurator Fiscal Service, have impacts that need to be understood to ensure that the flow works smoothly.

Mark Roberts can talk about the specific factors that are driving change.

Mark Roberts: Paragraph 39 on page 25 talks about the targets being exceeded. Police Scotland has 28 days to submit a prosecution report after someone has been charged. Following that, the Crown Office and Procurator Fiscal Service has a further 28 days in which to decide what to do with the case. Both organisations have targets for the proportion of cases that meet those timescales and, as Colin Beattie said, those targets are being exceeded.

Performance against those measures dropped over the period that we looked at. That has put more pressure on the Scottish Courts and Tribunals Service, which has the ultimate end-stop of the 26-week overall target to meet. The more cases that take slightly longer to go through the initial stages, the greater the pressure on the Scottish Courts and Tribunals Service at the end.

Colin Beattie's second point was about the impact of business going through JP courts. As the Auditor General said, because this is very much a system, if there is a big increase in business in JP courts, that occupies courtroom time and courtroom availability, and that squeezes the availability of courtrooms for summary and solemn business in the sheriff courts. As we highlight in the map in exhibit 1, a lot of court buildings are used as both JP and sheriff courts.

Colin Beattie: The key point that I am trying to make is that, if serious criminal cases are being dealt with reasonably expeditiously, the bad guys are not feeling the impact of an inefficient system, and it is the summary cases that are forming the bulk of the problem. The report shows that the detection and reporting of sex crimes are up by 80 per cent and that domestic abuse cases that are entering the system might well be taking longer to process. That is important because I presume that those figures lead through into the criminal side. If that is being contained and the targets are being exceeded, I would have thought that that side is doing okay.

11:15

Mark Roberts: The pressure is coming from the overall 26-week target, which is a combined measure of the work of Police Scotland, the Crown Office and Procurator Fiscal Service and the Scottish Courts and Tribunals Service. Having more cases coming through the JP courts adds to the pressure in the criminal side on summary and solemn business, and those cases occupy available court time for doing other JP work.

Colin Beattie: From an audit point of view, it is important to understand where the pressure is coming from. If it is coming from summary cases, that is a concern. We need to understand what that means and what the knock-on effect is.

The Auditor General said that, for understandable reasons, courts have to work separately—or, at least, cases have to be handled separately. The second-last sentence of paragraph 58 on page 35 states:

"Existing legislation means if an individual is being prosecuted in the sheriff courts for two different crimes in two different sheriffdoms ... these cases"

cannot be combined. The indication is that some thousands are impacted by that. If I have got it right, the Auditor General is saying that such cases cannot be combined and have to be taken separately but that perhaps a way should be found of combining them.

Caroline Gardner: Not quite. I was making the point that we recognise that, within the judicial system, there has to be an independent judiciary and safeguards to ensure that the police can carry out their work independently, and that all those players need to play their roles independently but must come together to manage the system. For example, Mark Roberts described how people get together in the Aberdeen sheriffdom to manage the courts better, which is a good example of people managing the business in ways that do not compromise the independence of their operation and decision making.

We said in the report that there might be scope for combining cases in the way that you are hinting at. However, what the Aberdeen sheriffdom has done is an example of being much clearer about where people can work closely together to improve the working of the system and about where they need to operate independently.

Colin Beattie: I was rather tantalised by paragraph 65 on page 37, which states:

"The strategy estimates that £20-£25 million could be saved each year by operating a fully digitised justice system."

Was there not an attempt some years ago to put in place a digital solution, which got at least partially scrapped? Is my memory right about that?

Caroline Gardner: We like tantalising MSPs, so I am glad that that point has been helpful in that respect. [*Laughter*.] Would Mark Roberts like to respond to Mr Beattie's question?

Mark Roberts: I might have to rely on Angela Cullen for this, but I think that Mr Beattie is referring to an information technology project that existed in the Crown Office, which we reported on a number of years ago. Can you confirm that, Angela?

Angela Cullen (Audit Scotland): Yes—Mark Roberts is right. I think that Mr Beattie is referring to the information and communications technology project in the Crown Office that we reported on in 2012. The justice board of senior people in the justice sector was set up in 2011, and one of the things that it has done is develop the justice digital strategy, which was published in 2014. That sets out how all the bodies will work together as part of the making justice work programme, and IT across the sector is one of the solutions that they are looking to.

We identify on page 37 a range of on-going initiatives, including bringing wi-fi into courts and ensuring that there are videoconferencing links in prisons so that prisoners can speak to their lawyers. A lot is going on, and the Government has estimated that improving the digital world in the justice system could bring savings of £20 million to £25 million.

Nigel Don: Good morning, Auditor General and colleagues. I want to concentrate on exhibit 10 on page 27 of the report and unpack the graph. There are four different spaces within the graph. I will start with the top-left, which shows the courts that had a small number of cases. Understandably, they might not appear to be terribly efficient, but I propose to discount that view.

