11 December 2014

Dear Ian

NHS SHETLAND: 2014 ANNUAL REVIEW

1. This letter summarises the main points and actions arising from the NHS Shetland Annual Review held in Montfield on 9 October 2014.

2. As you know, I want 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 in public on 9 October 2014. I asked a Government official to attend in an observing role. You clearly outlined progress and challenges in key areas and gave local people the opportunity to question yourself, the Chief Executive and members of the Executive Team. This letter summarises the main points and actions in terms of NHS Shetland’s performance in 2013/14, as organised under the 6 Health Quality Outcomes.

Introduction and Opening Comments

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 will be available to members of the public via the NHS Board’s website. I would also encourage you to make a copy of this letter available to the public via your Board’s website.

4. I understand you opened the public session of the Review on 9 October by presenting a helpful summary of the progress NHS Shetland has made in a number of areas over the last year. You reiterated the Board’s clear focus on patient safety, effective governance
and performance management and on the delivery of significant improvements in local health outcomes, alongside the provision of high quality, safe and sustainable healthcare services. You also outlined some of the challenges facing the Board such as recruitment and retention of staff, developing further partnership work on integration and increased demand on the services provided by NHS Shetland.

**Everyone has the best start in life and are able to live longer healthier lives**

5. NHS Shetland is to be commended for exceeding its target for delivery of alcohol brief interventions for the period 2008 to 2014 by 10%. I am also pleased to note your continued excellent performance on smoking cessation. NHS Shetland exceeded its trajectory by delivering 256 successful one-month quits against a target of 232. Of this number 127 were quits recorded from 40% of our most deprived data zones, compared to a target of 104. I am aware that performance can be particularly challenging in areas like Shetland with a dispersed, largely rural population with pockets of deprivation so the Board’s excellent performance in this area is especially encouraging.

6. I was also glad to learn that the Board has sustained high performance over the year against the 31-day cancer access standards. However, delivery of the 62-day cancer access standard has fallen below 95% for four of the last five reported quarters. It is noted that small numbers of patients can affect the Board’s ability to deliver this standard. NHS Shetland faces a challenge to ensure that the standard is met and I would be grateful if you could keep my officials informed of progress being made.

7. Reducing suicide rates is a challenge for the Board with levels in Shetland exceeding the national average in 2013/14. You have revised and published your ‘Choose Life Action Plan’ in light of this and I understand NHS Shetland has taken part in a series of multi-agency events which have identified 8 local outcomes which it is hoped will reduce these numbers. I look forward to hearing more about the impact of this important piece of work.

**Health care is safe for every person, every time**

8. 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. Considerable work has been undertaken at all levels in recent years to ensure that Boards effectively respond to the findings and lessons to emerge from numerous high profile reviews such as the Francis Inquiry and previous reports in relation to events at Mid-Staffordshire NHS Trust. I am aware that there has been a lot of time and effort invested locally in effectively tackling infection control, and this is reflected by the Board being on track to achieve the Clostridium Difficile (C.diff) infection target. However, NHS Shetland is currently off track against the *staphylococcus aureus* bacteraemia (SAB) infections target. I am aware that action to address this matter is being taken by way of a root cause analysis to understand whether there are further preventative actions the Board can undertake to prevent future infection. I look forward to being informed of the findings of this exercise.

9. The Healthcare Environment Inspectorate (HEI) carried out an unannounced inspection of the Gilbert Bain Hospital in November 2013, resulting in a number of requirements and recommendations. HEI also carried out an older people in acute hospitals inspection of the Gilbert Bain Hospital in March 2014 which identified areas for improvement. These inspections have resulted in a number of initiatives being taken forward by the Board.
This included improvement of patient flow, the development of personalised nutritional care plans, patients being assessed timeously for pressure sores, ensuring that actions are taken to support dementia care within the hospital and reviewing training for staff on the assessment of patient’s capacity. My officials would find it of great benefit if you could keep them informed of progress and the impact of these initiatives.

**Everyone has a positive experience of health care**

10. NHS Shetland has performed well in delivering the suite of elective waiting time targets and standards during this year. The Board continues to focus on delivering person-centred care and has a consistent approach to high quality and timely service provision. I note the Board’s strong performance over 2013/14 in terms of delivering the 18-week referral time treatment consistently above 90%. I was particularly happy to learn that NHS Shetland delivered the 12-week Treatment Time Guarantee for every affected patient during the entire period of 2013/14. Similarly, I am also pleased to note that the Board's performance against the 4-hour A&E has been strong over the last year, with NHS Shetland consistently achieving above 95%. I have been given assurance that you can sustain performance throughout the coming winter and will continue to meet the coming target for 2014/15 of 98%.

11. A small number of people in Ophthalmology, Orthopaedics, ENT and Dermatology have waited longer than 12-weeks for a first outpatient appointment. You have indicated that this was due to a number of factors including the frequency of visiting services and the skill-mix of visiting clinicians. I am aware you are introducing a number of remedial actions, including exploring different pathways/models of care which you are confident will positively impact upon this situation. The Board is delivering a strong performance in stroke care with 100% of all patients admitted with a diagnosis of stroke being admitted, on the day of admission, to a bed in your medical unit which acts as the stroke unit in Shetland.

