OFFICIAL REPORT
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Public Audit Committee

Wednesday 21 January 2026

Session 6

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PUBLIC AUDIT COMMITTEE
3rd Meeting 2026, Session 6

CONVENER

Richard Leonard (Central Scotland) (Lab)

DEPUTY CONVENER

*Jamie Greene (West Scotland) (LD)

COMMITTEE MEMBERS

*Colin Beattie (Midlothian North and Musselburgh) (SNP)
*Joe FitzPatrick (Dundee City West) (SNP)
*Graham Simpson (Central Scotland) (Reform)

*attended

THE FOLLOWING ALSO PARTICIPATED:

Malcolm Bell (Accounts Commission)
Stephen Boyle (Auditor General for Scotland)
Adam Bullough (Audit Scotland)
Carol Calder (Audit Scotland)
Fiona Duncan (The Promise Scotland)

CLERK TO THE COMMITTEE

Claire Menzies

LOCATION

The Alexander Fleming Room (CR3)

Scottish Parliament

Public Audit Committee

Wednesday 21 January 2026

[The Deputy Convener opened the meeting at 09:30]

Decision on Taking Business in Private

The Deputy Convener (Jamie Greene): Good morning, everyone. I welcome you to the third meeting in 2026 of the Public Audit Committee. We have received apologies this morning from our convener, Richard Leonard—as deputy convener, I will deputise for him. We have also received apologies from Joe FitzPatrick, who is unable to join us. We are small but still quorate in number, and we have a lot of business to get through.

Agenda item 1 is to decide whether the committee will take items 4, 5 and 6 in private. Do members agree to take those items in private?

Members *indicated agreement*.

"Improving care experience: Delivering The Promise"

09:30

The Deputy Convener: Agenda item 2 is consideration of the report "Improving care experience: Delivering The Promise". For our first panel session this morning, I have the pleasure of welcoming our witness, Fiona Duncan, who is the independent strategic adviser on the Promise and the chair of The Promise Scotland.

Fiona, I believe that you would like to make a short opening statement.

Fiona Duncan (The Promise Scotland): Thank you for the invitation. As the committee knows, I was appointed to chair the independent care review and to examine the roots and branches of Scotland's care system. Over three years, more than 5,500 people got involved, including 2,000 members of the paid and unpaid workforce. Importantly, more than 3,500 children, families and care-experienced adults shared their story, which was often one of the most intimate and traumatic events of their life. They were listened to carefully. They shared their stories in the hope that Scotland would do better, recognising that although the review could not change their lives, it could make Scotland a better place for the children, families and care-experienced adults coming behind them.

It was not a consultation. The care community was at the heart of the review. They were in the rooms with people who had power over them and who had made decisions about their lives, often without their involvement. They bravely challenged the status quo because it was not working. They crafted a promise that goes beyond systems, policies and processes and that, instead, focuses on love, relationships, respect and experiences.

Then, in February 2020, when the review concluded, Scotland made the Promise, which has secured and sustained cross-party support, as was apparent at last week's debate on the Children (Care, Care Experience and Services Planning) (Scotland) Bill. Dedication to keep the Promise is evident all across Scotland every day in a huge range of settings, as is reflected in the Audit Scotland report. My role is to help make sure that that commitment and dedication is translated into decisive action to honour the care community and the Promise that it crafted and that was made to it.

The Audit Scotland report acknowledges that the Promise is not one single thing, entity, programme or piece of legislation. Instead, it is a universal commitment across public bodies and political parties to deliver change that can be felt

by all care-experienced people and families in and on the edge of care. That requires collaboration, and nothing at that scale has been attempted before in Scotland. The aim is to achieve something that may appear really simple, which is that, wherever it is safe to do so, children must stay with their families, and that, when that is not possible, they must be cared for in a loving environment, with loving relationships, so that they grow up into adults and fulfil their potential.

The "how" is much trickier, as it demands public sector reform, whole-system and multi-system change, and service redesign. The Audit Scotland report illustrates that complexity, and it provides an important contribution to understanding progress. I am grateful to Audit Scotland for that. I accept the recommendations, although they could have gone further, and I thank the convener for giving me the opportunity to speak on them.

The Deputy Convener: Thank you. You alluded to having observed our last evidence session on this subject on 10 December. Some of your colleagues from The Promise Scotland, along with representatives of the Scottish Government and the Convention of Scottish Local Authorities, were witnesses on the panel. They were asked whether they whole-heartedly accepted all recommendations contained in the Audit Scotland report. For clarification, do you whole-heartedly accept those recommendations?

Fiona Duncan: Yes, I do.

The Deputy Convener: When you say that you believe that the recommendations could have gone further, what do you mean by that?

Fiona Duncan: The Audit Scotland report acknowledges that the Promise is not a single thing, a single programme or a single entity. Audit Scotland makes a really good observation about the report, "Keeping the promise: a local perspective", which The Promise Scotland produced. In my introduction to that report, I acknowledged that it does not look at the police, health or justice—it looks only at local authorities, which gives a partial picture. The picture is accurate, but it is only part of the picture. It is like taking certain pieces out of a really complicated jigsaw—the pieces are right, but they are just not the whole thing.

I believe—the Auditor General knows this—that the Audit Scotland report provided an opportunity to go further by looking at the roles of the many public bodies, voluntary sector organisations and private sector organisations that are involved, and to assess what they were doing, how far they had come, what was getting in the way of further progress and what was helping them to make the progress that they had made. That is where I am at. I accept completely the recommendations; I just wish that the report had gone further.

The Deputy Convener: To be clear, do you mean that the report could have gone further in its recommendations or in the work that was undertaken?

Fiona Duncan: That is a great question. In the same way as the process of the independent care review produced a very specific product—there were seven reports, with the main one being "The Promise"—the process of the performance audit produced a very specific product. I recognise that that is the purpose of the performance audit. If the process had been able to go further, the product would have been different.

The Deputy Convener: Does that perhaps demonstrate a variance in understanding of Audit Scotland's role? Is it the role of the Auditor General to go further and not to carry out the performance audit via established processes?

Fiona Duncan: That was one of the things that I put in my letter to the Auditor General. That was based on the conversation that was had in this committee in 2024 about how Audit Scotland was going to look at the process. Audit Scotland said that the work was

"an interesting test case"

for the Auditor General and the Accounts Commission

"of how well public service reform is being delivered",

and that the organisation was

"thinking carefully about how we shape our approach".—[*Official Report, Public Audit Committee*, 18 April 2024; c 6,11.]

The question that you have just asked is one that I hope to ask the Audit Scotland team in order to really understand the issue. The Promise is a product of a care review, which is the product of a commitment that was made to the care community based on Scotland's failure to get it right for years and years. Those of you who are really familiar with the Promise will know that, in the seven years prior to the care review, there were six other reviews into how Scotland cared for its children.

The team at Audit Scotland are absolutely right when they say that the Promise is not a single entity or a single programme. There is part of me that wonders whether the performance audit lends itself to something of this scale and complexity. I do not know the answer to that, but that is a conversation that I hope to have with the Auditor General when we meet.

The Deputy Convener: Does that therefore imply that Audit Scotland did not look broadly enough at the subject matter? Was it too narrow or

focused? Was it too selective or picky in what it looked at?

Fiona Duncan: I would not use any of those words, because they feel critical rather than curious, and I am curious, not critical. My job as the independent strategic adviser is to challenge the systems and to ask whether, if we have what we have right now in 2030, that will help us to answer the question of whether the Promise has been kept and how we will know that the Promise has been kept. I take every opportunity to do that in a way that is respectful and courteous.

I do not think that any part of the wide operating system that we have, which impacts on babies, infants, children, young people and families in and on the edge of the care system and on care-experienced adults, should be excluded from challenge. If performance audits were telling Scotland what Scotland found out through the care community in 2017-18 and 2019-20 and, indeed, before that by the campaigners who had called for the review, we would not have needed the review in the first place.

I am not critical; I am curious, and keen to have an open conversation with anyone who is willing to have it about whether what we have right now will help to get us over the line and understand that we have kept the Promise.

The Deputy Convener: You will be aware that, at the previous evidence session on the Promise, I asked the witnesses, which included representatives from the Scottish Government and COSLA, and your colleagues from the Promise, whether they believed that we were on track to meet the Promise, and the answer was unanimously that we are not. Given that you have been in charge of the Promise for nine years and, prior to that, were involved in its development, do you accept any responsibility for that?

Fiona Duncan: Yes. We are all responsible for that. You would expect me to say this, but if I had the power and ability to ensure that the Promise was kept everywhere, every day and to everybody, I would do that. I continue to do my level best. I operate without any powers. I am an adviser, and people can choose to take or leave my advice. I am invited into places where there are problems that remain unsolved so that I can get alongside people and help to figure out what "good" looks like.

On the other side of your question, we are sitting here five years down the line, talking about it, and we have got four years and 11 months to go. The Promise can still be kept if every single individual and institution plays their part. The Auditor General and the Accounts Commission said in the report, and indeed at the evidence session on 5 November, that this level of determination and commitment is really unusual. We have sustained it despite the pandemic and the cost of living crisis. Every day that we do not do what needs to be done it will get harder, but that does not mean that we cannot get over the line.

The Deputy Convener: The report was fairly critical, though, was it not? The Auditor General highlighted a number of key issues where progress was not being made, which is the point of a performance audit. Among other issues, he talked about governance and accountability, data, measuring and reporting, the resources that would be required, the governance frameworks and the clear lack of lines of accountability and oversight. It was a robust report, to say the least. The Auditor General is identifying that things are not going so well. You say that we are halfway through the delivery period for the Promise. It is not really a good sign, is it?

Fiona Duncan: A lot of the things that appear in the report—many of which were also identified by the care review—are being worked on.

One of the tensions is that we are trying to unpick deep-rooted systemic problems that have been designed and are delivered by humans, so can be redesigned and redelivered by humans. That comes from years upon years of legislation, policy and governance, and all of that needs to be unravelled. You mentioned data. Historically, Scotland measured the data in the care system that mattered to the system, so it was about the system and setting, not the experience and outcome. That is not the case any more. We are not there yet, but we are making progress.

