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Cabinet Secretary for Health and Sport
Shona Robison MSP



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

Mr Ian Kinniburgh
Chairperson
NHS Shetland
Montfield
Burgh Road
LERWICK
ZE1 0LA

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Dear Ian,

NHS SHETLAND: 2015/16 ANNUAL REVIEW

1. This letter summarises the main points discussed and actions from the Annual Review and associated meetings held in the Bressay Room, Montfield on 4 October 2016.
2. The Annual Review process is intended to ensure the rigorous scrutiny of NHS Boards' performance whilst encouraging as much direct dialogue and accountability between local communities and their Health Boards as possible. That is why Ministerial attendance at Board Annual Reviews happens at least once every Parliamentary cycle. As one of the Boards that did not have a Review chaired by a Scottish Minister this year, you conducted the Review meeting in public on 4 October. I asked a Government official to attend in an observing role. Throughout the Review, you and your Executive Team clearly outlined progress and challenges in key areas and gave both NHS staff and local people the opportunity to question yourself and your Team. This letter summarises the main points and actions in terms of NHS Shetland's performance in 2015/16.
3. As in previous years, all Boards are expected to submit a written report to Ministers on their performance over the previous year, together with plans for the forthcoming year. This self-assessment paper gives a detailed account of the specific progress the Board has made in a number of areas and should be made available to members of the public via the Board's website, alongside this letter.

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

4. The day began with a joint meeting of the ACF and APF, chaired by you and attended by members from both Forums and the Board. The session discussed a number of issues including the feedback NHS Shetland had received from both Forums in relation to the development of the Board's strategy and how their vital role in developing the strategy could be expanded going forward. The meeting then moved on to the opportunities available for the employment of Modern Apprentices within the Board. I note from the discussions that the Forums are well placed to identify and discuss not only current challenges but also those that lie ahead in effective partnership with NHS Shetland.

Patient / Public Group Session

5. I would like to extend my sincere thanks to those who took the time to attend the meeting of the Group as listening and responding to their feedback is a vital part of improving health services. Their openness and willingness to share their experiences is greatly appreciated. I note the issues considered included the commitment by the Scottish Government to review the number, structure and regulation of Health Boards, and their relationships with Local Councils, with a view to reducing unnecessary duplication and removing structural impediments to better care and the impact this could have upon the services on offer within Shetland. The meeting then moved on to discuss the positive impact from the placement of Advanced Nurse Practitioners within the Lerwick GP Surgery but also raised the challenges around accessing appointments with GPs from the same surgery. Concerns regarding the recruitment and retention of staff were touched upon, as were a number of potential initiatives to increase the participation of patients and users in meetings of the Patient Participation Forum. Finally a very useful discussion took place around the pressures and opportunities facing your local Mental Health Services.

Annual Review Public Session (BBC Radio for Shetland)

6. You opened the public session of the review by welcoming attendees, introducing the Board Team and explaining the format of the meeting, the latter element of which encompassed a Q&A session broadcast live on BBC Radio Shetland, with questions accepted from listeners as well as the audience in attendance. You and the Chief Executive then gave a brief presentation on key aspects of the Board's work over the year and progress against the key action points from the previous Annual Review. You also took the opportunity to provide an overview for attendees of the issues which had been discussed in the earlier meetings.

7. The live broadcast gave you and your colleagues an opportunity to provide an audience across the islands with further information about how the Board is performing and what action is underway across a range of different service areas. The panel, which included you, a number of colleagues from the Executive Team and a local GP, highlighted ongoing challenges, including recruitment and retention.
8. The Q&A session covered questions on a range of topics including the challenges the Board faces in attracting GPs and nurses to live and work fulltime on island communities, having in place appropriate dental services outwith of Lerwick and the repatriation - where possible - of services to avoid patients having to travel to the mainland for treatment. I continue to be impressed by this innovative approach to engaging a wide cross section of the local community in debate around your services and would ask to pass on my thanks to everyone who was part of making this such a success, including the BBC Team.

Health Improvement and Reducing Inequalities

9. NHS Shetland is to be commended for exceeding its target for the delivery of Alcohol Brief Interventions for 2015/16 by delivering 138% of its agreed target. 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.

