

10 OCT 2017

Minister for Public Health and Sport
Aileen Campbell MSP



Scottish Government
Riaghaltas na h-Alba
gov.scot

T: 0300 244 4000
E: scottish.ministers@gov.scot

Ian Kinniburgh
Chairperson
NHS Shetland
Montfield
Burgh Road
Lerwick
ZE1 0LA

9th October 2017

NHS SHETLAND: 2016/17 ANNUAL REVIEW

1. This letter summarises the main points discussed and actions from the Annual Review and associated meetings held in Lerwick on 21 August 2017.
2. I would like to record my thanks to you and everyone who was involved in the preparations for the Annual Review Programme, and also to those who attended the various meetings. I found it a very informative day and I hope everyone who participated also found it worthwhile. I would also like to extend my thanks to the staff I met who are involved in the Shetland Physical Activity and Sport Strategy and to the Intermediate Care Team. I found both interesting and helpful.

Medical Education Group Meeting

3. We began the day with a very interesting presentation from the Board Medical Education Group on the current training and medical workforce position in NHS Shetland, including challenges in recruiting to middle grade and training posts, the inherent generalist nature of island clinical practice, engagement from NES and access to training. We had a useful discussion and we noted the specific issues raised about working with NES to improve recruitment and retention and the location of training courses which made it very difficult for Shetland clinicians to attend. We undertook to raise these issues with NES and to facilitate a meeting between the Board Medical Director and Dr Ian Finlay, Senior Workforce Officer (Sustainability and Seven Day Services), to further discuss surgical training issues. We went on to discuss the importance of the Rural General Hospital (RGH) in island settings and we undertook to further facilitate discussion with Angus Cameron around how RGHs fit with the wider Clinical Strategy.

Area Clinical Forum (ACF) / Area Partnership Forum (APF) Meeting

4. I had a valuable joint meeting with the ACF and APF discussing a number of issues. It was clear that both Forums continue to make meaningful contributions to the Board's work, and that they have effective links to the senior management team.
5. I was pleased to hear of the ACF's engagement with the Chief Medical Officer's work, 'Realising Realistic Medicine' and commitment to ensuring appropriate local engagement as part of the local Transformational Change Programme. Meaningful engagement with local clinicians and the community will be essential in taking forward overall clinical policy and local service redesign. I was also pleased to hear of NHS Shetland's commitment to considering patient pathways, including opportunities for telemedicine, where possible, and I was encouraged to hear that the 'Attend Anywhere' Programme worked well on the islands. It was clear from our discussion that the Partnership Forum continues to engage effectively with the Board; including promoting consistent leadership and in ensuring greater future alignment between the workforce plan and emerging service plans. There was recognition of and support for maximising multi-professional working across staff boundaries in order to sustain and build services in the future. I was also encouraged to hear of a number of activities that have taken place over the year to encourage staff health and wellbeing through the Health and Wellbeing Sub-Group.
6. Both of the Forums felt that Governance arrangements between the Board and the Integrated Joint Board (IJB) were clearly documented but highlighted there was a need to consider how these could be streamlined in practice.
7. I undertook to note issues raised by the Forums which included opportunities for funded study places for islanders and increased NES support for regional places; issues concerning broadband infrastructure across the Shetland Islands and video conference availability to support clinical use, participation with Scottish Government events and NES Training. I was, however, encouraged to hear the Remote and Rural Fellowship had worked well and of on-going discussion between the Board and the University of the Highlands and Islands to support training places for islanders.

Patient / Public Group Session

8. I would like to extend my sincere thanks to those patients who took the time to attend the meeting of the Group, as I consider that listening to and responding to patients' views and feedback is a vital part of improving health services. Their openness and willingness to share their experiences is greatly appreciated.
9. Amongst the issues we discussed was the importance of good communication between clinical staff and patients, including their carers; the integration of acute and community services, particularly in relation to dementia and occupational therapy services which previously had been provided through the Ronas Ward and Viewforth House. We also considered the access to training for NHS Shetland staff; coordination of patient appointments out-with NHS Shetland to allow same day return to the island, where possible; timely communication from GP Practices, and the fundamental right for patients and their carers to be actively involved in decisions about care and service redesign that affects them. I recognised access to training for Shetland clinical staff was an emerging theme of the day and I undertook to follow this up with discussion around support from NES and Broadband capacity.

Annual Review – Public Session

10. I was pleased to hear during the Chair's presentation you reiterate the Board's commitment to meaningful public engagement; a clear focus on patient centred, safe, effective governance and performance management; and attention to the delivery of significant improvements in local health outcomes, alongside the provision of high quality, safe and sustainable healthcare services. A detailed account of the specific progress the Board has made in a number of areas is available to members of the public in the self-assessment paper which the Board prepared for the Annual Review. This has been posted on the NHS Shetland website, as has a copy of your presentation.
11. We then took a number of questions from members of the public covering a range of topics including recruitment and retention, staff access to training, IJB funding and staff morale. I am grateful to you and the Board Team for your efforts in this respect, and to the audience for their attendance, enthusiasm and considered questions.