The Care Inspectorate might have come into this room and checked whether it was well lit and well ventilated, and that there were no trip hazards, but it would not have checked whether I was okay, how I was feeling or whether I felt loved, respected or safe. Until we arrive at a set of measures of national progress, outcomes and local delivery—whether organisations, including non-departmental public bodies in areas such as justice, health, housing and education, are doing what they need to do—and that, critically, measures how people are feeling and what their experiences are, we will not have the right data. We are making progress to get there, but we are not there yet. It has taken us longer than we anticipated, because the issue has incredibly deep roots.

09:45

On Monday, at a University of Glasgow centre for public policy event, the chief executive of a local authority said that they were reporting against 160 datasets in different areas. We do not know what happens with some of that data or how it is

used. There are a lot of questions about the layer-upon-layer issues and I could give you similar examples related to reporting on governance and money.

My final point is that so much of the change has to happen in a certain sequence, and there is a question about whether policy cohesion will deliver pooled budgets or whether it will need to be demonstrated through data that shows that Government policies are impacting the same people.

I am glad to be here today. This is an important conversation because Parliament plays a critical role. At the end of the care review there were 44 pieces of legislation, 19 pieces of secondary legislation and 3 international conventions of relevance. There are more than that now. Therefore, there are jobs to be done by those at the source of the pipeline—Parliament and Government—right through to those at the delivery end of the pipeline. All of that needs to be unblocked and untangled.

The Deputy Convener: We are grateful to you for coming to speak to us as we undertake our work on this important issue.

I will backtrack for a second just to get my head round where you believe that you fit into the equation, because—I will check the *Official Report* on this—I believe that you said that, as an independent adviser, it is your job to advise people, but it is up to them to deliver; you are in an advisory position, and other people need to pull their weight and do their bit for all of this to work. I understand that. However, on the other hand, you are the chair of The Promise Scotland, and the public would expect that to come with a level of accountability and responsibility for the overall delivery of the Promise. Is there a conflict? You said that you are simply there to advise people to get on with the job, when actually you are in charge of the job.

Fiona Duncan: Last November, I took the unusual step of publishing my work programme. I set out at 18-month work programme that builds on the specification of my ministerial appointment, which has three functions.

I also took account of the aspects in the Auditor General's report that referred to me. I wanted to be transparent in how I responded to that, and I want to be transparent about what I do. Accountability is very important. I consider myself accountable to the care community. That is who the Promise was made to. Obviously, I recognise that there is a line of accountability to the Parliament, too, and I respect it. However, ultimately, the people who will decide whether I have done a good job are members of the care community.

The three functions that I have under my ministerial appointment are: strategy, delivery and relationships. The delivery function falls in two places: via The Promise Scotland and via the organisations that I work alongside by supporting them and giving them advice on delivery. We call them the pacesetters, because the people and institutions that I work alongside are the folk who are trying new things, and they are the people who are trying to overcome the systemic problems.

As I said earlier, I operate independently of the system—a system that will continue long after 2030—with no powers and without fear of favour. That is why the relationships aspect of my role is important. I am completely committed to my own obsolescence, and The Promise Scotland is committed to its obsolescence. We do not want to build ourselves into the system; we want to put ourselves out of business so that the Promise is kept.

Page 15 of my work programme is very clear about the responsibilities that I have, which are governed by the Companies Act 2006. I am governed by the governing documents of the organisation, I chair the quarterly board meetings, the annual general meeting and the annual strategy meeting—which is the meeting that the permanent secretary is invited to. I aim to optimise the effectiveness of the board through recruitment and its delivery and I have developed a glide path towards obsolescence. I also provide advice, support and challenge to the chief executive and The Promise Scotland team, which shares the same vision as I do, which is for the Promise to be kept by 2030.

The Deputy Convener: It is interesting that you say that the three key tenets of your role as chair of The Promise Scotland are the strategy for the Promise, the delivery of the Promise and the relationships. Is that correct? Is that your understanding of it?

Fiona Duncan: That is what is in my ministerial appointment letter. However, the strategy element is not strategy for The Promise Scotland; it is strategy for Scotland. In my strategic priorities, I have sustained alignment to Government priorities; I try to build on the progress that has been made on positive change; and I have supported the development of Plan 24-30. We are setting expectations not for the question "What now?" but for "What next?"; I am endeavouring to solve some of the problems that you referred to earlier and that have been referred to in the report; and we have been developing tools to help people to figure out ways to do things differently. I have two delivery mechanisms and I have five relationship priorities.

The Deputy Convener: My point is that, presumably, by default, as the chair, you are the person to whom, ultimately, all lines lead, given the wide remit. Forgive me if I am wrong, but it sounds as though you are not taking responsibility for any of the failures that have been identified in the Audit Scotland report. If I am wrong, and you are, which of them do you take responsibility for?

Fiona Duncan: Just to be clear, I chair the board of The Promise Scotland, which is a board of independent non-executive directors. We have a very specific role and responsibility that is set out by governing documents and the Companies Act 2006. All of that, including the minutes, are available online in the public domain on The Promise Scotland's website. You are asking me which of the governance data reporting and—

The Deputy Convener: I am asking which of the issues identified by the Audit General you personally take responsibility for.

Fiona Duncan: I am working on all of those, and, as I said earlier, we have four years and 11 months to go. I would not characterise them as a failure; I would characterise them as a work in progress. I am enormously impatient for change. I have never, and will never, lose sight of the fact that I made the Promise, too. Every day that we do not do our level best to keep the Promise is a day wasted. There is nothing in the report or that you have said this morning that I do not take really seriously or that I do not recognise that I play a critical role in, and that comes with responsibility.

The Deputy Convener: Indeed. Mr Simpson has some questions.

Graham Simpson (Central Scotland) (Reform): Just for transparency, Fiona, I note that we met at the event on Monday at the University of Glasgow that you mentioned; you introduced yourself to me, which was good of you. I think that you possibly did the same with the deputy convener.

Do you think that the Promise will be met?

Fiona Duncan: In my opening remarks, I was clear about what is meant by the Promise being kept. Where children are safe, they will stay in their families. Where they cannot stay with their families, they will grow up in loving environments with good relationships, and they will go on to thrive as adults and fulfil their potential. Do I think that, by 2030, Scotland can get to a point where that is the norm, and do I think that, by 2030, we can get to a point where we stop sitting in rooms such as this talking about the Promise being a special thing that Scotland has made but has not yet kept—where it just becomes business as usual? I think that it is entirely possible for all the custodians of all the systems to do their part, and it is entirely possible for us to challenge the culture and for us to ensure that the money flows effectively. We do not have a day to lose, but it is within our grasp.

We have done the easy stuff—the easy change has happened—so we are in the really difficult stuff now. It is the stuff that has not been done before, such as the data point that the convener made. It is not necessarily going to be easy, and I do not just mean the actual process of doing it; I mean the process of bringing people on board and helping them to understand what they have to change.

I know that I am giving you an incredibly long answer to what was a super-short question. The short answer is that I still believe that it is possible.

Graham Simpson: But it is challenging.

Fiona Duncan: Incredibly challenging.

Graham Simpson: My reading of the situation is that it is more likely that we will not get there by 2030.

Fiona Duncan: I am not willing to give up hope.

Graham Simpson: It is all right to have hope, but there has to be realism, as well.

Fiona Duncan: I think that it is a realistic hope.

Graham Simpson: Okay. There are a couple of letters that you have sent in that I want to ask about. First, there is the letter that you sent to the Auditor General on 4 September last year. There were some comments in there directed at the Auditor General and we have not really seen comments like that directed at the Auditor General before. Have you got the letter?

Fiona Duncan: I do, yes.

Graham Simpson: Okay. There is a section in your letter, on the second page, about the clearance draft, which you were sent. It says:

"As it stands, the lead recommendation in the clearance draft creates a significant and entirely unnecessary risk to children, families and care experienced adults."

Can you explain why you said that?

Fiona Duncan: I can. I would like to reiterate that I sent that letter in recognition of the fact that this is a moment in time—you get one opportunity to engage in something like this, and my job is to take it.

The recommendation did not appear in the final draft; it appeared in the clearance draft. I am very grateful that it did not appear in the final draft. The recommendation was that

"The Scottish Government should carry out a transparent appraisal of the deliverability of the remaining work to deliver the Promise by 2030."

My view was that if that appraisal went ahead, it would come with some really significant risks. Chiefly, by placing the responsibility for carrying out an appraisal to rewrite the Promise—which has been written and accepted and on which we are five years down the line into delivery—with one organisation that has quite significant responsibility for delivery could result in a promise that was no longer recognised by the care community. It would not be the Promise that was crafted by them or the Promise that was made to them. Indeed, it could have resulted in a promise that was considerably easier to keep.

I think that such an appraisal would also have diverted resources, because it would have required officials to spend time going through all the calls to action in the Promise and appraising where they were at and whether they could be achieved or what they needed to look like. The calls to action could have been diluted. I also think that that diversion of resourcing would have resulted in a pause of the progress that we need the Government to make and the activity that we need it to do.

Another risk—we saw this with the national care service—is that when there is a conversation taking place about whether this recommendation or that conclusion will stay, go or change, the organisations working at the front end of delivery take on that uncertainty and as a result it can create inertia. They could legitimately ask themselves, "Why should we continue doing this if it might change or get rubbed out?" Therefore, I felt that any rewrite of the commitments in the Promise and/or delay to making improvements in the lives of children, families and care-experienced adults created really significant risks.

Graham Simpson: Can you just read out that recommendation again, if you would?

Fiona Duncan: I do not have the clearance draft with me. I have a note of what I understand is in the clearance draft. I did have a copy of the clearance draft, but—

Graham Simpson: But you just read it out.

Fiona Duncan: The text was:

"The Scottish Government should carry out a transparent appraisal of the deliverability of the remaining work to deliver the Promise by 2030."

Graham Simpson: Okay. If we look at what actually appeared in the final draft, we see the Auditor General saying that

"the Scottish Government and COSLA, with support from The Promise Scotland, should … work together to identify where resources need to be targeted to deliver The Promise".

That is basically the same thing, in different words.

