



E: MinisterMWSC@gov.scot

Gary Robinson
Chair
NHS Shetland

Via email:
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30 March 2022

Dear Gary,

NHS SHETLAND ANNUAL REVIEW: 7 DECEMBER 2021

1. Thank you for attending NHS Shetland's Annual Review with Michael Dickson, the Board Chief Executive, on 7 December via video conference. I am writing to summarise the key discussion points.

2. In the same way as last year, in-person Reviews have not proved possible given the ongoing state of emergency as a result of the Covid-19 pandemic and associated pressures. Nonetheless, Annual Reviews remain an important part of the accountability process for the NHS and, as such, we have arranged for Ministers to hold appropriate sessions with the Chair and Chief Executive of each Board via video conference. I was supported in the meeting by: John Burns, NHS Scotland's Chief Operating Officer.

3. The agenda for this year's round of Reviews has been split into two sections to cover: a look back over 2020/21, including the initial response to the pandemic; and a look forward, in line with the current Board resilience and mobilisation plans.

Look back: 2020/21, including the initial response to the pandemic

4. You provided a helpful overview of the Board's initial response to the pandemic from late February 2020. This required an unparalleled, immediate and radical restructure of both services and ways of working across the NHS in Scotland, including in NHS Shetland. The Board's response and recovery planning process involved the rapid reconfiguration of local health and care services across acute, primary and community settings, including a significant increase in the use of technology, such as *Near Me*, to deliver care outside hospitals or clinic settings, alongside effective, whole system working.

5. Staff at every level have consistently performed above and beyond the call of duty to support both local services and the national effort: for instance, with the unprecedented *Test & Protect* and vaccination programmes, as well as the crucial support and clinical oversight provided to local care homes. An example of this had been the medical physics staff who had worked innovatively and tirelessly in the initial stages of the pandemic to bolster vital critical care capacity by converting anaesthetic machines to ventilators; alongside other largely unsung heroes, such as those who had been instrumental in establishing the new community

pathways; and ensuring that key services, such as district nursing and health visiting, had been maintained throughout. Indeed, it is through the consistent dedication and commitment of local health and social care staff, under largely unrelenting pressures, that we have ensured that the NHS has not been overwhelmed at any point during the pandemic, to date. As such, I would want to formally record our deep appreciation to all local health and social care staff for their outstanding work, and give them an assurance that we will continue to do all we can to support them.

6. The need to establish capacity to meet the Covid-19 demands placed on health and social care required significant changes in the level of planned care available during 2020/21. Emergency surgical care provision was provided throughout the first wave of the pandemic, with urgent planned care also continuing with the remobilisation of local planned care services from May/June onwards. Visiting planned care services remained paused throughout 2020/21 due to the pressures in tertiary centres as a result of Covid and other emergency care demand. Staff sickness and isolation compounded a challenge the Board have faced for a number of years with medical/nursing vacancies across the specialties. There were also challenges to service delivery with release of visiting medics from mainland Boards to undertake clinical sessions. NHS *Near Me* had been used to support outpatient activity across specialties.

7. NHS Shetland consistently performed well against the 4-hour emergency access standard. All Health Boards had seen unscheduled care pressures fall in the first phase of the pandemic, with the restrictions having a significant impact on attendances. As restrictions were eased following the initial lockdown, attendances had risen; and Boards faced new pressures in A&E Departments and receiving wards due to the higher acuity of some presentations, alongside the maintenance of appropriate infection control measures and streaming of patients. NHS Shetland continues to perform well against the 4-hour standard with performance regularly at or above 95%.

8. Similar to most Health Boards across Scotland, the initial response to Covid-19 resulted in a delay to diagnostics for those with a suspicion of cancer. With cancer service delivery remaining a priority, the Board's performance against the 31-Day standard was consistently strong whilst performance against the more challenging 62-Day standard had been largely maintained. It is recognised that given the small number of patients, just one patient breaching the waiting times standard can significantly impact the Board's overall performance.

