

Shetland NHS Board
Board Chief Executive

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PERSONAL
Maarten Jackson
Committee Assistant
Health and Sport Committee
Sent by email

Date: 15 May 2023
Enquiries to: Pauline Moncrieff
Direct Line: 01595 743000
Email: pauline.moncrieff@nhs.scot

Dear Maarten

Re: Invitation to give evidence to the Health, Social Care and Sport Committee.

Thank you for the email of 13th April 2023 inviting a representative of NHS Shetland to give evidence to the Health, Social Care and Sport Committee on the morning of Tuesday, 23 May. I can confirm I will be attending in person.

Please accept my apologies for the late submission. Whilst I was aware of the broad heading, it was my understanding that the Committee would be in touch with the topics that it was seeking to cover. It has since been clarified this was not the intention of the Committee. I appreciate the shortened time frame the Committee have to consider the submission but should there be any further requests or clarifications please do not hesitate to get in touch.

A handwritten signature in black ink, appearing to be 'Michael Dickson', written in a cursive style.

Michael Dickson
Chief Executive
NHS Shetland

NHS Shetland Health

Social Care and Sport Committee Evidence

May 2023

Financial Sustainability

It is projected that NHS Shetland will break even for 22/23 subject to the normal audit confirmation. NHS Shetland has a strong record of financial governance having always met the required statutory financial position.

Our forecasting position for 23/24 is a short fall of £3.5 million which equates to 2.8% of our RRL. The primary driver for this being high-cost locum staff due to recruitment challenges.

Following broad engagement with staff, the Board is developing a Financial Sustainability Office to examine the following areas:

- Recruitment and retention initiatives
- Enhanced Agency / Locum worker controls
- Greater use of digital and asynchronous platforms to reduce off island travel costs
- Regional working to reduce single points of failure and improve access to care
- Digitisation of systems and records e.g., Ask my GP and eVetting
- Expansion of GP Joy
- Prescribing initiatives e.g., biosimilars and benchmarking

Mental Health Services

Shetland has a strong Third Sector presence in the field of Mental Health and NHS Shetland has worked to support the launch of their DBI service. Jointly funded by the NHS, IJB and Scottish Government, it aims to empower people to develop their own goals and networks in their own community. A longer term commitment to Third Sector provision will strengthen their offering by supporting them to invest in their services.

The LGBT Youth Scotland 2022 report “Life in Scotland” recognised the challenges for LGBT young people in rural communities. NHS Shetland worked to link up the three islands to connect School Nurses and school-based services to share good practice. To reflect the importance of visibility NHS Shetland hosted one of the youth workers on the CEOs monthly livestream, participated in the Shetland Pride march and hosted sexual and mental health stalls for people to access afterward.

NHS Shetland has undertaken focused work to improve performance against the Mental Health Standards with the 18-week RTT improving from 19% to 67.7%. Additionally, we have adopted a waiting well approach with signposting, support, advice, and group therapy.

NHS Shetland has focused on the recruitment of staff using targeted funding provided by the Scottish Government.

Our 18-week RTT for CAMHS performance tracks between 93-100%

We are exploring with other Island Boards the possibility of establishing a network of care to address known service fragilities such as out of hour's expertise. This approach builds on the digital platforms we have adopted and will allow us to establish a learning collaborative to support Island Mental Health professionals and effective governance.

Elective Waiting Times and Performance

NHS Shetland has one acute site, the Gilbert Bain Hospital in Lerwick. It was built in 1961 and is no longer fit for purpose. As such we are in the process of developing the case for a replacement hospital. NHS Shetland has continued to undertake activity throughout the pandemic at as close to a normal level as possible.

There has also been exemplar practice and innovation including, in 2022, the siting of a Vanguard Theatre which supported over 400 patients from the Northern Isles to access elective joint replacement and ophthalmology without the need to travel to the mainland.



Additionally, a mobile MRI scanner was secured with Scottish Government funding to visit NHS Shetland and other Boards periodically to increase diagnostic capacity across the North of Scotland.

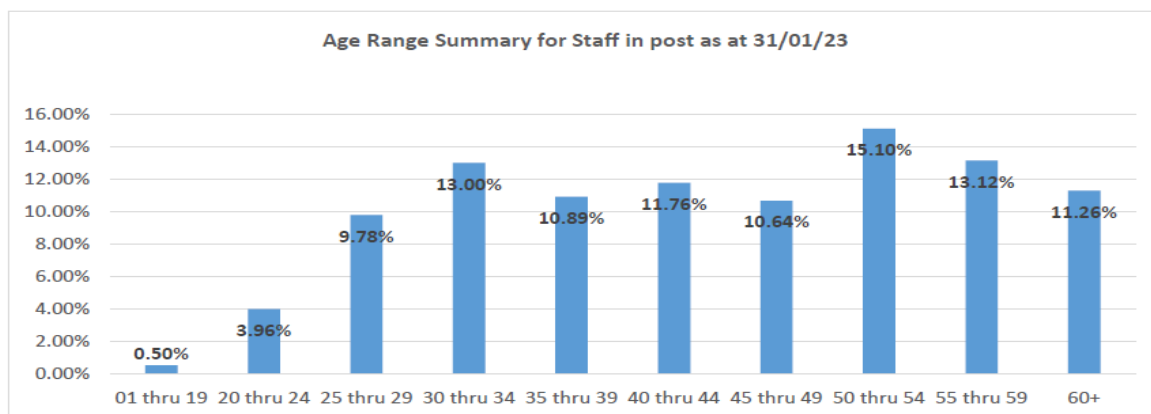
NHS Shetland's elective activity performance is strong. Where activity is undertaken on island, it is usual for over 90% of patients to experience RTT for an Endoscopy, Colonoscopy and Cystoscopy routinely within 6 weeks. For diagnostics NHS Shetland's performance tracks at approximately 80% of patients seen within 6 weeks. Procedures that are not available in Shetland reflect the mainland Board wait times.