Fiona Duncan: I do not think that it is the same thing.

Graham Simpson: Well, it is about carrying out an appraisal. An appraisal is about seeing where you are, essentially, and that is what the Auditor General is saying there. I fail to see how doing that piece of work, however you word it, can put children, families and care-experienced adults at risk. Surely, it is something that you should be doing on an on-going basis.

Fiona Duncan: It boils down to whether you think that an appraisal of deliverability and a consideration of how to resource are the same thing. My concern was that, if you appraise deliverability and say, "Well, that is going to be really hard to deliver, so we are now not going to deliver it", you could change the Promise beyond recognition. I do not think that that is the same as

"work together to identify where resources need to be targeted".

The recommendation in the clearance draft would have offered more of an option for people to say "We have appraised deliverability and decided that we cannot or will not deliver." I think that that is different from asking where resources are needed in order to deliver.

10:00

Graham Simpson: Surely an appraisal assesses where you are at that point in time. You could conclude that you are not on track, but that does not mean that you stop.

Fiona Duncan: We will never know, because the recommendation did not appear in the final draft. I am pleased that it did not, because, as I set out, there were risks associated with it.

Graham Simpson: I would argue that what actually appeared is very similar; it is just a different form of words. If you read the Auditor General's reports on a variety of subjects, he often makes a very similar recommendation to organisations—to check on progress and report back within six or 12 months. That is what he has done here, so this is all quite normal. Do you not accept that your wording—"creates … unnecessary risk"—is a bit over the top? With the benefit of hindsight, do you accept that maybe you could have reworded that, as you asked the Auditor General to do?

Fiona Duncan: Of course I could have reworded it, but I do not know whether I would have reworded it, because I felt that we were at an inflection point. I am very conscious of the Auditor General's power and of the impact and implications of the reports that he produces. I interpreted those words differently from how you have interpreted them; I went to the possibility of a

worst-case scenario and felt that I needed to be clear in my concerns.

Graham Simpson: I am going to ask you about another sentence, which is near the end of the letter. You say:

"at worst, the report could derail Scotland's progress towards keeping the promise."

We asked about that in a previous evidence session on this matter. How can a report from the Auditor General

"derail Scotland's progress towards keeping the promise"?

Fiona Duncan: Again, I am glad to be here, so that you can hold me to account and challenge me on my language and my approach. I wrote the letter in the interests of continuing what I think has been a good relationship with colleagues at Audit Scotland and the Auditor General.

I go back to the point that I made a moment ago. If my worst-case scenario interpretation of the recommendation to

"carry out a transparent appraisal of the deliverability of the remaining work"

had played out, I felt that, at a point where we needed to up the pace, increase the momentum and have more people do more, there would be a significant risk that that recommendation could take us off track. That could happen simply through the things that I mentioned a moment ago—giving principal responsibility to keep the Promise to one institution, diverting resources away, creating inertia within the system and running the risk that it did not look anything like a promise any more. It would have looked like a Government commitment, as opposed to a promise that was written by 5,500 people, more than 3,500 of whom were children and young people, care-experienced adults and families on the edge of care. That is who the Promise was made to, and that is who crafted the Promise. If there is to be any transparent appraisal of the Promise, it should be done by that group.

Graham Simpson: It is just that you used the phrase:

"the report could derail … progress".

The report is essentially an analysis of where we are, how the Promise is going and whether we are on track. It is far more detailed than that, but, in summary, that is what it is and that is what the Auditor General does. That process in itself is hardly going to derail anything, is it? It is surely more of a help than a hindrance.

Fiona Duncan: It was not the process of the performance audit; it was the risk within the final product and that form of words. I felt that we could end up derailing Scotland if the worst-case scenario played out.

Graham Simpson: The people involved with the Promise were not suddenly going to down tools and stop work after seeing the original draft, or even the final version.

Fiona Duncan: On the inertia as a consequence of uncertainty about the care service, people were not downing tools because they were looking for an opportunity not to keep the Promise.

That takes me back to the point that I made a moment ago about the pipeline between Parliament and Government. Folk at all stages in that pipeline are making decisions about how to allocate resources or about what the priorities are. If there is a hiatus while the Government is appraising the deliverability of certain things, that will encourage people to think that they probably should not do any more until they know what the Government thinks, or that they do not need to drive things further forward until they understand at what point the appraisal will stop. I know that that can create chaos and uncertainty and can lead to a hiatus, because that is what happened during the consultation on the proposed national care service.

Graham Simpson: We will have to agree to disagree on that, which is fine.

I will ask you about one more thing in the same letter. You say that you asked

"to get more involved in supporting the Audit Scotland team",

and you accept that that

"is not the usual process"

which it is not. Were you trying to steer Audit Scotland at that point? Were you hoping that that was what greater involvement might lead to?

Fiona Duncan: I suppose that there were a few things. I wanted to share with Audit Scotland what I had learned about what was getting in the way of change and what was helping. One example of that would be the conversations about the whole family wellbeing fund. You know from the report that I had been doing work on a strategic investment and disinvestment model. I was conscious of a potential conflict between short-term, siloed and fragmented funding and the intended design of the whole family wellbeing fund, which was a pot of money to be used over a period of time. Both those things were getting in the way. The Auditor General and his team identified challenges with spending the £500 million whole family wellbeing fund, but also identified challenges with spending short-term, siloed money. I wanted to have conversations with them about what I understood some of the challenges to be and about some of the solutions that we had sought to put in place by getting

alongside people in different institutions and organisations. I wanted to share what I knew, to see whether that would be useful in helping the Audit Scotland team to understand what was working and what was getting in the way. That was my intent.

I recognised that that was unlikely to happen. I had asked colleagues within Audit Scotland whether I could get involved, and they had said no. That goes back to the point that I made a moment ago. If I have a moment when I can get involved and can perhaps help Scotland to have a better understanding, I am going to take that opportunity. I respect the independence of the Accounts Commission and Audit Scotland, and their need to do their job independently, but I thought that it was worth a try.

Graham Simpson: It was probably worth a try.

Fiona Duncan: It all has to be worth a try.

Graham Simpson: Okay. Thank you.

Colin Beattie (Midlothian North and Musselburgh) (SNP): At the evidence session on 10 December, Fraser McKinlay explained to the committee that those responsible for delivering the Promise might have taken the recommendation to review things as a signal to stop what they were doing, which, in turn, might have allowed

"some inertia"

to

"creep into the system, and … derail progress."—[*Official Report, Public Audit Committee*,10 December 2025; c 15.]

Would you not say that it is the responsibility of those tasked with leading the delivery of the work to ensure that that does not happen, instead of the onus being on the Auditor General to adapt his recommendations?

Fiona Duncan: I go back to the point that I made a moment ago: I think that the responsibility is on all of us. I am glad that that recommendation did not end up in the report, and that that risk did not end up being a live one.

I come back to the point that the convener made: I am an adviser, not a decision maker, so I cannot insist that organisations do not make a decision that they might make. Is it, therefore, the responsibility of those who are leading? I think that it is the responsibility of those leading delivery, but it is also the responsibility of everyone else who is delivering or who has a role, a remit, a statutory duty or corporate parenting responsibilities. I do not think that the responsibility sits with any one individual.

Colin Beattie: That seems to be a bit of a recipe for confusion and a lack of activity. The concern is this: who took the decision—and if the decision was taken, who took the responsibility—to allow this to slow down or, indeed, stop? If it did happen, who is responsible for getting it moving again?

Fiona Duncan: Can you help me to understand your question?

Colin Beattie: The point that I am trying to make is that someone somewhere is responsible. It cannot just be some diffuse responsibility that magically comes together.

Fiona Duncan: I understand, and you are absolutely right. At every point, there is somebody who is responsible for taking a decision.

I go back to the national care service, which is an example within living memory of when that sort of thing happened. There was a period of time when there was uncertainty about whether children's services would fall within the scope of that service, and the organisations with responsibility for children's services—local authorities—did not know whether the work that they were going to do was going to be transferred to another body or institution, or whether another body or institution was going to be taking some of the big decisions.

During that period, there were people who took decisions to invest differently or in something else, or not to build something or to build something else, because that was their decision to take. As you will know very well, Mr Beattie, there is, with any set of decisions, a line of accountability. The shaping of a decision might have been helped by a finance director, by elected members, or by the chief exec and their senior team.

You are absolutely right—there are people who take responsibility. I think that the question that you are asking is: should this have been the responsibility of the people tasked with leading the delivery of the Promise? If so, yes, I agree. I guess that I am one of the people responsible for leading the Promise, but just as the Auditor General talked about it not being a single entity or policy, I am not the only person responsible in Scotland for making sure that the Promise is kept. The Promise was made by an army of people, and that army of people all have their own responsibility to keep it.

Colin Beattie: It still sounds a bit hit and miss to me.

Do you agree that the recommendation to review was regarded as a signal either to stop, or at least to slow down, what people were doing?

Fiona Duncan: I think that the recommendation about giving Government responsibility to appraise deliverability, which is not in the final report but was in the clearance draft, could have been—and I think would have been—a signal for people to stop or slow down.

Colin Beattie: And you think that that is what happened.

Fiona Duncan: It did not appear in the final report, so I do not think that that is what happened.

Colin Beattie: I was asking for your opinion, rather than what is in the report. Do you believe that the review was taken as a signal to slow everything down or, indeed, stop?

Fiona Duncan: The review has never been called for, unless you are referring to the work that was done to identify where resources needed to be targeted. I do not think that that was a signal to stop.

10:15

Colin Beattie: I will move on. In your letter to the Auditor General, you commented:

"You have observed the 'implementation gap' between 'political ambition and how things are actually delivered.'"

It is the Auditor General's role to identify those gaps and draw them to the attention of the committee. Scrutinising the issues is an important part of our work. Are you saying that the Auditor General's assessment of delivery against the Promise is inaccurate?

Fiona Duncan: No, I am not. My letter to the Auditor General says:

"You"—

as in, the Auditor General—

"have observed the 'implementation gap' between 'political ambition and how things are actually delivered.'"

I am recognising that he has observed that.