The packed bottom left-hand area of exhibit 10 shows that a large number of sheriff courts seem to work reasonably efficiently. By definition, some will be performing above average—that is how you get a national average. However, the interesting spaces on the exhibit are, first, those that show the contrast between the performance of Paisley sheriff court and the performance of the likes of Falkirk, Dundee and Kilmarnock sheriff courts and, secondly, the top right-hand corner, which I will come back to. When I turned the page, I noted that Paisley sheriff court is considered in case study 3, but I am not sure that the case study tells us what you think the answer is; it is just a more detailed description of what you have observed. Back in the days when I had a different salary, if I was running two factories that had such different levels of efficiency I would have been dispatched by the appropriate director to work out why. Surely somebody somewhere is having a look at why those courts are performing so differently.

Caroline Gardner: You are absolutely right, Mr Don. In my opening remarks, I said that, as well as there being marked variations between the six sheriffdoms, there are marked variations within each sheriffdom, and you have put your finger on an example of that. Case study 3 talks through what the team found when it looked at Paisley and Kilmarnock sheriff courts, in the north Strathclyde sheriffdom.

First, there are no simple answers. We recognise that these are complex systems with an awful lot of factors going on. Secondly, we know from our audit work and from looking at places that are doing well that some things make a difference. Mark Roberts will talk you through the detail of that, and we can come back on the response to the report.

Mark Roberts: While doing the fieldwork, we heard a lot about the impact that the culture and the behaviour of all the individuals who are involved in the sheriff court system can have on overall performance. We refer to the culture of the defence in its attitude and approach to, for example, not guilty pleas, and the behaviour of the accused. Those were emphasised again and again, with people saying that they were key factors associated with the performance of the court—in this case, Paisley sheriff court. We included case study 3 because it focused on two courts within a single sheriffdom, and we tried to get two courts that were as close as possible in their volume of business and the distribution of crime types while noting a sharp difference in their performance. As I say, during the fieldwork, we heard about the culture of the defence agents and accused that was associated with Paisley sheriff court.

Nigel Don: Let us not get too parochial about it, but would it be fair to suggest that the sheriff principal has some responsibility for changing what happens there? Who is responsible for it, please?

Mark Roberts: The sheriffs principal are responsible for all business in the sheriffdoms, with sheriffs being responsible for the management of individual courts and the effective discharge of business through them.

Nigel Don: Does the sheriff or sheriff principal have the power to tell defence lawyers—if those are the people who are making the difference—that they should proceed differently?

Mark Roberts: I guess that the way in which they approach cases is an on-going matter for discussion between sheriffs and the legal profession, but I cannot point you towards any definite examples of where that is happening. You might want to ask that question of the Scottish Courts and Tribunals Service.

Caroline Gardner: It is fair to say that "power" is a less useful word than "influence". Case study 4, on Aberdeen sheriff court, describes how the sheriffs meet to discuss their professional practice and ensure that they are consistent. That discourages defence agents from asking for adjournments on the basis that they might get a different sheriff the next time. That sort of thing is within the power and responsibility of the sheriffs and the sheriffs principal. It comes back to the need for people to understand the challenges that are faced at a local level and to think about what actions would make a difference in any particular set of circumstances.

Nigel Don: I do not want it to get too personal, so perhaps that is where I should leave it. I recognise that sheriffs' clerks also have some influence in that environment, particularly, perhaps, in Aberdeen.

I would like to explore the situation that is illustrated in the top right-hand corner of exhibit 10, where we find the sheriff courts in our two biggest cities. There is clearly some kind of constraint at work, but the inefficiency cannot come from their dealing with only small numbers of cases; it appears to be because of their dealing with large numbers of cases, which one would not have expected to be the cause in itself. Does it come down to a lack of space, a lack of sheriffs or the interaction with all the other business that is going on? Do we know what it comes down to?

Mark Roberts: It probably comes down to a combination of all those factors. There is a large volume of business, and we have talked about the increasing complexity of the cases that are being heard. We spoke to Mr Beattie about the competing demands of JP business and fatal accident inquiries in occupying court rooms, for example. There are also issues to do with scheduling different courts to take different approaches to the number of cases that are scheduled for any given day, which seems to have an impact on how long it takes for cases to get through the system as a whole. You referred to the role of sheriff clerks in the management of business and that is a key factor.

There is no simple answer. When we did the fieldwork, a recurrent theme was how complicated the system is and no single driver could be easily picked on to try to untangle what causes the problems.