9. Mental health services in NHS Shetland continued to be provided throughout the pandemic, prioritised on the basis of need and using remote methods of delivery where possible. Covid restrictions during 2020 meant performance for Child and Adolescent Mental Health Services (CAMHS) dropped to an average of 63%. With the implementation of recovery plans in 2021 access has improved, with the Board achieving 100% against the standard in the quarter ending September 2021; and no long waits over 52 weeks. For Physiological Therapies (PT) 33.7% met the standard in the quarter ending September; up from 27.3% in the previous quarter. NHS Shetland's poor performance reflects work to address a historic backlog of long waits. A newly appointed Consultant Psychologist has been working through the long waits, and performance is likely to remain relatively low until the backlog is cleared. This remains a key challenge for the Board, however progress is being made

10. In terms of financial management, NHS Shetland delivered a balanced position in 2020/21, following the receipt of funding from the Government to meet the additional pressures arising from the Covid response. £1.7 billion of additional funding was allocated to NHS Boards and Integration Authorities in 2020/21 to meet Covid-19 pressures, with NHS Shetland receiving £8.9 million of this funding. NHS Shetland had set out a savings target of £3.4 million at the beginning of 2020/21; however, this target was revised to £2 million in-year. The Board reported the achievement of £2 million of savings in year; £1.4 million on a recurrent basis.

11. All Boards will need to learn from the pandemic experience and adapt; ensuring that the remarkable innovation and new ways of working demonstrated underpin the local strategy for a sustainable future. You pointed out that you have continued to roll out “Near Me with NHS Grampian and other North of Scotland to support outpatient activity across specialities thereby reducing patient travel to mainland Boards. In addition, the Board repatriated some services available on Shetland, including reassessing the risk profile of pregnant woman that can be supported in terms of delivering locally. The Board has also established the Emergency Eye Care Treatment Centre locally, enabling the review and treatment of patients with emergency and potentially serious, sight-threatening conditions.

12. We also asked the local Area Clinical Forum and Area Partnership Forum to provide brief updates ahead of the Review and were pleased to note the ongoing positive engagement and contribution of both; the Board will need to harness this and ensure full staff support and engagement for the longer term recovery and renewal phase.

13. To summarise, we are most grateful for the outstanding efforts of local staff to adapt and maintain key services during 2020/21 for the benefit of local people, in the face of unrelenting pressures. We must also recognise that the initial pandemic response, which necessitated the prioritisation of Covid, emergency and urgent care, meant that there has inevitably been a regrettable increase in non-Covid health and wellbeing harms, alongside a significant and growing backlog of non-urgent planned care; and that, despite the success of the vaccination programme, we face ongoing risks around the disease, alongside a range of other pressures that are likely to have a significant impact; both over the recent winter period and beyond.

Forward look

14. Ensuring that the NHS is not overwhelmed remains of paramount importance and, given the myriad of pressures facing us, Boards will remain on an emergency footing until at least the end of March 2022. The Government had been holding mobilisation and critical winter planning meetings with all NHS Boards, including NHS Shetland, in the context of the [Health and Social Care Winter Overview](#), published on 22 October 2021; which brings together all of the actions we had taken in preparation for this winter period. The approach had been based on four principles: maximising capacity; supporting staff wellbeing; supporting effective system flow; and improving outcomes. It outlined how we would: protect the public from the direct impact of Covid-19 and other winter viruses; support our staff to deliver high quality care; increase capacity and maintain high quality integrated health and social care; support the public through clear and consistent messaging to make sure they access the right care, in the right place, at the right time; and use digital and financial enablers to achieve these objectives.

15. This approach, supported by the [Adult Social Care Winter Plan](#), which set out additional measures to protect the adult social care sector ahead of winter, is backed by £300 million of recurring funding, aimed at ensuring we have a well-staffed, well-supported and resilient health and social care system. The new multi-year funding will support a range of measures to maximise capacity in our hospitals and primary care, reduce delayed discharges, improve pay for social care staff, and ensure those in the community who need support receive effective and responsive care.

16. You confirmed that NHS Shetland’s Winter Plan provides a system wide framework that focuses on patient pathways, staffing, enhanced flow and alternatives to admission, recognising the reliance on partnership working with other Boards, particularly NHS Grampian, the Scottish Ambulance Service, other specialist Health Boards, Shetland Islands Council, and local voluntary sector providers. We note that NHS Shetland continues to participate and progress elements of work related to phase two of the Redesign of Urgent Care, and whilst

the initial Flow Navigation Centre activity is managed through NHS Highland, there is a requirement for NHS Shetland to work with NHS Highland to share existing pathways and develop further pathways which would support the Flow Navigation Centre activity and ensure patients receive the right care, at the right place, at the right time. NHS Shetland will commence implementation of the Interface Care Programme which aims to deliver high quality care for defined patient groups, which safely provides an alternative to hospital admission or leads to early front door discharge, reduces length of stay and occupied bed days to improve system capacity.