Annual Review – Private Session

General reflection of the rest of the day.

12. Before getting into the detailed discussion on performance in 2016/17 I relayed back the key themes I had picked up at my earlier meetings. I heard about the challenges of recruitment and retention of medical staff throughout the day; you told me of some innovative practices and the commitment to continually look at innovative solutions which would both help address staffing pressures and also support the implementation of the realistic medicine approach. I was pleased to meet two new non-executive appointments to the Board and their fresh ideas to better engage with Shetland's younger population. This will be important in encouraging young people who train in the NHS professions to return to NHS Shetland to practice.

Health Improvement

13. NHS Shetland is to be commended for the Board's overall performance against delivering Alcohol Brief Interventions (ABI) to date, delivering 2,479 ABIs interventions, exceeding its target of 2,104 between 2008 to 2016. However, I note that for 2016/17 NHS Shetland missed its target, delivering 207 ABIs against a target of 261.
14. NHS Shetland has faced challenges in meeting the drug and alcohol waiting times standard, delivering 87.3% against a 90% standard. I note your assurance that the Board is committed to improving performance for 2017/18 and the Scottish Government's Health Improvement Division will continue to work with NHS Shetland to improve outcomes for service users.
15. The Board is also to be commended for its performance in relation to smoking cessation. During 2015/16 NHS Shetland achieved 51 successful 12 week quits against a target of 33, delivering 155% of the agreed number. Available monitoring data for 2016/17 indicates that NHS Shetland's performance remains above target despite the target being increased by 30% last year. Final annual performance data will be published in October 2017.

Clinical Governance, Patient Safety and Infection Control

16. Rigorous clinical governance and robust risk management are fundamental activities for any NHS Board, whilst the quality of care and patient safety are of paramount concern. I am aware that there has been a lot of time and effort invested in effectively tackling infection control; this is reflected in the Board delivering the target for *Clostridium Difficile* infection with a rate of 0.085 per 1000 bed days, a decrease in the CDI rate from year ending March 2016 of 27%. The Board, however, missed the MRSA target for March 2017, delivering an infection rate of 0.73 cases per 1,000 total occupied bed days which is above the target of 0.24. In 2016 the most common organism reported in acute and non-acute care was (E-Coli), and I was pleased to note that no outbreaks in NHS Shetland have been reported by Health Protection Scotland in 2016/2017.
17. I recognise that it is challenging for NHS Shetland to meet these standards given that a relatively small change in case numbers against low number of bed days may have a marked impact upon rates.
18. The Healthcare Environment Inspectorate (HEI) was set up by the former Cabinet Secretary for Health and Wellbeing with a remit to undertake a rigorous programme of inspection in acute hospitals. During 2016/17, HEI carried out two unannounced inspections: an inspection of Gilbert Bain Hospital from 30 November to 1 December 2016 resulted in one requirement and zero recommendations; another inspection of Gilbert Bain Hospital from between 10 and 12 April 2017 resulted in three requirements and two recommendations. I am reassured that the findings from the inspections confirmed robust systems and good compliance with infection control procedures are in place across the hospital. I also note that healthcare associated infections is a standing item at Board meetings and forms part of its Quality Improvement Agenda.

Improving Access - Waiting Times Performance

19. NHS Shetland is to be commended on regularly achieving performance at or above 95% against the 4-hour Emergency Care target on a sustainable basis.
20. During 2016/17, the Board generally performed well on the suite of elective access targets including the Treatment Time Guarantee (TTG) and the 8 key diagnostic tests. Against the Treatment Time Guarantee, NHS Shetland achieved 99.4% delivery. Lack of gynaecology service provision during 2016-17, meant 5 patients waited longer than the 12 week TTG; I note a recovery plan was put in place to ensure procedures were completed by the end of March 2017. I am also pleased to note the Board are working with NHS Grampian to develop a joint post to enable a more sustainable approach for delivering shared gynaecology services in 2017/18.
21. Outpatient performance and 18 weeks Referral to Treatment Time standards have, however, been challenging for NHS Shetland throughout the year. I understand pressures are mainly due to the NHS Board (Grampian), which provides services for some specialties in Shetland, being unable to provide the capacity required. I am aware recruitment and retention of key clinicians is particularly challenging for the islands and an overall increase in outpatient referrals and reduction in capacity in a number of the specialties has also increased pressure, most notably on visiting services (e.g. ENT, dermatology and gynaecology) and the local rheumatology clinics. I am aware the Board are developing a recovery plan to address short term (non-

recurrent) access issues as well as using the 'Getting Ahead' methodology to redesign pathways taking a whole systems approach. You assured me that discussions are ongoing with NHS Grampian to address clinical priority cases and you are considering how to encourage clinicians to work in Shetland and best manage the specific challenges inherent to the provision of single handed services on the island. I noted your concerns about the impact the high cost and lack of available housing on Shetland can have on the Board's ability to recruitment and retain staff. I undertook to further discuss alignment of housing policy across SG portfolio areas with the Minister for Housing and Local Government.