Nigel Don: I guess that those in Edinburgh would argue that they are just as efficient as those in Aberdeen and Inverness. Therefore, maybe I should not pick on them, and I will not do so. Is there somebody in the Glasgow system who has responsibility for what is going on there? Again, I do not want to be personal, but is the system so diffuse that it is no one's responsibility?

Mark Roberts: One of the challenges that the system faces in managing itself as a system is that not everyone who is involved seeks the same outcome, as the Auditor General has said. The culture that is adopted by defence agents and the accused can have an impact on how well the system performs as a whole.

There is also the necessary independence of the judiciary, the police and the Procurator Fiscal Service in making their decisions. At the same time, they all have to operate together. I do not think that there is one person who is responsible for all of that. The system is very large and, as you said, slightly diffuse, but people are working better together at the national level, certainly, to make things flow through the system.

Sandra White: Good morning. I want to raise two issues, one of which is a very slight one and the other of which is churn. The Auditor General's submission states:

"There is limited information on the full costs of prosecuting criminal cases through the sheriff court system",

so the costs have to be estimated. Is that because there is not joined-up thinking? Obviously, we are talking about data and previous witnesses. How do you estimate a cost? Why can you not get the full information?

Caroline Gardner: That is difficult because the costs sit in the budgets of the various organisations involved. Part of the budgets of Police Scotland, the Crown Office and Procurator Fiscal Service and the Scottish Courts and Tribunals Service are for prosecution, and parts of their budgets also cover other things. Therefore, estimating how much relates to each is not as straightforward as you might think.

Mark Roberts's team did a good job of coming up with a good estimate and using that to estimate the cost of things such as churn; he will briefly talk through how that was done.

Mark Roberts: In collaboration with the various public bodies involved, we estimated how long an individual member of staff would spend on a particular component of the system, whether in preparing a prosecution report, marking a case or appearing as a witness. We then took salary data from each of the bodies involved and added everything up to come up with an overall estimate of £203 million. Rather than looking at the matter from the perspective of the budgets of the individual bodies, we tried to build from the bottom up by costing the activities of the individuals involved. We tried to build from their salary and time costs.

Sandra White: That must have been a long and laborious exercise. That question followed on from Colin Beattie's question about the various levels of court cases.

I want to pick up on churn. I know that the Justice Committee, which I have been a member of, looked at churn and spent some time visiting the courts, and we also heard from witnesses, the police and defence lawyers. There are challenges, including where there are not guilty pleas. Some cases can last a year or a year and a half, and churn is obviously a huge issue in that respect.

You say in your report that the system at Aberdeen sheriff court works because sheriffs there

"challenge requests for adjournments and encourage cases to be resolved early".

They are challenging the defence lawyers. Could that approach be made mandatory in other courts or does it have to be just an option that they might take up?

11:30

Caroline Gardner: We recommend that a joint working approach, rather than each sheriff simply managing the cases that come to his or her court on the day, would make a difference, although that difference will vary in different parts of Scotland, depending on the challenges that they are facing. Mr Don talked about the likelihood of different types of cases in Glasgow. People need to understand the make-up of cases and the extent to which things such as the attitude of defence agents affect that, and then to decide together on the best approach to dealing with it.

The key recommendation in the report is that joint working has made a difference nationally and that there is a real opportunity to get the same difference locally using this sort of analysis and the better information that we believe is needed about not just cost but all the other things that make up the system.

Sandra White: That is a good recommendation. You also mention the important role of individuals—I presume that that includes defence lawyers—in certain areas.

I know that the police have looked into recommending weekend courts. If that recommendation was made and accepted, would it stop some of the churn?

Mark Roberts: I am not sure that it would necessarily stop churn. It would certainly generate greater availability of court days, but that would come with increased costs given the greater number of days on which courts would have to be supported by all the bodies that are involved. It would, perhaps, be interesting to explore whether that would generate additional efficiencies in the truest sense. However, it might help to address

performance against the 26-week measure that all the criminal justice bodies have.

Sandra White: You estimate that churn costs £10 million. Having weekend courts to alleviate churn might save money in the long run.

Angela Cullen talked about the new digital systems that have been put in place. You spoke to lawyers and went to courts and so on, and you found that only a third of the defence lawyers have signed up to the secure email system. You also discuss the installation of videoconferencing facilities in every prison to alleviate churn and you mention that only 40 solicitors—less than 3 per cent—have signed up to use that system. Did you get any answers on why the take-up of those two systems has been so low?

Mark Roberts: The simple answer is no. We did not get any evidence on why there has not been a better uptake of those systems.

Sandra White: Okay. Thank you.

Mary Scanlon: I looked at exhibit 5 to see whether there has been a huge increase in the number of presentations, as we would call them, or the number of accused people in cases. I think that you say that there has been variance of about 10 per cent over the past five years but, to be honest, between 2010-11 and 2014-15, there has been a reduction in the number of accused at sheriff courts.