Clinical Governance, 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 in effectively tackling infection control. However, the Board has not achieved the *C.diff* HEAT target to deliver a rate of 0.32 cases per 1,000 total occupied bed days by March 2016. NHS Shetland also missed the *staphylococcus aureus bacteraemia (SAB)* infections target for delivery in the same period. Incidence increased from 0.42 cases in 2014/15 to 1.02 cases in 2015/16. I note that it is challenging for NHS Shetland to meet these HEAT standards given that a relatively small change in case numbers against low number of bed days may have a marked impact upon rates. However, I would expect the Board to take all appropriate actions to ensure improvements are made in this area over the coming months.

Improving Access, including Waiting Times Performance

11. Firstly, can I take the opportunity to congratulate the Board and your staff on regularly achieving performance at or above 95% for the 4-hour emergency care target.

12. During 2015/16 NHS Shetland generally performed well in delivering the suite of elective access targets and standards including the 12 week Treatment Time Guarantee and the 8 key diagnostic tests. However, you experienced some challenges in relation to outpatients' waits, primarily in the visiting specialties of ENT, Ophthalmology, Gynaecology and Rheumatology Clinics. Despite these pressures the Board continued to deliver performance of over 90% throughout the year for the 18 weeks Referral to Treatment standard.
13. NHS Shetland has sustained its performance over the year against the 31-day cancer access standard, delivering above the 95% standard for the whole of 2015/16. Although the Board did not achieve 95% performance for the 62-day standard in three out of the four quarters for 2015/16, the numbers in the denominator are small. It is also recognised that the performance of mainland Territorial Boards can adversely affect HEAT standards for NHS Shetland due to your reliance upon them for a number of cancer treatments. The Scottish Government Cancer Support Team has received assurances from the Board that measures are in place to mitigate recurrence of these pressures going forward.
14. I am aware of the hard work and dedication of your staff which resulted in the Board now meeting the standard for patients waiting less than 18 weeks from referral to treatment for specialist Child and Adolescent Mental Health Services. NHS Shetland, however, is not currently meeting the 90% standard for access to Psychological Therapies. This is in part due to a rise in demand for the service and challenges in relation to workforce recruitment and retention. I am aware of a number of actions the Board has taken to improve its Psychological Therapies pathway, including the recent recruitment of a Consultant Clinical Psychologist within your Community Mental Health Team and plans for the recruitment of a trainee Psychologist to further increase the capacity to the team. I look forward to confirmation that work to speed up access to this key service has resulted in sustainable delivery of the 18 week standard.

The Integration of Health and Social Care

15. I welcome the commitment of the Board and its Local Authority partner to the effective implementation of integrated health and social care partnership arrangements with the Shetland Health and Care Partnership becoming fully functional on 1 April 2016.

The Best Use of Resources, Including Workforce Planning and Financial Management, as well as Service Redesign

16. Effective attendance management is critical - not only in terms of efficiency but also to ensure good support mechanisms are in place for staff. At 5.2% for the year to March 2016, NHS Shetland's sickness absence rate remained above the 4% standard and also above the average rate for Scotland for the same time period. I recognise the efforts the Board is making to support its staff and would encourage you to continue your focus on minimising absences.

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 despite a challenging year NHS Shetland met its financial targets for 2015/16, delivering a small surplus of £0.397m. The Board invested £0.687m in its capital programme during the year which included replacement of a range of medical equipment (e.g. your endoscope washers) minor schemes to improve the environment in your Renal, Critical Care, Pharmacy Departments and a number of information management projects.
18. The Board achieved £2.169m of efficiency savings in 2015/16, as agreed in your financial plan; this was £0.314m higher than identified under your financial plan.
19. 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, whilst the position is challenging, NHS Shetland remains fully committed to meeting its financial responsibilities in 2016/17 and beyond.

Conclusion

20. I would like to thank you and your team for hosting the Review and for responding so positively to the issues raised. It is clear NHS Shetland is making significant progress in taking forward a challenging agenda on a number of fronts. I am confident you are not complacent and you recognise that there remains much to do. I have included a list of the main action points from the Review in the attached Annex A.

Best wishes,
Shona

SHONA ROBISON

NHS SHETLAND: ANNUAL REVIEW 2015/16

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*.
- Keep the Health and Social Care Directorates informed on progress towards achieving all access targets and standards, in particular for Outpatient appointments and Psychological Therapies.
- Continue to make progress against the staff sickness absence standard.
- Continue to achieve financial in-year and recurring financial balance, and keep the Health and Social Care Directorates informed of progress in implementing the local efficiency savings programme.