22. Performance against the 31-day cancer standard has been above 95% for the last five quarters; however, performance against the 62-day cancer standard has been below 95% in four of the previous five reported quarters. It is recognised, however, that, due to the small numbers of patients treated, if only one patient breaches the target, this is likely to result in performance below the 95% standard. It is also recognised that performance is linked to performance of mainland Boards due to the reliance on them for certain cancer treatments. The Scottish Government Cancer Access Team will continue to monitor performance and I am pleased to note that the cancer screening programme uptake remains good on Shetland with uptake rates amongst the highest in Scotland.
23. NHS Shetland's improvement in performance against the LDP waiting times standard for CAMHS is to be commended, however, the Board narrowly missed meeting the standard for psychological therapies. It is recognised, however, that there are issues around data collection and submission following the move to a new patient management system. I note that from October 2016, 100% of the children referred to the service were seen within the access target. I am aware of the hard work and dedication of your staff which resulted in this level of performance being sustained for the rest of 2016/17. I recognise, however, that challenges in providing an appropriate range of on island interventions remain. Having recruited a Consultant Clinical Psychologist, with the support of NHS Education Scotland, who is now in post within the Community Mental Health Team, the Board are in discussion with NES to recruit a trainee Psychologist to add additional capacity to the team. I look forward to confirmation that work to speed up access to adult psychological therapies has resulted in sustainable delivery of the 18 week standard.

Health and Social Care Integration

24. I welcome the commitment of the Board and its Local Authority partner to the effective implementation of integrated health and social care partnership arrangements. I am pleased that NHS Shetland generally record very few patients delayed in hospital at each monthly census and the partnership has been successful in reducing the length of these delays, now recording few, or no delays over 3 days.

The Best Use of Resources

25. It is vital that NHS Boards achieve both financial stability and best value for the considerable taxpayer investment made in the NHS. I am, therefore, pleased to note that, despite a challenging year, NHS Shetland met its financial targets for 2016/17. For 2017/18, NHS Shetland is currently not forecasting a breakeven position, with a significant savings requirement of £4.6m. I recognise that delivery of these savings will

be challenging and you should keep in close dialogue with my finance officials as the year progresses.

26. I am aware the Board has established an Efficiency and Redesign Programme to align with the national Sustainability and Value work streams and you expect the programme to deliver savings in key project areas. Clearly, overall economic conditions mean that public sector budgets will continue to be tight, whilst demand for health services will continue to grow. Nonetheless, you confirmed that the Board continues to actively monitor the achievement of all local efficiency programmes and the Board is committed to its financial responsibilities in 2017/18 and beyond.

Conclusion

27. I would like to thank the Board and its staff for a generally strong performance in 2016/17; it is clear NHS Shetland is making significant progress in taking forward a challenging agenda on a number of fronts, including improving access, maintaining tight financial control and developing local services. Whilst I am happy to acknowledge the many positive aspects of performance in NHS Shetland, I know that you are not complacent and you recognise that there remains much to do. I am confident that the Board understands the need to maintain the quality of frontline services whilst demonstrating best value for taxpayers' investment. We will continue to keep progress under close review and I have included a list of the main action points from the Review in the attached Annex A.

best wishes

Aileen

AILEEN CAMPBELL

NHS SHETLAND: ANNUAL REVIEW 2016/17

MAIN ACTION POINTS

The Board must:

- Continue to review, update and maintain robust arrangements for controlling Healthcare Associated Infection, with particular emphasis on *C.Diff* and *SABs*.
- Continue to deliver on its key responsibilities in terms of clinical governance, risk management, quality of care and patient safety.
- Keep the Health & Social Care Directorates informed on progress towards sustainable achievement of access performance standards.
- As a minimum achieve the same elective waiting time performance at the 31st March 2018 as the Health Board delivered at the 31st March this year.
- Continue to keep the Health and Social Care Directorates informed of progress in implementing the local efficiency savings programme and plans in place to meet financial targets.
- Continue to work with planning partners on the critical health and social integration agenda and the key objective to significantly reduce delay in general and particularly patients experiencing delayed discharge.
- Continue to make progress against the staff sickness absence standard.
- Keep the Health Directorates informed of progress with redesigning local services.