12. I am glad to hear of the work undertaken by your Public Participation Forum under the auspices of patient focused public involvement. Part of this process has been the development of a local framework describing how you use patient feedback to drive forward quality improvements. This is a good example of putting the public at the heart of how we operate our health service in Scotland.

**Staff feels supported and engaged**

13. Effective attendance management is critical - not only in terms of efficiency but also to ensure good support mechanisms are in place for staff. I was disappointed to hear that NHS Shetland's sickness absence rate for the period 1 April 2013 to 31 March 2014 was 4.79%. This is above the 4% standard and slightly above the average rate for Scotland for the same time period and it is essential that the Board focuses on doing all it can to minimise absences.

14. I am aware that NHS Shetland is progressing a number of initiatives as part of its staff governance action plan. Board actions in 2014/15 include an increased focus on developing new managers, including senior clinicians, and working with staff recognising how behaviour and styles of management can impact on colleagues. I would be interested in receiving information on the overall work you are taking forward to help
develop and embed new shared values and I would be grateful if you could forward this onto my officials.

15. During the Review you had a discussion with attendees about the recruitment and retention challenges associated with providing a health service in a remote and rural area. You indicated that the Board was investigating a number of options including service and staff models in a number of areas. Please keep me informed of any developments you make on this issue.

**Patients are able to live well at home or in the community**

At the end of March 2014 88.2% of patients waited less than 18 weeks from referral to treatment for specialist Child and Adolescent Mental Health services, narrowly missing the target of 90%. You have indicated that this was due primarily to a marked increase in demand for the service. It is your intention to redesign the Community Psychiatric Nursing (CPN) Team model to enable increased resilience by providing additional CPN support. Similarly, the Board has not met the target for Psychological Therapies Waiting Times with 60.2% of patients waiting less than 18 weeks from referral to treatment against a target of 90%. I understand that this has been in part caused by the complexity of presentations and an increased demand for the service. The Board has introduced a number of initiatives to redress this issue, including working closely with QuEST and a better targeted use of resources. I look forward to confirmation of when you expect to be able to deliver the target.

16. NHS Shetland has a history of joint working between health and social care and I am pleased that an agreement has been reached on the adoption of the Body Corporate Model for the provision of Integrated Health and Social Care. I am aware that you are working closely with Local Authority partners and officials with the Scottish Government which will support and sustain improvements to delayed discharge. You have agreed to deliver a 10% reduction for the emergency bed days for people aged 75 and over compared with an anticipated demographic increase of 10%. The latest management information confirmed that the rate was ahead of trajectory and I congratulate you on this.

17. The number of Dementia diagnoses has increased from 173 in 2012/13 to 184 as of June 2014. There are a number of initiatives being undertaken in Shetland. Community nurses continue to use cognitive screening as part of their assessment process for older people if memory issues are suspected. Nursing staff in A&E also conduct cognitive screening on all people aged 65 plus and refer onwards if dementia is suspected. I was delighted to discover that your Tele-Psychiatry Memory Assessment Clinic has gained international recognition and continues to offer local diagnosis services, negating the need for travel to Aberdeen.

**Best use is made of available resources**

18. 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 2013/14, delivering the agreed balanced outturn with a revenue resource limit surplus of £0.88 million and a small capital resource limit surplus of £0.002 million. Amongst the key capital projects is the Scalloway Health Centre at a cost of £2 million, developing the Montfield site in conjunction with the Local Authority and £0.3 million backlog maintenance work for the Gilbert Bain Hospital.
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 manage the achievement of all local efficiency programmes and, whilst the position is challenging, NHS Shetland remains fully committed to meeting its financial responsibilities in 2014/15 and beyond. It is worth noting that all efficiency savings are retained locally by NHS Shetland for reinvestment in front line patient care.

Question and Answer Session

20. I was impressed with the innovative use of a live radio broadcast to stimulate debate and engagement amongst the local population at your Non-Ministerial Review. I understand that this session was particularly successful and encouraged participation in an area where the logistics and geography can make it more difficult for members of the public to attend. The Board answered a variety of questions from members of the public who attended in person, via e-mail, Facebook or Twitter during the broadcast itself. Amongst the topics discussed were waiting times for appointments at the Lerwick Health Centre; the potential location of places of safety for patients experiencing a mental health crisis and the early exploratory discussions that had taken place between the Board and several interested parties on the establishment of an Independent (NHS) dental practice in Lerwick.

Conclusion

21. 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 that the Board is making significant progress in taking forward a challenging agenda on a number fronts. However, our discussions have assured me that 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.

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ANNEX A

NHS SHETLAND ANNUAL REVIEW 2014

MAIN ACTION POINTS

The Board must:

- 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, including an effective response to the findings of Healthcare Environment Inspectorate and Older People in Acute Hospitals inspections.

- Keep the Health and Social Care Directorates informed on progress towards achieving all access targets and standards, in particular the 4-hour A&E standard, and Treatment Time Guarantees.

- Make sustained progress against the staff sickness absence standard.

- Continue to work with planning partners on the integration agenda, and to deliver against the delayed discharge target.

- 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.