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Mr Gary Robinson
Chair
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21st February 2019

Dear Gary,

NHS SHETLAND: 2017/18 ANNUAL REVIEW

1. This letter summarises the main points discussed and actions arising from the Annual Review and associated meetings in Lerwick on 26 November 2018. I would like to record my thanks to everyone who was involved in the preparations for the Review and to those who attended the various meetings.

Meeting with the Area Clinical Forum and Area Partnership Forum

2. I had a constructive discussion with the Area Clinical Forum and members of the Area Partnership Forum. Clinical Forum members explained that NHS Shetland is experiencing significant difficulties with recruitment and retention of staff. There is a particular challenge when seeking to recruit to medical, nursing and other specialist staff from outside Shetland. Obstetric services are under increasing pressure due to difficulties in recruiting GPs with a special interest in obstetrics. Forum members are involved in the Boards' development of an alternative workforce model which will be consultant led. There are also challenges in recruiting non-medical staff due to high accommodation costs in Shetland, and for estates staff the local market is very competitive. On the positive side nurse staffing numbers are currently good. While there has been some success in recruiting GPs Shetland competes for these doctors with the other island Boards and remote areas of the mainland. Dr Calderwood suggested that an approach for short term solutions might be to upskill current staff where this was approach, and making efforts to attract newly qualified doctors who attended secondary school and had family links in Shetland might also have some success.

3. I was interested to hear examples of the Board's approach to Realistic Medicine. NHS Shetland has established a multi-disciplinary group and are progressing funded initiatives in paediatric services and long term conditions. Forum members felt it was still 'early days' in Shetland and they needed to explain the principles better to achieve wider understanding among some staff and patients. The overall view was that Realistic Medicine 'gave permission to do things differently'.

4. My discussion with Area Partnership Forum Members was equally constructive. I heard about 2 Key achievements - the Staff Development Awards providing support to staff who wish to progress from support roles to gaining a qualification and the roll-out of management bundles to support current managers and succession planning. Initial evaluations are very positive. I was keen to hear how the Board was supporting staff to raise concerns about challenging behaviour from others. A Workforce and Wellbeing Group has been established to address challenges including supporting staff to challenge poor behaviour in real time, changing staff perceptions from staff of the robustness of managers in dealing with poor behaviour, which cannot always be shared because of confidentiality issues and addressing staff concerns about challenging senior clinical colleagues. There is also activity to support managers to build on wider experience to address bullying and harassment allegations in a sensitive, impartial and timely manner.

5. NHS Shetland is to be commended on its staff attendance performance. Sickness absence for 2017/18 was 3.92%, lower than the Scottish National Target of 4% and the lowest of any NHS Board in Scotland. Forum members said that there was a strong collaborative approach from management and staff side, there was good occupational health support and there was a very strong level of commitment from staff resulting in high attendance levels. NHS Shetland has a flexible approach to accommodating individuals desired working patterns and this was 'personalised approach' was welcomed by staff.

6. I was encouraged to hear that the use of appointments via Attend Anywhere were being promoted and that uptake was increasing, with patient contacts to the Golden Jubilee Foundation Hospital and to NHS Grampian. Given the distances for travel to the mainland for Shetland residents, Attend Anywhere and the use of other technologies are considered to be particularly beneficial to Shetland residents. A limiting factor at present is the Broadband infrastructure.

Patients' Meeting

3. I would like to extend my sincere thanks to all the patients who took the time to come and meet with me. I consider this meeting to be very important to get first hand feedback on how services are being delivered across the NHS. I greatly appreciated the openness and willingness of the patients to share their experiences. I heard that overall patients appreciate the high quality of services and the excellent quality of care provided by medical and nursing staff in NHS Shetland. I heard that the provision of mental health services is a concern for local people. As the inpatient service is provided by NHS Grampian patients and carers can experience difficulties due to the travel times to and from Aberdeen. I also heard of frustrations about travel arrangements, particularly for people with physical disabilities. I have passed these concerns to the Board and have asked that these issues are followed up with North Link.

Visit to Child and Adolescent Mental Health Unit

5. I was very pleased to visit the CAMHS Unit and meet the team there. I heard about local work being carried out to deliver improvements in the key priority area of mental health. I was very interested to hear about the treatments and therapies delivered and to hear about the breadth of conditions treated and how this is having a positive impact for patients and families.

6. This ties in with performance in relation to the national waiting times for access to child and adolescent mental health services and NHS Shetland met the standard in the last quarter with 100% of patients being seen within 18 weeks for quarter ending 30 June 2018 – the same as the previous quarter. The Board is not, however, meeting the standard for psychological

therapies with performance declining in 2017 before starting to recover in 2018, with 65.6% of patients seen within 18 weeks for quarter ending June 2018. I understand that reasons for performance include a long standing vacancy alongside an increase in referrals. Nonetheless, work is underway locally to address this backed by additional Government investment, including £411,654 from 2018/19 to 2021/22 to recruit additional staff in key settings.