I then looked at exhibit 8, which shows the reduction in the percentage of summary cases that are concluded within 26 weeks. Across Scotland, there has been a reduction of 8 per cent. It is not like accident and emergency services, where we have thousands more people; we actually have fewer people. The figures for Glasgow and Strathkelvin show that the percentage of summary cases that are concluded within 26 weeks was 72 in 2010-11, whereas it is now 52, so that area is getting significantly worse. The other outlier, which Nigel Don mentioned, is Lothian and Borders, where the percentage has reduced by only 3 per cent.

My second question is about the 26-week measure. I realise that, on its own, it is not a measure of efficiency but, given that there were the same number of or fewer presentations over five years, the drastic fall in performance by 20 per cent is surely very concerning. Is there something behind that figure?

Caroline Gardner: We think that it is clear that the sheriff court system is under pressure. The two factors that we draw out in the report are, first, the increasing complexity of cases and the growing proportion that involve either domestic violence or historical sexual crimes and, secondly, reducing budgets. We think that both of those are having an effect. You are right that, as we say, the 26-week measure is not a good measure of efficiency on its own, but a number of other measures that we looked at show the same sort of pressure overall.

Some sheriffdoms and some areas within sheriffdoms are doing better than others. I mentioned the two sources of the pressure. What seems to make the difference is how well people can respond to them locally by understanding what is happening for them and then putting in place the measures that they can to influence and manage the pressures.

Mary Scanlon: Have there been greater budget cuts in Glasgow compared with other sheriffdoms, and has that led to the 20 per cent fall? Have there been more of the complex domestic abuse and sexual abuse cases in Glasgow that would help us to understand the figure?

Caroline Gardner: I ask Mark Roberts to pick up the detail of that.

Mark Roberts: We do not have a breakdown of the budgets by sheriffdom. The Scottish Courts and Tribunals Service might be able to help with that.

On the types of cases, as you say, we have reported at national level. I do not have to hand the breakdown of case types by sheriffdom. It is important to note that domestic abuse is not identified as a separate crime type. We had to identify all the cases in which domestic abuse was an aggravator—that is the technical term—which could span the seven crime types that we highlight in exhibit 6. I cannot answer your question immediately and disentangle the data to say whether, in Glasgow and Strathkelvin, there has been any variation in the budgetary pressure or in the crime-type pressure.

Mary Scanlon: In Edinburgh, the reduction was 3 per cent whereas, in Glasgow, it was 20 per cent, which is quite incredible.

I move on to my second question. I was surprised by the key messages on page 5, because I know how precise Audit Scotland always is. Paragraph 2 states:

"We estimate that Police Scotland, COPFS"

et cetera

"spent at least £203 million".

You say "at least", but normally you are very precise. Do you not know how much they have spent? What I really mean is: do they not know?

You say that the measure of 26 weeks for cases is not necessarily a measure of efficiency. What is a measure of efficiency? Do we truly not know exactly how much money is spent? I have read quite a few Audit Scotland reports, so I know that

a figure with “at least” before it is not normal Audit Scotland-speak. What can be done to better understand how the money is spent, given that there has been a 7 per cent cut? Has that cut led to the increases such as those in Glasgow that I have just mentioned?

Caroline Gardner: The reason why we have used the wording that you identify is that we cannot be more precise than that and nor can the bodies that are involved. As we said in response to an earlier question, the budgets are held by a number of bodies, including Police Scotland, the Scottish Courts and Tribunals Service and the Crown Office, and they all do other things as well as prosecuting through the sheriff court. Therefore, as Mark Roberts described, we built a bottom-up model that came up with our best estimate. We have discussed that with the bodies and have used their starting data. I think that we agree that it is the best figure available and that it is not a precise cost. We would like the bodies to work together to understand their costs and activity better, which should give better ways of managing and better public reporting of performance.

I ask Mark Roberts to pick up the question about what information is needed to manage the process better.

Mark Roberts: On Mary Scanlon’s question about the measure of efficiency, the 26-week measure gives an important indication of performance on the overall time taken from charge to verdict, but it is not related to any form of input—it is purely an output. As the Auditor General said, we recommend that there be a better understanding of the activity costs—the unit costs that are associated with, for example, different types of case and different types of crime—so that the inputs can be related to the overall output and performance. We are keen for the Scottish Government and the other justice bodies to look at our recommendation and explore how best to do that.

Mary Scanlon: Have you had a response from those bodies to say that they will work with you and respond to your recommendations to try to get a better understanding?

Mark Roberts: I have already been in discussion with the Scottish Courts and Tribunals Service and the Government on that.

The Convener: On behalf of the committee, I thank the Auditor General and her team for their contribution.

As agreed, we now move into private to consider agenda item 5.

11:41

Meeting continued in private until 13:00.

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