

# Health, Social Care and Sport Committee

## 18th Meeting, 2023 (Session 6), Tuesday, 23 May 2023

### NHS Boards Scrutiny

#### Note by the clerk

#### Background

1. At its meeting on 17 January 2023, the Committee agreed to invite a series of frontline NHS boards to give evidence on their performance, financial sustainability and recovery from the COVID-19 pandemic as well as key issues related to workplace culture and workforce.
2. For the purposes of this exercise, frontline NHS boards were determined as comprising Scotland's 14 territorial boards as well as the Scottish Ambulance Service, NHS24, the Golden Jubilee Hospital and the State Hospital.
3. It was agreed that a number of boards would be invited to attend one meeting to allow for some comparison of approach to various challenges and to share examples of good practice and innovation, and that these evidence sessions would be scheduled as and when other work programme commitments allow.

#### Today's meeting

4. At today's meeting, the Committee will continue taking evidence from frontline NHS boards with a panel comprising one representative each of:
  - NHS Eileanan Siar
  - NHS Orkney
  - NHS Shetland
5. Submissions from these NHS boards, received in advance of this session, are included as annexes to this paper.
6. As for previous sessions, this session will have a focus on scrutinising these NHS boards' performance against NHS recovery plans as well as medium term financial planning, workforce planning (both at board and national level) and any specific current performance issues.

7. [NHS Performs](#) brings together information drawn from selected data published by the Information Services Division and Health Protection Scotland on how selected hospitals and NHS Boards within NHS Scotland are performing.
8. On 23 February 2023, Audit Scotland published its [NHS in Scotland 2022 report](#) which provides an assessment of progress in the first year of the Scottish Government's NHS Recovery Plan 2021-2026.

**Clerks to the Committee**  
**18 May 2023**

**Bòrd SSN nan Eilean Siar**  
Western Isles NHS Board

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Maarten Jackson  
Committee Assistant  
Health, Social Care and Sport Committee

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Dear Maarten,

**RE: Invitation to give evidence to Health, Social Care and Sport Committee**

Thank you for the email of 13<sup>th</sup> April 2023 inviting a representative of NHSWI to give evidence to the Health, Social Care and Sport Committee on the morning of Tuesday, 23 May.

Please find the requested written submission below:

**Population/Workforce**

**Population**

Single biggest risk facing the Western Isles and NHSWI in terms of recovery, and service sustainability is population decline.

We will see a 25% increase in the over 75s, and an overall population decrease of 6% by 2028.

Current ratio of deaths to births for 2022 was a ratio of 1/0.42 against the Scottish average of 1/0.75.

High outward migration by young people (54% of school leavers) and inward migration by the over 45s and over 65s.

Year on year falling birth rates.

This is the total number of children under 5 years of age as at the 01/02 in each year 2016-2022:

01/0/2016	1332
01/02/2017	1321
01/02/2018	1279
01/02/2019	1222
01/02/2020	1192
01/02/2021	1113
01/02/2022	1046

We have also seen a steady rise in the rise in Dependency Ratio (children and older people/people of working age) over the past 20 years - where we are already well past the predicted change in DR for Scotland from 2014-2039 of moving from 58 to 67.

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37 Mol a Deas, Steòrnabhagh, Eileanan Siar, HS1 2BB