Annual Review – Private Session

Health Improvement

6. I note the positive performance for delivering alcohol brief interventions overall since 2008, however performance for 2017/18 has been challenging. Similarly, NHS Shetland did not meet the challenging smoking cessation standard, recording 33 successful 12 weeks quits against a target of 43. I would like to see the Board put in place steps to improve performance.

Patient Safety and Infection Control

10. 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 locally in effectively tackling infection control, however the Board missed the MRSA standard, delivering 0.80 cases per 1,000 acute occupied bed days, and *Colostridium Difficile* standard delivering 0.41 cases per 1,000 acute occupied bed days.

11. I recognise that given the size of the Board and the small numbers involved, it is challenging for the Board to meet the standards; just one event can alter the performance significantly from one quarter to the next.

Improving Access – Waiting Times Performance

12. While a number of Health Boards across Scotland have struggled to meet and maintain the 4-hour A&E waiting target over the last year, NHS Shetland frequently achieves performance levels around or above 95% against the standard.

13. NHS Shetland, along with other NHS Boards, has continued to experience challenges in delivering the suite of elective access targets and standards during 2017/18. It is recognised that the Board's performance is linked to performance of mainland Boards, especially in areas such as Trauma and Orthopaedics and Ophthalmology. Pressures in delivering outpatient standard in 2017/18 continued. Again the pressures are mainly due to the NHS Board which provides services for some specialities in Shetland, being unable to provide the capacity required. I would expect the Board to continue to work with mainland Boards on potential breaches.

14. NHS Shetland is also putting in place the technology and infrastructure to support telemedicine for outpatient appointments. I would encourage the Board to continue work in progressing with the use of digital health, given the significant benefits this can bring to NHS Boards such as reducing waiting times and a reduction in patient travel time and associated costs.

15. The Board's performance against the 31-day cancer access standard has been above the 95% standard for four of the last five quarters, with 100% recorded for the quarter April to June 2018. However, performance against the 62-day standard has been below 95% in four of the previous five reported quarters, recording a performance of 68.8% in the same quarter

noted above. Again, NHS Shetland's performance is impacted by the small numbers involved and the fact that the Board's performance is linked to the performance of mainland Boards providing certain cancer treatments. The Government's Cancer Delivery Team will continue to monitor with NHS Shetland's performance.

Health and Social Care Integration

16. There are seven localities: North Isles, North Mainland, West Mainland, Whalsay and Skerries, Central Mainland, Lerwick and Bressay, South Mainland. I am pleased to note that the Shetland partnership records very few delays in discharging patients and has robust arrangements and escalation plans in place to manage discharge from hospital, with dedicated social work time allocated to the hospital.

Finance

17. 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 NHS Shetland met its financial targets for 2017/18. The need for strong financial performance is essential as the demands on health and care services continues to grow. Nonetheless, you confirmed that the Board continues to actively monitor the achievement of all local efficiency programmes and, whilst the position is challenging, NHS Shetland remains fully committed to meeting its financial responsibilities in 2018/19 and beyond.

Public Session

18. I was delighted to return to Lerwick to chair the meeting with local people on 21 January. I heard a range of views from local people, including staffing issues and locum costs to the Board. These were issues that I had discussed at the Annual Review on 26 November with staff and Board members. I also heard positive feedback about staff across NHS Shetland and the services provided are greatly appreciated across the islands.

Conclusion

18. I want to record my thanks to the Board and local staff for their generally strong performance in 2017/18. NHS Shetland is making progress in taking forward a challenging agenda on a number of fronts. I have been assured that the Board understands the need to improve performance in some key areas, whilst maintaining the quality of frontline services and demonstrating best value for taxpayers' investment. We will continue to keep progress under close review and I have included a list of the main performance action points in the attached annex.



Clare Haughey

NHS SHETLAND ANNUAL REVIEW 2017/18**MAIN ACTION POINTS**

The Board must:

- **Keep the Health & Social Care Directorates informed of progress with its significant local health improvement activity**
- **Continue to develop an innovative approach to the recruitment and retention of staff and work with mainland Boards to maximise shared appointments**
- **Continue to review, update and maintain robust arrangements for controlling Healthcare Associated Infection**
- **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 achieving all access targets in line with agreed improvement trajectories, including the 62-day cancer target and mental health access targets**
- **Continue to work with planning partners on the critical health and social integration agenda, including the appropriate delegation of operational management responsibility and addressing the delayed discharge challenge**
- **Continue to achieve financial management targets**
- **Keep the Health & Social Care Directorates informed of progress with local service redesign plans, in line with the national policy**