Earlier, I was talking about the jigsaw puzzle of the Promise and its complexity. It is included in 26 out of 43 Government directorates and 49 out of 117 policy areas, while 100-plus organisations have some sort of statutory duty or responsibility for it. I am saying that the Auditor General's report provides valuable additional context, but I am also saying that it is one piece of the jigsaw puzzle—it is not the entire picture.

Colin Beattie: It is clear that you have a concern about the worthy political ambitions being able to achieve what everyone is looking at. There is a question about how the ambitions are delivered. Do you believe that there is a problem with how the Promise is being delivered?

Fiona Duncan: I think that we lost time. Forty-three days after the Promise was made, we went into lockdown because of a global pandemic. One of the reports that I produced at the end of the care review was called "The Plan". We intended to spend a transition year during which we would archive the materials of the care review so that all the children, young people, families and care-experienced adults who shared their stories with us knew that those had been banked away. However, we also experienced the cost of living crisis, so we did not get folk in a room and we did not design the plan in the way that we intended to. We lost momentum.

That goes to Mr Simpson's point. I think that we are behind schedule and we have to increase the pace. I do not think that that is any one individual or organisation's responsibility.

You asked whether I have concerns about how the Promise is being delivered. I think that we are making progress. Since the Auditor General's report was published, a lot of progress has been made on Plan 24-30 and the Promise story of progress. We have achieved a lot of the things that the Auditor General had hoped to see happen.

We are probably at a point now—and have been since the beginning of the year, with five full years to go—where we have never been clearer about what has to happen. We have never been clearer about who is responsible for delivering the Promise, when it has to be done, what good looks like, and what the starting point is. We now have an opportunity to move a lot faster. My job is to try to help people to get there, rather than criticising them for not getting there.

Colin Beattie: I hear what you are saying, but that is a little different from observing an implementation gap between political ambition and how things are being delivered. You are looking at how things are being delivered. What about the gap between the political ambition and the delivery?

Fiona Duncan: My letter quotes the Auditor General's words back to him. He has observed that there is an implementation gap between political ambition and how things are being delivered. He and his colleagues at Audit Scotland and the Accounts Commission raise some of those issues remarkably well in the variety of reports that they produce. I am saying to him that I know that he has observed an implementation gap.

Colin Beattie: Okay—I will leave it at that.

The Deputy Convener: I have some supplementary questions in the short time that we have left.

While I am grateful for your responses thus far during this evidence session—and I cannot speak on behalf of the whole committee—I feel that there is a general sense of frustration that we do not seem to be getting to the bottom of the question of whose job it is to deliver the Promise.

Perhaps we just need to be a bit more frank with each other. If it is not your job as chair, if it is not

the job of the chair of the Oversight Board and if it is not the job of a director general in some Scottish Government department, who is responsible for producing a plan, assigning people to deliver the plan and assigning the budget that is necessary for that plan to succeed?

Fiona Duncan: If there was a simple answer to that—if there was one person who was responsible, who held all the power and control, and who could make all of the things happen—they would be sitting in front of you. I do not have that level of power; I offer advice.

I know that you met David Anderson and that you are very familiar with the third Oversight Board report. In that report, there is an acknowledgement that I took responsibility for Plan 24-30. I think that this was partly Covid specific, but I was surprised at the end of the review—when I produced the documents, I figured that there would be a process for them to be turned into a delivery plan.

In the absence of that, we produced "Plan 21-24", which we published in March 2021. That was a suboptimal process. You have heard about my interest in process and product and the relationship between the two. We did not get people in rooms and we were not planning collectively—

The Deputy Convener: So you produced that document. I do not know what you are waving at me.

Fiona Duncan: Sorry—it is "The Promise".

The Deputy Convener: Lovely.

Who do you think should have taken on that piece of work? I am sure that you are very proud of it, and a lot went into it, so who should have turned it into an action plan? It goes back to my original question: whose job is it to implement the advice that you have given?

Fiona Duncan: I have two answers to that, because those are slightly different questions.

The Promise was accepted in full across Parliament. My question back to you is: if Parliament accepts responsibility for doing something in full, who becomes responsible for figuring out how to deliver it? Does it then go to Government or to the people who are at the delivery end? I do not know the answer to that, but I have taken responsibility, in the absence of somebody holding the pen.

We had hundreds of organisations taking part across about 25 sectors and across all the systems that I have mentioned. We drew content from their plans, and we have driven content into their plans, so that Plan 24-30 is more comprehensive now than it has ever been. It is Scotland's route map to keeping the Promise. I have taken responsibility for doing that, and I have worked with the team at The Promise Scotland to do the work that is necessary to update the plan.

To answer your second question, about advice—which probably reflects why I am here today—I believe that my job is to give advice to anyone who has any role or responsibility in and around keeping the Promise. I include the Auditor General in that. I am conscious of the unique powers and access that he has and of the impact that his reports have. For all the organisations, institutions and individuals who have a responsibility, I make myself present in their lives and offer them advice—although I cannot always make them take it.

The Deputy Convener: It sounds to me that, while you can produce documents with advice, you can strategise and you can come up with ideas and tell people what they ought to be doing, ultimately, with the best will in the world, you cannot make them do anything. If they fail to deliver—in some areas, we clearly have evidence of failure to deliver what is necessary to make the Promise happen—that is outside your control. Do you feel that you are perhaps unfairly taking the flak for the lack of progress on the Promise?

Fiona Duncan: No, I do not feel that that is unfair. I have taken this role, and I have taken on the responsibility. I said in my opening remarks that the answer is collaboration, and I think that that is reflected in the report. When you have collective responsibility, you need collective leadership and collective delivery.

I have not written a plan in isolation. I have worked with the people who have responsibility, whether that is those with a statutory duty or all the voluntary sector organisations that are keeping the Promise every single day. They are often the people trusted the most by the children, young people and families who are in and on the edge of care, because they can have conversations with them about their circumstances. We have worked and engaged with all those people to try to build a collaborative plan that everybody owns, so it is not—

The Deputy Convener: But is the fact that everybody owns it and therefore nobody owns it not part of the problem?

Fiona Duncan: Yes and no. The yes part is that that is a risk, but what we have done—

The Deputy Convener: Clearly, that has happened—that is what the Audit Scotland report tells us.

Fiona Duncan: Plan 24-30 was produced in the summer of 2024 and, at the end of 2025, we had spent 18 months building new content. We have had literally hundreds of organisations taking part

in the planning process, and they have shared their commitments with us. We have organised and sequenced them, because many of those things are interdependent, and we have driven that commitment.

Plan 24-30 is not a statement of intent; it is a statement of delivery. It is not just about what people say that they are going to do; it is about what they have to do. We have taken 2024-25, rather than the end of the care review, as a baseline and the starting point. We have acknowledged the progress that Scotland has made, and we have 2030 as the hard stop. There are tabs for every single year, and it is clear who needs to do what by when for the Promise to be kept.

We have been working on that for quite a long time but, as a result of the Auditor General's report, which surfaced that people need a greater degree of clarity, our tone shifted slightly from saying, "What are you doing and what can you do?" to saying, "This is what you need to do." The advice became slightly more assertive and instructive. I do not have powers to instruct, although I am happy to do it.

The Deputy Convener: You said in an earlier comment that what is ultimately needed is somebody who has the power to legislate, create policy and attach financial resource to the delivery of that policy. Forgive me if I am wrong, but is that not the role of the Government?

Fiona Duncan: The proposed legislation is going through Parliament now, and I have given evidence to the committee that is responsible for overseeing that. That legislation will result in new policies and guidance, and it needs to result in a different approach to resourcing. That is where we are at.

The Deputy Convener: I will rephrase the question. Do you think that, ultimately, ministers are in charge of delivery? You have not specifically and overtly said that in your responses.

Fiona Duncan: There is a risk in boiling it down to something like that.

This is about the wee boy in Inverness today who is living in a children's home, who is not going to the school that he usually goes to because he is having to live away from his family for a while, and who is living in a residential home with other children who he does not know very well. If that wee boy is feeling a bit lonely and maybe has toothache and does not want to tell anybody because he feels that he has not made friends, he depends on the person standing in front of him. It is about Scotland creating an enabling environment so that it is more likely that the person standing in front of that wee boy keeps the Promise. That is about legislation, policies and guidance, but it is also about culture.

It is more nuanced and more complicated than a law. I said earlier that we already have more than 44 pieces of legislation, 19 pieces of secondary legislation and three international conventions, so I am unconvinced that the law will keep the Promise. The law is necessary to create a framework for change but, in and of itself, it will not keep the Promise.

The Deputy Convener: I did not write the Promise, and no one on this committee wrote it. It was an explicit commitment that was made by the Scottish Government and the former First Minister of Scotland, so I presume that the delivery and keeping of the Promise are the responsibility of the person who made the Promise in the first place.

10:30

Fiona Duncan: The Promise is called that for a very specific reason. The word means both a commitment that somebody makes and an indicator of someone's potential. The phrase "Fiona is a promising ballerina" was never said about me, but there is a sense of somebody's potential to be them.

The Promise was crafted through a long period of comprehensive engagement with more than 5,500 people. Although I held the pen on it, much of the content came from the people that the Promise was made to. The Promise was made to that group of people not only by the First Minister but by Parliament, local authorities, the police and the health service. It was made by a huge number of organisations and individuals, and it is on all of them to keep the Promise.

The Deputy Convener: My last question is a simple one. Do you think that it is possible for someone who is an independent adviser to ministers on the Promise also to be the chair of the board that is tasked with delivering the Promise?

Fiona Duncan: I do. The Promise Scotland is not tasked with delivering the Promise; it is tasked with supporting the delivery of the Promise, which is quite a different thing. It is a small organisation of 20-odd people that is committed to its own obsolescence.

I am governed by the Companies Act 2006, and chairing The Promise Scotland is one aspect of what I do, as laid out in my work plan. I give advice to ministers, but I also give advice to anyone else who I think needs it.

The Deputy Convener: Unless there are any other questions from members, we will pause there. Thank you for coming in this morning to give

evidence and add to our evidence gathering on the issue.

We will have a short suspension to allow for a change of witnesses as we move on to the next agenda item.

Fiona Duncan: Thank you for your courtesy.