Our A&E waiting time varies between 90-98% but this is based on clinical need and off island emergency transport.

NHS Shetland has a long-standing ambition to deliver as many services locally as possible. We have trained Nurse Injectors to support Age Related Macular Degeneration patients so they can have their treatment in Shetland avoiding the need for them to travel to Aberdeen. Most importantly this has saved people's sight as some were choosing not to have the injections. It is also a cost saving on travel and reduces the carbon footprint of care.

Workforce Trends

NHS Shetland has a committed and dedicated workforce who understand the unique challenges of living and working in such a remote location. Like many other Boards we are facing an aging workforce as demonstrated in the graph below



NHS Shetland sickness absence rate tracks below the Scottish average (5.97%) at 4.43%. However this is above the HEAT target of 4%. Long term absence is 2.44% and short-term sickness absence is 1.99% - both below the Scottish average. NHS Shetland consistently has one of the lowest absence rates for territorial and island boards in Scotland.

Recruitment is a constant challenge and links to the future financial sustainability of NHS Shetland. There are three primary challenges

1. Availability of workforce
2. Suitable housing for staff wishing to relocate
3. Skills needed to maintain services in a remote community

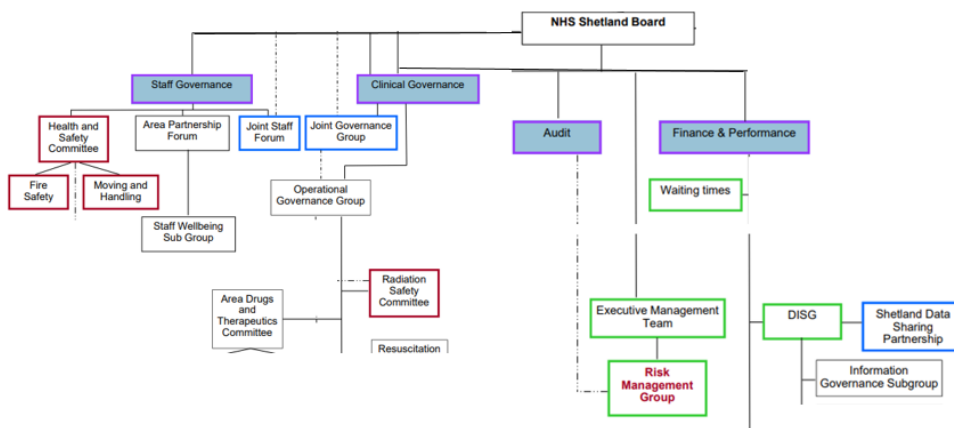
Workforce - The decision to leave the EU has been disastrous for the NHS in recruiting suitable staff in health and care. Additional barriers to flexible employment have also been created by the Government by both the Home Office and HMRC. The GP Joy project led by NHS Shetland has shown there is an appetite for flexible work models that reflect people's desire to work in NHS Scotland as a base and explore other opportunities such as global health or teaching.

Housing - Shetland struggles to provide adequate housing to the professional workforce seeking to work at NHS Shetland. We will seek to reduce the impact of this as we develop a new health and care campus as a replacement for the Gilbert Bain Hospital.

Skills - It is increasingly difficult to recruit consultants with the breadth of skills needed in a location such as Shetland simply because the NHS no longer trains staff in that way. There are discussions taking place as to how we can build on the "Remote and Rural" experience as a badge of honour to attract people to live and work in Scotland. Additionally we are embarking on a programme of development for advanced practitioners which we see as central to our sustainable future.

Performance Escalation

The Board has a clear oversight and escalation process. As outlined in this Organogram, management scrutinises performance daily, weekly, monthly and quarterly. The Executive works via the Board’s governance structures to provide assurance to the Non Executives and Board Chair.



Key Issues

Without doubt the short-term key issue facing NHS Shetland is workforce which is driving the financial challenges. If NHS Shetland could recruit on a substantive basis to replace high cost locums then it is likely it would be able to sustain its financial position. The medium to long term future will require investment to change the model and provision of care to reflect the new reality which includes a digital first approach and advanced practitioners who will be once established at the core of our service delivery model.

Michael Dickson
Chief Executive
NHS Shetland