Headquarters  
37 South Beach Street, Stornoway, Western Isles, HS1 2BB

Eadar-amail Cathraiche: G. NicCannon  
Ceannard an Gnìomh: G. MacSheumais

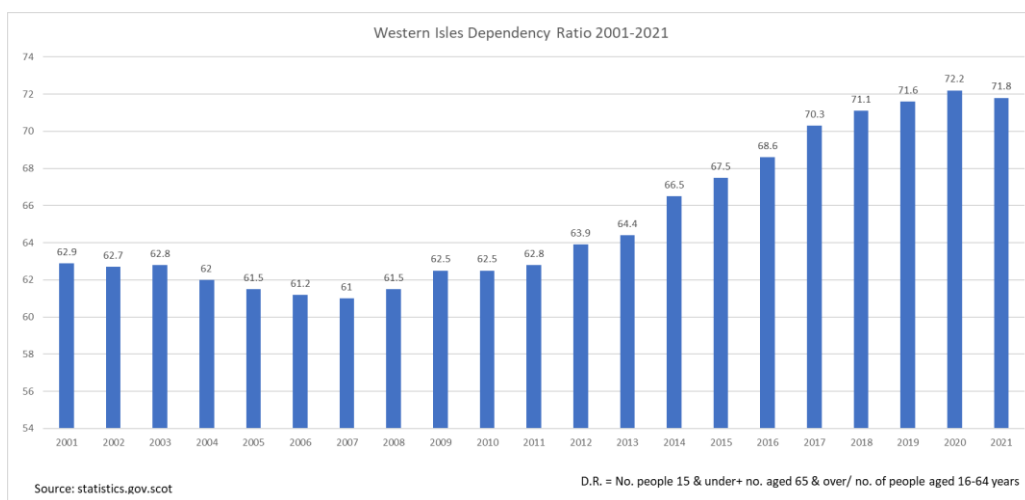
Chair: Gillian McCannon  
Chief Executive: Gordon Jamieson



*Western Isles NHS Board is the common name of Western Isles Health Board*

**“The best at what we do”**

*NHS Western Isles will work actively with patients, the public and our partners to improve our community's health and wellbeing, to tackle inequalities, and to deliver high quality, reliable clinical services.*



### Workforce

Workforce challenges are to some extent directly linked to population decline. We have a 3 year workforce plan which we continue to develop actions from.

We currently have 26 vacancies live on Job Train.

We have a number of Consultant posts that have been vacant for years and are covered by long term agency:

- Consultant Psychiatrist
- Consultant Paediatrician
- Consult General Medicine
- Consultant Psychiatrist

Podiatrist - posts vacant for a number of years. Advertised over 20 times.

OT Team Lead - Advertised 10 times

Rheumatology and Hand condition OT - advertised 22 times

Catering Assistant - advertised 14 times

Cook - Advertised 5 times

Community Psychiatric Nurse - Substance Misuse - Advertised 6 times

Community Psychiatric Nurse (Uist) - Vacant for a number of years.

We have an increase in turnover to 10% - pre covid was around 7-8%. Some of this is due to an increase in the use of fixed term contracts due to funding streams but there is also evidence of increased retirements in the nursing job family. Retire and return has helped retain expertise with 10 agreed to date.

Our workforce profile shows an ageing workforce with 26% of the workforce aged over 55.

Sickness absence is currently 6.32%

### Mental Health

Approved Mental Health Strategy in place, approved 2016.



Focus on strengthened capacity and capability in Community Mental Health Teams with a reduction in the need for acute hospital admission.

### Community

We have expanded CPN capacity and introduced Mental Health Support Workers alongside our third sector partners. Ongoing difficulties in terms of CPN recruitment.

Out of hours on call consultant cover is 1 in 2 progressing potential cover across Orkney, Shetland and the Western Isles.

### Adult

Main challenge is establishing an agreement with another board to provide consistent access to mainland acute mental health beds. This is to facilitate the change from our current Acute Psychiatric Unit model to a 72 hour assessment, treatment and stabilisation unit. After 72 hours ongoing acute mental health presentation to access more specialist acute mainland bed(s).

### CAMHS

Working well, benefiting from additional resources for nursing and psychology. 100% of those waiting are seen within 18 weeks.

### Waiting Times

Focus is on recovery and steady improvement.

#### In Patients

Currently 310 patients in the In Patient/Day Case working list. Comprised of orthopaedics (45%), Ophthalmology (30%), General Surgery (20%), Oncology and Oromaxillofacial surgery.

Reduces waiting list from 500 in 2022 to 310 at present.

#### Out Patients

Orthopaedics, General Medicine, ENT, Dermatology, Ophthalmology, General Surgery and Gynaecology account for 80% of referrals.

Currently 1,684 patients on waiting list.

73% appointed within 12 weeks of referral, pre pandemic that figure was 85%.

### Cancer Services

31 day target	(Q1 2023) (2022) 94%	92.9%	2 breaches 10 breaches
62 day target	(Q1 2023) (2022)	53% 78%	8 breaches 25 breaches



Specialities with longer waits (62 days) are:

All Diagnostics (8)

Upper Endoscopy, Lower Endoscopy, Colonoscopy, MRI, CT, Non Obstetric Ultrasound, Barium Studies.