The Deputy Convener: Thank you.

10:32

Meeting suspended.

10:35

On resuming—

"Delayed discharges: A symptom of the challenges facing health and social care" and "Community health and social care: Performance 2025"

The Deputy Convener: Welcome back, committee members. Agenda item 3 is consideration of the report, "Delayed discharges: A symptom of the challenges facing health and social care" and the briefing, "Community health and social care: Performance 2025", which have been submitted to us by Audit Scotland.

I welcome our witnesses: Stephen Boyle, the Auditor General for Scotland; Carol Calder, audit director at Audit Scotland; and Adam—forgive me; perhaps you can help me out with the pronunciation of your surname.

Adam Bullough (Audit Scotland): It is Bullough.

The Deputy Convener: Mr Bullough is an audit manager at Audit Scotland.

We also have with us Malcolm Bell—that is much easier to pronounce—who is a member of the Accounts Commission for Scotland.

You are all very welcome. I apologise that the committee is small in number today, but we will nonetheless do our best to have a good conversation about your report, Auditor General. I believe that, before you take questions, you would like to make an opening statement.

Stephen Boyle (Auditor General for Scotland): Many thanks, convener, and good morning.

As you mentioned, I bring two reports to the committee this morning: the first is on delayed discharges, and the second is a briefing on community health and social care performance. Those reports were prepared by Audit Scotland on behalf of myself and the Accounts Commission and both were published on 8 January. The "Community health and social care: Performance 2025" briefing report is published together with an accompanying data output. The documents build on our integration joint board data tools, which set out financial data and then add national performance data. They are intended to allow integration authorities and health and social care partnerships to compare their performance with other areas and explore the reasons behind differences.

The committee will note that, in both reports, the theme of difference is common. There is notable regional variation in the performance of integration joint boards and, more specifically, around delayed discharges across Scotland. In our work on the performance of IJBs, we found that there continues to be a lack of comprehensive and consistent national performance information about community health and social care demand, workload, quality of care and outcomes. We note that there is a general long-term picture of declining performance and satisfaction.

The performance audit report focuses on the topic of delayed discharges, which has been a long-standing issue across Scotland, and which—it perhaps goes without saying—impacts directly on people and on the flow of patients through Scotland's hospitals. We highlight that

"Most patients in Scotland's hospitals are discharged promptly."

However, we also state that

"Despite only around three per cent of all people discharged from hospital experiencing a delay, each delay has a detrimental effect on the individual's physical and mental wellbeing."

We go on to note that

"Delays also impact the flow of patients through hospitals, reducing staffing availability and capacity for other patients, and in 2024/25 resulted in 11.7 per cent of hospital beds being unnecessarily occupied."

The reasons for delayed discharges are complex, as I hope that we set out in the report. They vary significantly by area, by hospital and by each individual patient, but we have concluded that they are a symptom of the wider challenges across the health and social care system; we set that out in some detail in the report.

The Scottish Government integration authorities and their partners in national health service boards and in Scotland's councils have actively targeted delayed discharges as an issue. We see evidence of that right up to senior ministerial involvement and oversight of delayed discharges, and the results of that. We note that, although that

"has led to some improvements",

there is, again, variation across the country. We say:

"The lack of a consistent approach to evaluating initiatives makes it very difficult to understand their impact. Better analysis and transparency are needed to understand both the costs and impacts of delayed discharges, what is providing better"

value and outcomes for individuals and, ultimately,

"value for money for public spending."

Lastly, we note that

"Scotland's population health framework, the health and social care service renewal framework and the NHS operational improvement plan"

all offer opportunities

"to make progress, with a common focus on prevention."

I think that I said something similar to the committee when we gave evidence on the "NHS in Scotland 2025: Finance and performance" overview report in the past couple of weeks. However, we state that it is not yet clear

"how shared accountability and joint decision-making will be achieved, particularly given there is limited reflection of the critical role"

that social care services will play in the delivery of the new strategies and arrangements.

As ever, the four of us will do our utmost to support the committee's evidence taking, but I am particularly glad that Malcolm Bell from the Accounts Commission is with us today.

The Deputy Convener: Thank you, Auditor General. Given our smaller committee team this morning, you will all have ample opportunity to participate in the session. You can just catch my eye if you would like to come in on any particular answer, although not everyone should feel the need to answer every question that is posed.

We will start with questions from Mr Beattie.

Colin Beattie: Paragraph 63 of the report on delayed discharges states:

"The Scottish Government has set a target for every emergency department in Scotland to have direct access to specialised frailty teams by summer 2025, to support early identification, assessment and management of frailty at the hospital front door."

Do you know whether that target was met?

Adam Bullough: That target has not been met. The Scottish Government advised that, under the operational improvement plan, it has proven difficult to meet that target. There have been issues with resourcing for getting frailty teams in place. Healthcare Improvement Scotland produced a report back in November that provided information on where the implementation was at. From my recollection, I think that the targets were in the process of being met in 11 boards, but as of that point, the targets had not been met.

Colin Beattie: So, that is in 11 out of 31 boards.

Adam Bullough: Sorry—those were NHS boards, so it is 11 out of 14.

Colin Beattie: Do we have any further information on that? Do we understand what the plan is to get implementation back on track? Is there a plan?

Adam Bullough: Healthcare Improvement Scotland has been engaging in looking at how that

plan can be seen through and those frailty units can be implemented across the board.

Colin Beattie: How robust do you think those plans are?

Adam Bullough: I have not seen copies of the plans, so I cannot comment on that.

Stephen Boyle: It might be helpful if Carol Calder could come in on that, too. The progress in 11 out of 14 boards is perhaps positive with regard to the development of the plans, recognising the variety of approaches that will need to be deployed. Ultimately, it is connected to patient flow and ensuring that people receive the right care and services at the right time in the right environment. That sentence has been said for many years, but the report speaks to the fact that there has been a great deal of focus on tackling delayed discharges. The work on frailty teams is a good example, as it is about diverting people from an emergency department into an environment that is more suitable for their care, and 11 of the 14 territorial health boards have made progress.

Setting a target can signal intent, and most health boards have progressed along those lines. I guess that it will be for Healthcare Improvement Scotland and, ultimately, the health and social care department of the Scottish Government to take a view as to why progress remains to be made in the three other boards. There might be good reason for that; indeed, the boards might just say, "Actually, we already have an alternative in place. We are trying something different."

The point that I hope comes through in the report is that many initiatives are happening to tackle delayed discharge, but there needs to be a fuller evaluation of those initiatives, which of them can be best deployed in different parts of Scotland, why they are working and whether the money is being spent appropriately, and a clear plan to tackle what feels like a really stubborn issue.

10:45

Colin Beattie: The main thing is that progress is being made, and the issue is not just being dropped.

Carol Calder (Audit Scotland): As we mention in the report, 720,000 unnecessary days were spent in hospital in 2024-25, and we know that people who are over 75 account for about two thirds of them. As a result, the focus on frailty is really important. Fifteen of the 28 emergency admission hospitals in Scotland have signed up to the focus on frailty programme; 13 of those 15 have a frailty team in place; and getting a team in place is in progress in the other two. The 13 that are not in the programme are designing and developing their frailty teams, too.

One of the reasons for the delay in meeting the target is the issue of what constitutes a frailty team and what it looks like, and having more clarity in that respect is being looked at in the plans. Another reason for the delay relates to recruiting people to the teams. However, the commitment is very strong; the data shows that frailty is a big issue in delayed discharges; and work is on-going on that.

Colin Beattie: So we can expect some variation in what a frailty team is.

Carol Calder: We can. There is no clear definition of a frailty team, but the ambition is to have discharge planning on admission, to ensure that frailty is assessed, and to have a multidisciplinary team approach to the person on admission to understand what their needs might be when it comes to their being clinically ready to leave hospital.

That is the ambition. As I have said, 13 out of the 15 hospitals that are in the focus on frailty programme have frailty teams in place; the other two are developing them; and the rest of the 28 hospitals are designing and developing their teams, too. More clarity on what constitutes a frailty team is being worked on, and one of the issues with getting a team ready is recruiting people on to it.

Colin Beattie: Okay. That is good.

Moving on to paragraph 68, I wonder whether you can tell us a bit more about the variances in the approach to discharge planning across the integration authorities. In particular, how are those facing challenges such as

"workforce shortages, limited resources and varying levels of co-operation"—

which we have heard in the past is a major issue—

"and joint working"

addressing those?

Adam Bullough: Back in, I think, March 2023, the Scottish Government published its health and social care delayed discharge and hospital occupancy action plan, which was about ensuring that a standardised process for discharging patients was being followed. Obviously, it had found a lot of deviation from that.

What came across in the fieldwork that we completed was that each area is completely different, and that no one process can be applied and followed all the way through. Instead, it is a matter of following the basics and getting them right, which is the approach that has been applied. The discharge without delay programme, which is a case study that we have provided in the report, has tried to standardise the process by setting a planned date for discharge, but through a

multidisciplinary team process. That has helped with the target that has been set for discharging patients.

Colin Beattie: With regard to some of the major issues that have been highlighted in the report, how are integration authorities facing and tackling, say, "workforce shortages" or "limited resources", which I presume would be money?

Adam Bullough: Different places have different resource needs and gaps. For example, there can be gaps in physiotherapy. Obviously, authorities have gone through a process of trying to recruit. They have had success in some areas but not others. On finances, I will bring in Stephen Boyle.

Stephen Boyle: Actually, I was going to invite Malcolm Bell to come in.

Mr Beattie, as you will know, the Accounts Commission has reported extensively on integration joint boards—in particular, on some of the financial pressures that integration authorities are experiencing. Malcolm Bell might want to talk a bit more about that.

Malcolm Bell (Accounts Commission): Yes indeed. In the "Integration Joint Boards: Finance bulletin 2023/24" we reported specifically on how IJB reserves are being continually depleted, often, to shore up day-to-day work. That is a major issue.

Money alone cannot tackle staff resource issues. Some areas—in particular, rural and island areas—really struggle to attract staff, regardless of what might be offered financially. I do not think that any one issue can be identified; a number of issues across the regions are making it a really difficult problem.