17. We note that NHS Shetland continue to review their discharge planning with a view to move to Daily Dynamic Discharge, with multi-disciplinary teams (MDT) prioritising of patients ahead of ward rounds. The Board use SDEC (same day emergency care) to support early discharge where a discharge lounge facility would be beneficial. In terms of Intermediate Care, NHS Shetland engages well with the HSCP Operations team to ensure discharge to the most appropriate place for the patient.

18. Whilst our focus over the winter period has necessarily been on resilience (not least in response to the Omicron wave), we remain ever conscious of the backlog of elective care and associated harms. We continue to assist NHS Boards, including NHS Shetland, with their plans for recovery, in light of the more than £1 billion of targeted investment driving the remobilisation of our NHS; as part of our [Recovery Plan](#), announced in August. NHS Shetland has increased elective care bed capacity by 12, enabling you to offer planned endoscopy and surgical procedures. The Board secured independent sector and locum support to deliver activity across a range of specialities, and from January 2022 a mobile Theatre Unit is providing additional theatre activity for patients waiting for orthopaedic procedures and cataract treatment; this additional surgical capacity will be in place until April 2022. The theatre will be retained on site for a further three months to support and enhance your elective day surgery and elective ambulatory care capacity. This is part of the Board's clinical and care strategy to repatriate more treatment from specialist centres where it is safe to do so, and reduce NHS Shetland's reliance on inpatient pathways for surgery that can be delivered in an ambulatory care environment. £49,000 has been released to NHS Shetland in 2021/22 to support cancer waiting times improvements (mostly chemotherapy provision). Urgent suspicion of cancer referrals in NHS Shetland are now above pre-Covid levels.

19. In terms of mental health services, NHS Shetland was allocated £619,943 under Phase One of the Recovery and Renewal Fund in order to enable the Board to establish a 'critical floor' of services within CAMHS. Recruitment and retention remains a key challenge for the Board and officials from Scottish Government's Mental Health team have been working with the CAMHS team in NHS Shetland to support development of plans to strengthen and stabilise services. Similarly, NHS Shetland's 24/7 nursing service (to deliver crisis services and home treatment in order to prevent unnecessary admission to the local hospital) has significant challenges with recruitment and retention, and the service is currently heavily reliant on locums. Work is underway to develop plans to re-shape the service so it is sustainable and more responsive. Scottish Government officials will continue to work closely with the Board to support development of plans to strengthen and stabilise local services.

20. We also remain very conscious on the cumulative pressures on the health and social care workforce and we are pleased to note the steps NHS Shetland is taking in terms of the wellbeing and resilience of local staff. We note you are looking to consolidate and embed systems of physical and psychological support for staff in the longer term, as part of your development of a corporate staff wellbeing plan. This is being developed in conjunction with the Area Partnership Forum, Area Clinical Forum, Employee Director and your Workforce Wellbeing Champion. You raised significant challenges around housing for staff moving to live and work in Shetland. The Board is working with colleagues in the local community planning partnership, and through your involvement in the development of the Local Housing Strategy for Shetland.

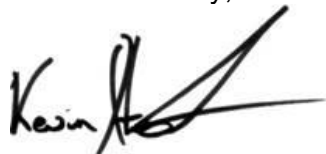
21. After pausing longer term financial planning in March 2020 in response to Covid-19, NHS Boards are starting to draft 3-year financial plans that will come into effect from 2022-23. We recognise the ongoing financial impact of Covid and associated pressures; alongside the Board's additional staff costs and slippage in delivery of savings. The Government will continue to regularly engage with the Board to monitor the financial position and to assist with planning.

Conclusion

22. I hope that by the time of the next Review we will be free of some of the more extreme recent pressures and able to focus fully on local service recovery and renewal. I am, nonetheless, under no illusion that the NHS has faced the most challenging winter in its history and am grateful for your ongoing efforts to ensure resilience. We will continue to keep both local activity under close review and to provide as much support as possible.

23. I want to conclude by reiterating my sincere thanks to the NHS Shetland Board and staff for your sustained professionalism and commitment, in the face of unprecedented and unremitting pressures during both 2020/21 and 2021/22, for the benefit of local people.

Yours Sincerely,

A handwritten signature in black ink, appearing to read 'Kevin Stewart', with a long, sweeping horizontal stroke extending to the right.

Kevin Stewart