Current Performance

97% <26 weeks

93% <12 Weeks

Day Cases

2019/20	2,655	32%
2023/23	1,984	30%

Day Surgery

2019/20	3,350	71%
2022/23	2,676	69%

**Finance**

Financial Sustainability

Break even for 22/23 subject to Audit confirmation..

Met our statutory financial requirements for 15 years.

Our 3 year plan is showing a short fall of £2,081k by year 3 after identified savings and financial flexibilities.

Our financial recovery plan over the next 3 year will be driving efficiencies to meet our statutory financial requirements

Our 23/24 efficiency requirement is £5.128M

To date we have £4.16M of targeted proposals

**Challenges**

Population decline/workforce implication – crippling locum and agency costs.

High inflation – 10%-20% on some items

Innovation in medicines

Workforce availability

**Mitigation**

Grip and control

- Financial governance
- Sustainability focus
- Approach to procurement

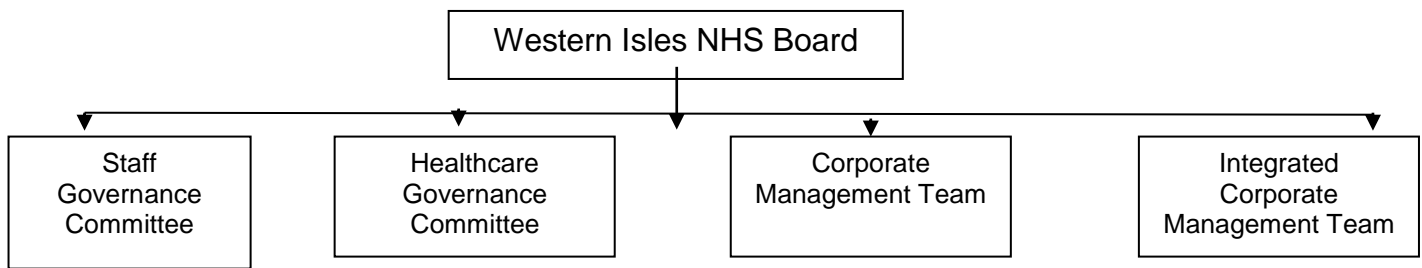
Care and service innovation

- Heart Flow
- Hospital and Home
- Advanced Practice
- New Practice
- Collaboration regionally and nationally



- Focus on incremental improvement
- Recovery and ambition
- Flexible and pro-active in relation to workforce and recruitment and retention
- Understanding and reducing variation

### Performance Escalation Framework



#### Daily:

- E/D, Delayed Discharges, Infection Control, System Pressure, safety Huddles.

#### Weekly:

- 8 Key Diagnostic Performance
- Waiting Times, TTG, and Outpatients.

#### Monthly:

- Waiting Times all specialities
- Financial Performance
- Risk and Audit
- Infection Prevention and Control (every 2<sup>nd</sup> month)
- Workforce
- Healthcare Governance
- Freedom of Information/Subject Access Requests

#### Quarterly:

- Performance Monitoring report (Waiting times)
- Whistleblowing
- Complaints

Please do not hesitate to contact me if you require any further detail or information.

Kind regards,

Gordon Jamieson  
CEO



## NHS Orkney - Evidence to the Health, Social Care and Sport Committee

### Financial Sustainability

Following the receipt of additional non-recurring funding of £4.1m, the Board has reported a small underspend of £87k for 2022/23. The Board has submitted a 5-year financial recovery plan for 2023/24-2027/28 which sets out a clear savings plan to bring the Board back into financial balance:

	2023/24	2024/25	2025/26	2026/27	2027/28
	£000	£000	£000	£000	£000
<b>Opening Deficit</b>	(3,488)	(3,486)	(2,592)	(1,699)	(723)
Growth	1,313	1,268	1,293	1,318	1,345
Inflation Uplifts	(2,724)	(1,964)	(1,901)	(1,977)	(2,064)
Recurring Investments	(113)	(250)	(250)	(100)	(250)
Recurring Savings Target	1,526	1,840	1,751	1,735	1,743
<b>Recurring Financial Position at year-end</b>	<b>(3,486)</b>	<b>(2,592)</b>	<b>(1,699)</b>	<b>(723)</b>	<b>51</b>
Non-Recurring Cost Pressure Funded	(1,779)	(1,392)	(1,316)	(1,254)	(1,180)
Non-Recurring Savings Target	2,249	1,799	1,365	1,315	1,224
<b>Non-Recurring Financial Position at year end</b>	<b>470</b>	<b>407</b>	<b>49</b>	<b>61</b>	<b>44</b>
<b>In-Year Position</b>	<b>(3,016)</b>	<b>(2,185)</b>	<b>(1,650)</b>	<b>(662)</b>	<b>95</b>

In 2023/24, one of the key focus areas is to actively manage areas of overspend and deliver an in-year recurring savings target of £1.526m. Alongside the recurring savings target and reduction of overspent operational budgets, the Board is anticipated to deliver £2.249m of non-recurrent savings. The key areas of focus for 2023/24 are to strengthen a number of Grip and Control measures and review demand and service delivery models (including staffing levels).

Some of the key challenges being reported which may impact on Financial Sustainability for the organisation include:

- Ongoing recruitment issues and the ability to implement a sustainable medical model – increased agency/locum reliance and cost (2022/23: £4.5m agency and £1.8m locum spend). For consultant staff there is a gap of 6.5WTE out of a total workforce of 18WTE. Areas particularly affected are Acute Medicine and Anaesthetics. The latter problem area is shared with most acute centres across the North of Scotland and extends from a lack of interest in permanent positions through to increasing difficulties recruiting locums.
- Accommodation shortages in Orkney – premium rental rates and lack of housing for keyworkers impacts adversely on attracting new staff relocating to the Island (2022/23 spend on staff accommodation £400k)
- Significant challenges of receiving NRAC share of funding and ability to utilise meaningfully. Any funding split at a national level based on NHS Orkney's 0.5% share can result in the Board receiving very small allocations which limits what the Board can achieve with funding received, limiting the organisation's ability to focus on areas of greatest need
- NHS Orkney remains at 0.8% from NRAC parity - it does not receive its full baseline funding based on this. We would receive a further £500k on our baseline allocation if fully funded to this level





- General cost/inflationary pressures impacted particularly by our location, including patient travel and fuel surcharges
- Clear commissioning plan from the Integrated Joint Board which sets out key priorities and the recovery plan

### **Mental Health Services**

Like the rest of Scotland, the activity levels and overall demand on mental health services continues to grow. The overall referral rate across our services (CAMHS, CMHT and Psychology) for the past three years is 816 (20/21), 878 (21/20) and 947 (22/23). These numbers represent almost double the rates of referral from 10 years ago. During 2022, the number of deaths by suicide were higher than in previous years. Over the previous 10 years, the average number of deaths by suicide has been 2, whilst in 2022 the number was 6.

Those most in crisis and assessed as requiring inpatient services has also increased in the corresponding period – 21(2020/21), 29 (2021/22) and 32 (2022/23).

Although the increase between 21/22 and 22/23 does not seem hugely significant, the length of time that people are having to be supported within the Transfer Room at The Balfour Hospital, until they can be transferred to an appropriate inpatient bed, is increasing. The current model to support those in the Transfer Room requires Community Psychiatric Nurses to provide 24/7 support until a transfer can be facilitated. This is currently impacting upon the delivery of community services. The staffing of the transfer room in 22/23 resulted in 566 working days lost to the CMHT provision. The waiting list for assessment as of March 2023 is adults 32, CAMHS 52, older adults 56 and primary care 18. In relation to adult CMHT provision, a new model of Transfer Room provision is being developed to free up the daytime CPN capacity. An option paper on delivery of this new model will be presented to the Integration Joint Board in June 2023. A GP with Special Interest in the Dementia role is currently out to advert. It is envisaged that this will contribute to a reduction in the Older Adults waiting list.

Referrals to our Addictions Service increased in 22/23 (61 referrals compared to 46 the previous year) and alcohol misuse continues to feature heavily in these referrals. Despite the increased activity, the service continues to meet the referral to treatment target. The successful appointment of a GP with Special Interest in Substance Misuse has contributed significantly to the progress made in delivering on the Medication Assisted Treatment standards.