Colin Beattie: In talking about IJBs in the past, we have noted issues around the transfer of funds into the primary function. How successful has that been? Has it improved? Is more money now coming into that area, or is it still being held tightly by the NHS?

Stephen Boyle: I think that there is a long way to go to deliver on the restated ambitions that came through in the strategies of the summer. Effectively, those strategies are about prevention, so that people do not have to end up in hospital after a shorter time. There are many lifelong missions and ambitions to keep people healthy; then, when they need support and care, to provide that, as you suggest, in a primary care setting rather than in hospital. However, Scotland has not yet moved into the environment of being able to deliver a preventative model. Key to that will be the consideration of where resources are best spent: in the hospital setting or—as I think is the consensus—through moving to a community-based model that keeps people healthier outside of hospital for longer.

Those are the restated ambitions of the strategies of the summer, Mr Beattie. You will recall from both the delayed discharges report and the NHS overview report that one way of helping those ambitions to be realised is to come up with an implementation plan, with the right level of dates and accountability. The hallmark of this report and some of our earlier reporting is that moving to a preventative model requires a clear, deliverable plan.

Colin Beattie: In previous sessions, we have talked about best practice and how it can be disseminated. In paragraph 74 of your report, you talk about good practice in the East Ayrshire Carers Centre. Have you seen any plans to share that good practice of collaboration between the East Ayrshire health and social care partnership and East Ayrshire Carers Centre? Obviously, that is in connection with supporting unpaid carers, but the model could be useful nationally, if it is disseminated. Is there a process for that, and is there any sign of it happening?

Stephen Boyle: I will turn to colleagues in a moment, and Carol Calder might want to say a wee bit more about that particular example. However, across Scotland, there are many examples of good practice, and our report certainly does not capture them all. Excellent, committed work happens across the country. However, that still supports our conclusion in the report that there has not been enough evaluation or analysis of those wide-ranging initiatives to really get beneath the skin of why there is such variation in IJB performance on delayed discharge.

That is one of our key recommendations: there has to be a more thorough assessment so that we are not stuck when it comes to delayed discharges. Although there has been recent progress and a reduction at a high level, we are broadly still operating at the level of delayed discharges that we were before the pandemic.

That is maybe a good point at which to bring in Carol Calder, because she mentioned earlier the statistic that there are more than 700,000 lost bed days in the country. It is about the individual impact—that is, the impact on people and their families. We touch on it only at a high level in the report, but it is about the impact on the individual in terms of deconditioning and of their being more likely to be readmitted if their discharge has been delayed.

We make a high-level assessment of some of the financial loss and we get a figure, which is certainly not insignificant, of £440 million in costs to the NHS. However, the cost will be far higher than that in terms of readmission levels and the impact that it has on patients and their families.

There is some excellent stuff happening. I will bring Carol in to talk more about the East Ayrshire example and about the role of asking, "And then what happens?"

Carol Calder: I was not going to come in on the East Ayrshire example, but Adam Bullough can perhaps do that.

However, at the risk of repeating what the Auditor General has said, I note that evaluation and transparency are key. There is a co-ordinated effort to meet regularly to support boards in order to reduce delayed discharge. There is very focused attention on the levels of discharges and the trends across Scotland. The collaborative response and assurance group meets very frequently to discuss that data, and there are three workstreams in that group that look at different things. There is a rapid response team that goes into individual boards to look at what is going on and disseminate good practice. There is a workstream that looks at good practice specifically for learning disabled adults and adults with incapacity. There is also a third one, which I cannot remember off the top of my head, but I am sure that Adam can supply that information.

There is not a lot of transparency in the wider system about what is working well. There is a lot of focused attention among people who are involved in it, but it is about a wider dissemination of good practice. Part of the conclusion of our report is that there needs to be more evaluation of initiatives, and of the value for money of certain initiatives. That needs to be transparent so that resources and effort are focused on the things that work.

Colin Beattie: Would it be correct to say that there is still an element of the different boards being in silos, and that that is a barrier to transferring good practice across the system?

Carol Calder: Joint working, collaboration and joint decision making are important across the board. We do not have any evidence to support there being particular silos, but the variation suggests that things are done differently in different places. As has been mentioned already, the report states that there is variability in the level of co-operation and engagement across different parts of the country. It is not only about boards but about integration authorities, councils and the third and voluntary sectors, and how they are all working together in a multi-agency approach.

Joint working and joint decision making, using data that is reliable, and being able to share good practice on what is value for money and what works will support all the boards and all the integration authorities to do the best with the resources that they have. We are saying that, currently, there is a lack of evaluation and a lack of transparency about what works.

Stephen Boyle: Mr Beattie, did you want to hear more about East Ayrshire?

Colin Beattie: Yes, please.

Adam Bullough: East Ayrshire is a good example of where flexible commissioning has enabled care packages to be kept open so that an individual does not face delay if, eventually, they are able to get out more quickly. From speaking with a number of other integration authorities during our fieldwork, we know that not having a care package in place is a problem and a barrier to getting an individual out of hospital. East Ayrshire is a good example of where something can be done locally.

There is, however, a flipside. It is also about a careful balance, because keeping those funds locked in one place prevents other people from getting access to them. Balance therefore needs to be applied.

However, learning from and sharing such examples could certainly be improved.

Colin Beattie: In paragraph 77, you highlight the use of reserves to address various shortfalls in the system. In your view, how long will IAs continue to be able to use their reserves to address delayed discharges, before the reserves become depleted?

Stephen Boyle: That is a question for Malcolm Bell and his colleagues. I am sure that Malcolm will mention it, but the Accounts Commission has a report due that will give a further update on the financial position of IJBs and more analysis therein.

11:00

Malcolm Bell: We are working on a finance bulletin for IJBs to be published towards the end of February. It is clear from previous work that the reserves position of IJBs is worsening. A number of IJBs do not now have any contingency reserves left. In our finance bulletin for 2023-24, we reported that reserves decreased by 36 per cent in real terms, adjusting for inflation, and that trend has been continuing.

If reserves are being used to change something, the initiative to use them is a good thing. However, when reserves are being used to pay for the day to day, that is when it becomes a problem. I suspect that our report that will come out later this year will report that that trend is continuing.

Carol Calder: I will add a couple of numbers to what Malcolm Bell has just said. In our most recent report, we said that total reserves had reduced by

40 per cent in 2023-24, but contingency reserves—money that is not earmarked for other purposes—was almost halved, and at that point nine IJBs did not hold any contingency reserves. The report that is due in February will update those figures.

The use of reserves is an indicator that the financial position of IJBs is precarious, but the funding gap was projected to be £457 million in 2024-25 and, as I say, you will get updated information on that in February in the next bulletin.

Colin Beattie: I have one final question, which is based on the heading above paragraph 86, which begins:

"The third sector is a key partner in tackling delayed discharges".

What steps are being taken to address the negative attitudes towards the third sector that are reported to have undermined effective partnership working?

Carol Calder: Those negative attitudes have not been the focus of our work, but you are right to say that the third and independent sectors are important in the system for social care provision. One of the issues that we raise in the integration authority performance bulletin is the lack of good data. Part of the reason for that is that there are so many different partnerships, with multiple information technology systems. Their ability to collaborate is made more difficult by that and by the fact that there are different governance arrangements and accountability lines. It is quite a messy picture, but I do not have anything in particular to say about the negative attitudes that you are asking about, Mr Beattie.

Colin Beattie: It is simply that, in paragraph 88, you quote the ALLIANCE, which highlights negative attitudes towards the third sector. Have you looked into that at all?

Carol Calder: We quote the ALLIANCE in that paragraph, but we have not done any specific work to find out what is underpinning that.

Colin Beattie: That sounds like quite an important area if the third sector is such a vital component in addressing the problem and if there are relationship issues and negative attitudes such as are highlighted in the report. I can understand that organisational differences, process differences and so on could come into it but, as we all know, attitudes can colour relationships and have a negative effect.

Stephen Boyle: You are right, and the ALLIANCE's judgment on that is clear from its reporting. It speaks to a couple of points. One is about culture. The delayed discharges issue will not be resolved by the Government or councils, which rely on working collectively with third-party providers, with the NHS and with patients and their families. Therefore, if there is a cultural barrier, it really has to be called out and addressed.

For many years, the committee—you, in particular, Mr Beattie, in your questioning—has taken an interest in some of the funding arrangements that exist with third-party providers. We have regularly spoken about the annual allocation and the funding uncertainty that third-party providers can experience when dealing with public bodies.

There are many factors to be overcome, but the point that you make is absolutely clear. Relationships have to be effective for a rooted problem to be addressed.

The Deputy Convener: I give the floor to Mr Simpson.

Graham Simpson: I will start on the money. Why is it that the cost of delayed discharges is not known?

Stephen Boyle: Simply, there is no single measure to capture the system-wide position on what it costs Scotland and what that money is being spent on. However, through our work, we have been looking to put a figure on that, and we got to the figure of £440 million for the cost of delayed discharges to the NHS. That is an extrapolation of the number of bed days when a bed is occupied when that is not medically required for a patient. As we touch on in the report, there are many other facets to that; we talk about, for example, the deconditioning that affects people who spend a long time in hospital. That is an important and necessary point to take forward.

We make recommendations in the report that more needs to be done by all the partners involved about the cost of delayed discharges and the value for money that goes alongside it. It would be an important starting point to bring clarity to the cost and the opportunity cost relating to delayed discharges.

I hope that I have made the point clearly enough in the report that the £440 million will not necessarily be a cash saving if we tackle delayed discharges, but it is such a precious resource, given the impact that it could have on other patients. We spoke to the committee a couple of weeks ago on the NHS report, in which we touched on some of the challenges in flow through Scotland's hospitals—that is touched on in this report, too—with ambulances queueing at accident and emergency departments and resultant delays that come through the system.

There is a significant prize on offer, and it is well known. Throughout the report and the fieldwork that we did, it is absolutely clear that there is a focus on resolving delayed discharges and an

ambition to do so. Our report looks to provide some of the means to have better data and a better understanding of the costs and, as Carol Calder rightly mentioned, a more thorough analysis of the range of initiatives that are happening.

Graham Simpson: You mentioned the impact on somebody of staying in hospital when they do not need to. In paragraph 16, you spell out that

"24 hours in bed can reduce muscle power by two to five per cent, and up to 20 per cent in seven days, increasing fall risks and care needs."

It can lead to "dependency and demotivation". The risk is quite obvious. That, in itself, can lead to extra costs on the system. If people are getting out of hospital—if they do get out—and then having falls, is that not an extra cost on the system?

Stephen Boyle: Absolutely. We are very clear on that point, and health and social care leaders are clear on it, too. It is not that there is a lack of ambition to tackle delayed discharging. As I mentioned in my opening remarks, there are layers of interest in this issue, with the collaborative response and assurance group and the focus of ministers, including the First Minister, on resolving it.

However, to bring it right back to somebody who is delayed leaving hospital, that delay affects their future prospects of recovery in a safe and healthy environment. We cite the sources, as we always do in our reports, and there are multiple examples on page 39 of the evidence that we have gathered. Interestingly, that supports the point that I am trying to make, which is that many of the sources are from the Government's own documents. That is why this matters so much.

Graham Simpson: Exhibit 1 on page 11 shows that the number of delayed discharges has fluctuated, but the trend is up, certainly since 2020. Why do you think that it is going up?

Stephen Boyle: I agree with your assessment of the trend. It is relatively stubborn. There is a range of factors that we mentioned. For a start, Scotland's population is increasing and the demographics of Scotland are changing, too. I will bring colleagues in on some of the detail on that. That means that there is more complexity in the cases.

We draw out, I hope, in the report that there is variation. For example, people's experience of deprivation will be a factor. If you live in a more deprived part of Scotland, you are more likely to be living with longer-term health conditions, and that flows through to the impact that that can have on your experience of delayed discharge.

In the first section of the report, we talk about some of the wider issues. There are financial pressures across Scotland's health boards, local authorities and IJBs, which we have touched on. We also go on to ask what some of the barriers are. We make reference, for example, to the role that some of the legal processes have in delayed discharge. Power of attorney and guardianship orders are a necessary component if there is to be further consideration about whether that part of the system is working.

As ever, the situation is complicated. There are many factors at play as to why people are delayed when leaving hospital. We have touched on some of the care package examples, too.

I will not repeat myself, or I will try not to, but I will talk about the need for evaluation of some of the processes and the underlying commitment, which is clear. Exhibit 1 shows that, for the past four years, there has been a consistent pattern of around 2,000 delayed discharges each period. There was a very significant reduction in that number during Covid, and I do not want to draw all that many conclusions about that, but it looks like we are in a fairly stable position now in relation to delayed discharge and all the financial and personal costs that come with it.

Do any colleagues want to add anything?

Carol Calder: Appendix 1 shows the variation in boards. There are some significant improvements and some significant deteriorations in different boards. There is not a clear pattern, and the variation is very difficult to understand. That is why the CRAG is so focused on trying to understand what is happening in individual boards and what the reasons are for that.

As the Auditor General said, there is the population element, and there is the burden of health, disease, ageing population, complexity of health needs, finance, workforce and demands on the system. All of that is in the mix, but the appendix is still interesting when questioning why there can sometimes be significant improvements and then significant deteriorations.

The number of delayed discharges averages out to around 2,000 during each period, so it seems to be plateauing. There was a slight reduction just before our report was published, but the November data shows that we are back up to more than 2,000 again. There are some very complicated dynamics at play behind the results for individual boards.

Graham Simpson: The figures in the appendix that you reference are a bit all over the place, and there is no set pattern to them. People can look at it for themselves. I am keen to explore the reasons for delayed discharges. In exhibit 2, you have helpfully set out some of them. There is no one leading reason. It could be due to waiting for a care home place, for availability at a high-level specialist facility, for a care package at home or for

adaptations to be made in the patient's home. There are all kinds of reasons.

11:15

However, I was struck by these words in paragraph 67:

"If a person is admitted to a hospital, the discharge planning process should start immediately".

That is my thinking, because, as you have highlighted, most people who are affected by delayed discharges are aged over 75, so if somebody of that age is going into hospital, it should not be too difficult to figure out that they might need a package of care in order to leave. I would have thought—and you say—that the planning should start as soon as they get into hospital.

Stephen Boyle: Adam Bullough might want to say more about that.

Adam Bullough: From speaking with integration authorities about that in our fieldwork, we know that, although it seems straightforward for that to be the case, they can have differing resources and might not be able to provide the services within that care package. There are examples where carers are not available. Although it might be possible to complete the adaptations at the house to get the patient out of hospital, in reality, there is no one in the community to undertake those care visits and to check on that person. The situation varies across all regions, which is one of the things that struck us, and there is no way that you can just focus on one thing and say, "We can do X, Y, and Z, and we'll get this fixed." There are so many different parts to the issue and there is variation in how authorities are able to deal with it.

Carol Calder: I remind the committee of the part of the report that says that the average delay for people with non-complex needs is only 10 days. I say "only" even though that is a significant delay for an individual, because, in comparison, delays for adults with incapacity can be well over three to six months.

In such instances, there is the issue that the Auditor General mentioned in relation to power of attorney, which is not in place for a lot of people, meaning that a guardianship order is required, which involves a very lengthy and expensive court process. Those issues are causing the very long delays for some people. As we said in the report, more needs to be done to promote and provide guidance on power of attorney, with proactive targeting of, say, local partnerships that are dealing with dementia care, so that such things are talked about in advance, when people are being diagnosed, rather than their becoming an issue when the person is in hospital and cannot be returned to their home. There is a significant jump in the length of delays for adults with incapacity.

Graham Simpson: What is the worst delay that you have come across?

Carol Calder: I am not sure that we have information on that. We have been looking at averages. However, anecdotally, we hear on the news that people can be delayed for over a year or more.

Graham Simpson: That is pretty astonishing.

Carol Calder: I would hope that that is rare.

Graham Simpson: Think of the impact on the patients.

Carol Calder: At any one time, between 35 and 65 adults with incapacity can be experiencing delays of more than six months.

Stephen Boyle: An interesting statistic in paragraph 82 of the report, drawn from the Scottish Legal Aid Board's reporting on legal aid grants, is that,

"in 2024–25, adults with incapacity cases accounted for 47 per cent of all grants, up from just two per cent"

just under 20 years ago.

We rightly talk about how the issue concerns older people and frailty, but it is not solely about that. People at earlier stages of adulthood who might have severe and complex needs can also be impacted by delayed discharges.

People do not live in hospitals; they should be there for a period of time for treatment. Finding the right package of support, care and suitable accommodation after hospital must start at the outset of a person's entry into hospital. It is important to plan to get people out of hospital into a suitable, homely setting.

I emphasise the point that Adam Bullough made about the financial pressures that exist, especially in IJBs. When somebody enters hospital, there is a risk that their care package will stop because of the financial pressures. However, continuing the care would instead give an opportunity for early discharge rather than being a sunk cost, which is how it is at risk of being perceived.

Graham Simpson: You mentioned some things in your report that may help with the problem, and you provided some case studies. One case study is the discharge without delay programme, which I guess is what we have been talking about. That is when somebody comes into hospital and we try to get them out of hospital into an appropriate setting. Discharge without delay is described in your report as a collaborative that meets fortnightly, that has over 50 members and that covers 11 health boards across Scotland. How successful has it been?

Adam Bullough: We said in the report that discharge without delay was trialled and developed in Tayside; NHS Tayside spearheaded the process. It was seen as a positive way to deal with and specifically target elderly and more frail patients. The programme has had some success and traction in Dundee city, which is one of the fieldwork areas that we spoke about.

The fact that 11 boards have now signed up to the discharge without delay programme shows that they have seen that it is having an impact, but they are all at varying stages of signing up to the process. That is because they all have varying resources; the programme cannot just be lifted and shifted in to work straight away for whichever board or integration authority takes it up. However, from the discussions that we have had with the group, the programme seems to have been a positive step forward.

The Scottish Government has also been engaged with the collaborative, and it said to us that it considers the programme to have been a positive step. That is why the programme forms part of the Government's plan for taking the policy forward.

Graham Simpson: Your report also mentioned the hospital at home model. There is a commitment to increase the number of hospital at home beds to at least 2,000 by December. Are we on track to achieve that?

Adam Bullough: In the report, we advised that funding has been provided to health boards. They had to put in a bid for the funding, and a partial element of the funding was provided to each of the boards. I think that the policy is due to be implemented by the end of 2026—is it 2026?

Stephen Boyle: Yes.

Adam Bullough: We have not had any information from the Scottish Government to advise us on where it is at with hospital at home. However, Healthcare Improvement Scotland produced a report that provided an update on the policy.

Stephen Boyle: As we touched on in the report, hospital at home has been promoted as one of the initiatives to help prevent delayed discharges. That is alongside some of the funding that you referred to, Mr Simpson, which has been provided to implement the model across the country. We note in the header above paragraph 51 of the report that there has not yet been an analysis of the cost effectiveness of the hospital at home model—in and of itself, but also relative to the success of some of the other initiatives that are happening across the country. It features as one of our recommendations for Public Health Scotland and Healthcare Improvement Scotland. We note that they should consider some of the metrics on the use of the hospital at home programme to allow for an assessment of whether it is working effectively and whether it is a successful model relative to some of the other approaches that are also in play.

Adam Bullough: Healthcare Improvement Scotland provided confirmation that, between April 2024 and March 2025, the programme had prevented more than 15,000 hospital admissions, so it has its place. In preventing those 15,000 admissions, it would have prevented delays from happening. Nonetheless, while it has its place, we say that further evaluation and analysis is required in order to understand the impact that it is having against the investment that is made.

The Deputy Convener: We have a small bit of time left, although not too much. We have covered quite a lot of ground, but I will ask just a few additional questions, Auditor General, if that is okay.

The most obvious point to make is that the issue of delayed discharges has been flagged by Audit Scotland for over 20 years. My briefing says that it was originally brought to the attention of a previous iteration of this committee, and Parliament, in 2001. Two decades have passed, yet here we are, looking at your latest report. It is clear that, while we are seeing some improvement in some health boards, it is still a massive issue. It is still costing the NHS £1 million a day, and tens—if not hundreds—of thousands of people are still affected by it.