In relation to CAMHS, the Scottish Government investment has been utilised to move from a team establishment of two to an establishment of 15. We have now filled 10 of these posts with interviews and adverts in motion for the others. It is envisaged that this will assist hugely in better managing the demand. Although it is too early to assess the impact of this additionality, with a number of staff only in post a matter of weeks, it is anticipated that young people will experience a reduction in waits for assessment and treatment; that the service will provide greater levels of advice and support to universal and lower-tiered services such as Education, Social Work and Third Sector; and that care-experienced young people will continue to receive support, as appropriate, until their 26<sup>th</sup> birthday.

### **Elective Waiting times**

85.2% of elective patients commenced treatment within 18 weeks of referral, with 916 journeys within 18 weeks and 780 within 18 weeks. Current areas of focus are noted below.

Endoscopy (requirement to increase capacity) - some progress has been made both tackling the waiting list and clinical validation of those on the waiting list. There are 75 patients on the waiting list with 33.33% of these waiting < 6 weeks.



Pain Management Service (requirement to increase capacity and review demand/service model), work has begun establishing a project group to support this work with an MDT approach and seeking support and lessons learned wherever possible through networks already established. There are 49 patients on the outpatient list and 81.6% of these waiting > 12 weeks. There are 33 patients on the inpatient list and 48.48% of these waiting > 12 weeks.

Ophthalmology (requirement to increase capacity and review demand/service model), giving some consideration of approach taken by other Island Boards in recent years. There are 240 patients on the outpatient list and 48.75% of these waiting > 12 weeks. There are 176 patients on the inpatient list and 89.2% of these waiting > 12 weeks.

### **Staff turnover, vacancy numbers and workforce planning**

NHS Orkney employ 738 colleagues (592 WTE) who provide a range of primary, community-based and hospital services. In summary the Board, over the past three years, has experienced a yearly average turnover of between 8.11%-14.37%. Within the last six months colleagues aged 55 and over represent 35% of the total leavers, with nearly 50% identified as retiring from the organisation.

The main concern is the mismatch between current supply and demand. There are not the numbers in the UK or current international system to meet the requirements of roles within the NHS in Scotland. Remote Rural and Island requires individuals with general skills or confidence to deliver services where they might need to rely on colleagues supporting from other locations. Staff may also need to rotate into other tertiary centres as part of maintaining skill competency where either the skill is more specialist, or the local numbers are small.

Laboratories have a national shortage of Biomedical Scientists, locally we are supporting a colleague to gain accreditation to this role via training delivery at Ulster University.

There is a national shortage in pharmacy. Locally we have one locum pharmacist on site supporting the acute sector, and a community pharmacist vacancy. This, coupled with the technician gap means that we can't move to deliver pharmacist-led clinics and MDT planned specialist care with pharmacists (rheumatology, dermatology, diabetes, mental health, frailty, pain). Currently we are unable to staff an on-call rota and deliver adequate pharmacotherapy service as per regulations. Our Director of Pharmacy is in national discussion with the Chief Pharmacy Officer around how we drive forward recruitment and sustainability. We are looking at the learning and potential benefits from the Recruitment and Retention Premia (RRP) in place in Western Isles, and locally have entered conversations with search and select to explore how we promote and brand an Orkney proposition.

### **Sustainability and the Environment**

NHS Orkney is leading the way in Scotland when it comes to achieving the requirements to reduce emissions and achieving the net-zero ambitions.

The Balfour Hospital and healthcare facility is fully electric with air-to-water heat pumps generating all hot water and heating and has solar panels to reduce reliance on the grid. We have been successful in a bid for funding of just under £4million from the Scottish Government to decarbonise the rest of its estate. In line with Government policy, we will remove fossil fuels and install alternative renewable energy systems, such as heat pumps, solar panels, and wind turbines. These works will be completed by March 2025.