I cannot get my head around how on earth, after two decades of flagging the issue to Government, we are still in this mess. It is not necessarily for you to answer, or to be accountable, for decisions that Government has or has not made over the years. However, in your view, what is the reason why it is still such a big issue?

Stephen Boyle: You are right. At paragraph 96, we refer to the report entitled "Moving on? An overview of delayed discharges in Scotland", which was produced in 2005. There is overlap between the report that we have produced with the Accounts Commission and the conclusions that our predecessors reached at that time.

There is a complicated local and national picture with regard to the funding environment, the workforce and population change. There are more people, and people are living longer but often with multiple health conditions. In some ways, it is a measure of success that Scotland's population is growing and that there have been increases in life expectancy. However, it is, in some respects, inevitable that that can lead to people needing more care, and different types of care, as they age. What we are probably capturing is that the system has not evolved in the way that it needed to in

order to allow for some of those changes. Some were predictable and some perhaps less so.

We know, and we have seen, that there is no shortage of focus or ambition to change and to resolve delayed discharges. CRAG talked about the role that ministers are playing in looking to support collaboration and the right levels of accountability. Again, however, one of the recurring themes from Audit Scotland reports is that there needs to be better data in order to understand how the investment is being made and what it is achieving.

On top of that, there needs to be much clearer implementation planning for initiatives. Some of those initiatives will be successful, but some will not, and for those that are successful there needs to be a clear, evidence-based judgment of whether they can be replicated across the country. We hope that that will allow for the system to be focused and to evolve, continuing that collaborative model while tackling some of the stubborn issues that are in front of us.

The Deputy Convener: I have to say that those three themes—better and more data, clearer implementation and planning, and more collaboration on what does and does not work well and how best practice is shared—appear in pretty much every report that you have ever written since I joined the committee. Why are those such common issues across all areas of policy in Government? Those themes are recurring—every report says the same thing.

11:30

Stephen Boyle: There are consistent themes in some of our reports. I would never understate the challenges—if it was easy, it would just get done, would it not? There are complex issues involved, and prioritisation of investment will be needed. I can make recommendations about needing better data and more evaluation, but some of those will take more money and resources or people to focus on them.

Our recommendations are only that: recommendations. As the committee knows, they certainly do not come with powers of intervention. They are an independent assessment of what we think will help to bring about better public spending and better outcomes from the delivery of public services.

Again, this committee ultimately plays an important role, too, in supporting that level of accountability through taking, and choosing to take, evidence on a particular topic.

Perhaps the difference between this report and some of the others is that we have seen real evidence—as I have mentioned a couple of times—of a desire to tackle the issue. We have seen the involvement of officials from across different public bodies with the ambition to work collaboratively, so I think that we are further down the line than we are in respect of some of the other topics that we have reported on to the committee.

We hope that our recommendations, particularly the recommendation on the evaluation of initiatives, will allow for a level of clarity to enable decision makers and those who are implementing the decisions to take the next steps and tackle these issues. We talk about stubborn issues; the issue of delayed discharges is perhaps the best—or worst—example in the delivery of public services that needs to be addressed.

The Deputy Convener: Do you think that delayed discharges can ever be eliminated, or is that an impossible ambition? Delayed discharges can be reduced, for sure; there is clearly evidence that that can happen when approaches work well. Carol Calder spoke about some examples of good practice. Nevertheless, while the level of delayed discharges can be reduced, they can never truly be eliminated. Are we, therefore, just setting ourselves up for failure in trying to fix the problem? Is it simply baked into the processes of the entire health and social care system?

Stephen Boyle: I do not believe that it is a problem that can never be resolved. We have evidence of that in the examples of variation. There have been some tremendously successful examples in Scotland of progress in tackling delayed discharges. However, the data looks so random with regard to what is working well, although that is, in some ways, a very good place to be, because it is not as if the system is scrambling around for answers as to how we tackle the issue. There are some great examples of where things have worked really well, and many of those are set out in the report.

You asked whether the level of delayed discharges will ever be reduced entirely. I would say probably not, and we would perhaps not want it to be entirely reduced, because there is a patient safety element. Making sure that people are safe and that they are in the right conditions will always take priority over having a system that focuses solely on throughput and people leaving Scotland's hospitals. However, we have an opportunity gap here with regard to getting delayed discharges down to a level that feels much lower and more manageable and sustainable than is currently the case.

The Deputy Convener: Yes—that has been well iterated in your report.

Carol Calder: You said in your original question that the position has not changed over 20 years. However, we have also been reporting for 20 years

on the lack of a shift in the balance of care, and that is fundamental to the issue of delayed discharges.

We now have an opportunity, because we have a public health framework and the service renewal framework, but what are missing from those are the implementation plans that the Auditor General mentioned, along with a reflection and recognition of the important role that the social care sector has in this regard. There is not currently a huge amount of reflection of that. We need to see how that joint decision making, joint working and joint accountability will be achieved in practice. Nevertheless, if we can shift the balance of care, we will see a shift in the level of delayed discharges, too.

The Deputy Convener: That is a good point. If someone is medically fit to leave hospital and the doctors do not want them there, and if the patient does not want to be there and their families do not want them to be there but there is clearly a blockage, what happens next for that patient?

Mr Simpson went into some detail about the variety of issues that are causing the blockages. Are you saying that, ultimately, these are all social care issues and so they are community-based problems that are the responsibility of, for example, IJBs, local councils, the third sector and care homes? There are so many other partners involved in unblocking this that it is hard to see how it will all join up so that we can finally crack this nut.

Carol Calder: I am saying that it is a systems problem. We see too many people in secondary care, and there needs to be more investment in community care and primary care so that we can avoid unnecessary deterioration and admissions and people ending up in hospital. I am not saying that it is a problem for one part of the system—it is a problem for the whole system. We have to shift that balance. The dial on that has been very reluctant to budge, but, if we can shift investment into primary care and community care, we will see fewer of the acute problems—of which delayed discharges is just one—in the acute sector.

The Deputy Convener: That is helpful. We can pose those questions to the Government in due course, based on your helpful feedback.

I also want to look briefly at social care. Adam, I was quite taken by your example. It is one of many such examples that members hear, particularly from our casework, of people being unable to access care packages. You mentioned the availability of staff. That is certainly an issue, but there are also issues around the amount of funding that is available at the local level, in councils, for packages. We have heard that, if someone is unlucky enough to be a patient between January and March, and if the money has run out, they are more likely to be stuck in hospital until the beginning of the new financial year, when the money is unlocked. Is there any evidence of that happening?

Adam Bullough: No, certainly not in the work that we were doing—we did not come across that at all, although Mr Bell might have something to say about what the Accounts Commission has seen in relation to funding. During our fieldwork, councils were obviously having to make difficult decisions about what they were doing as they considered eligibility criteria. They are having to look at what they can offer certain patients when the criteria are changed. That came through in our discussions with fieldwork sites that will have to consider those criteria, given that their finances are stretched as they move into this. However, we did not come across any evidence during our fieldwork of what you mention happening. I do not know whether Mr Bell has something to add.

Adam Bullough: There is not an awful lot that I can add to that. We all know that finances are stretched, and councils are no different in that respect. Eligibility criteria are one area that they are looking at.

In paragraph 97 of the report, we say that,

"At both a national and local level, all partners need to work together to be more honest and open about the changes that are needed"

to ensure that health and social care services can remain sustainable into the future, given the increasing demands and increasing expectation gaps that we have in the system.

The Deputy Convener: Can you clarify whether all boards are signed up to—was 11 the number that you mentioned earlier?

Adam Bullough: Do you mean signed up to the discharge without delay programme?

The Deputy Convener: Yes. Is it 11 boards that are signed up to that?

Adam Bullough: Eleven out of the 14 boards were signed up at the point when we reported on it, which I think was in November.

Three boards had not signed up. NHS Lothian has decided to do the Lothian partnership; it has been spearheading that as a way to proceed, but the partnership does use elements of the discharge without delay programme. Some boards found that the programme just did not fit with the rules and resources that they had. However, I think that the plan would be to try to roll it out across all boards.

The Deputy Convener: Are you confident that there is still a national charge towards meeting this objective?

Adam Bullough: Certainly. We have attended some of the weekly or fortnightly meetings. Given the amount of people who have been there discussing it and the work that is going into it, I would say that it is definitely making progress.

The Deputy Convener: Finally, Auditor General, you have made a number of recommendations in your report, which we can read in black and white—or blue and blue, as they are. What is your overarching message that will prevent us from sitting here, discussing this in 20 years' time?

I—or you, Auditor General—might not be sitting here in 20 years' time, but there is a shared desire that the issue does not go on for another 20 years, because we cannot afford the financial or human cost of its doing so. What is your overarching message for stakeholders to take heed of, so that we can avoid that being the case?

Stephen Boyle: You are right. None of us would wish to have a never-ending stream of reports or evidence taking on such an important issue. We are very clear that there is a desire to tackle the matter—we saw that coming through strongly in our fieldwork with all the people we met. However, it is those deep-seated ambitions to resolve the issue that have perhaps led us to have such a range of different approaches across the country. That aspect is leading to some of the variation.

It is about dispassionate analysis and people accepting that what is working in another area might be well suited to their area but might not be the initiative that they have created. It is about getting the right data, evaluating it and continuing to work in partnership.

The themes that you referred to earlier perhaps best summarise the nature of the recommendations in our report. As ever, we do not produce reports in isolation, so we will continue to follow progress against those recommendations and bring that information back to the committee in due course.

The Deputy Convener: That is very much appreciated, Auditor General.

On that note, we will conclude this item. It remains for me to thank you, Mr Boyle, Auditor General, as well as Adam Bullough, Malcolm Bell and Carol Calder for joining us and giving us evidence, which we have found extremely helpful. The committee and future committees will, no doubt, take a close interest in the issue. We also look forward to the Accounts Commission's report on integration authorities, which is due out soon.

I now move the meeting into private session.

11:41

Meeting continued in private until 12:07.

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