### **Areas where we would welcome Scottish Government action/support**



- Structural reform in its totality is a distraction - we would like to integrate our front line services further and deeper and that requires space, support, and buy-in.
- IT system frailty and delays in new system implementation, along with funding requirements
- Housing provision in Orkney – mismatch between demand and capacity which is impacting adversely on recruitment and attraction (Housing Market Partnership meeting is in place in Orkney, with a submission to the Scottish Government re: supply need early Summer 2023)
- Provision of timely dentistry (including orthodontic) care.
- Mental Health resource.
- Resources to transition to a proactive Public Health Service focussing on prevention is a challenge.
- The National Treatment Centres offer an opportunity to think creativity about patient flow and supply demand. The current financial mechanisms don't move quickly enough to allow for the dynamic management of waiting lists. Giving more power to those that are purchasing services would help.
- When we are in receipt of national provision like leadership development and training from NES, we are often short-changed. A more equitable provision from NES and other national bodies in the isles could help us grow talent and support creativity within our staff and address some of our recruitment challenges.
- The third sector in Orkney is filling many gaps and delivering services to people that need them (Relationship Scotland Orkney, Crossroads, Vital Talk, Befriending, Isles Wellbeing projects, Cost of Living Task Force) but are facing precarity every year as their SLA confirmations often happen after the end of the financial year. We need to do better and invest more where we can in multi-year arrangements.
- Recruitment to social care roles across the system, has an impact on Care at Home provision and is especially felt in the ferry linked isles, and flexible use of Care Home beds. Delayed discharge bed days lost are keenly felt in a small system where the overall infrastructure remains small.

#### **Other areas of challenge where the Board is taking proactive action to address**

- Deterioration in SLA provision between island and mainland Boards is becoming more challenging as the required Boards continue to face challenges in their own geographical area with service provision, recruitment and increased demand. This has an impact on services delivered on Isles as we also see our own demand increase, often leading to increased delays and pressure on internal services. Support to all Boards to review SLA provision and broaden scope of SLA provision to encompass all territorial and specialist boards would be welcomed
- Workforce fragility – including ageing working (nursing/midwifery) and unstable locum medical workforce (inability to recruit to several posts requires innovative approach to collaboration)
- Travel and transport weaknesses impacts on links in particular flights to Glasgow and Inverness remain a challenge and co-ordination of travel plans for patients to attend services in Golden Jubilee and Raigmore can be difficult to negotiate leading to patients declining attendance at appointments
- A number of fragile services, with plans in place to ensure sustainable services and appropriate models of care moving forward. These include: Pain Services and dentistry.
- The IJB as an entity is not delivering the type of strategic imperative, commissioning, or impetus for integration. Currently it is challenging to navigate a complex governance and leadership landscape to deliver meaningful change at the required pace
- There is inequity of first responder service in outer isles, and inequity in current cover (eg: Scottish Ambulance Service funds Rousay first responders but no other isles).

**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.

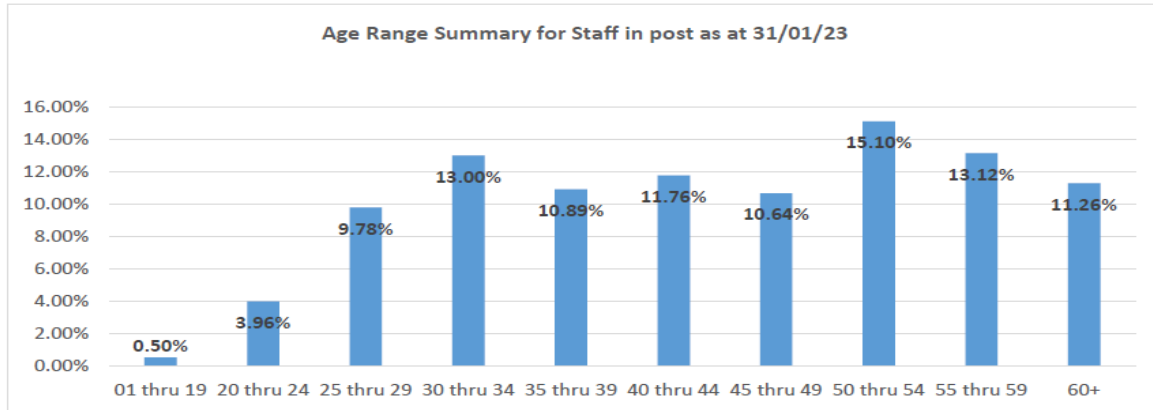
NHS Shetland's elective activity performance is strong. Where activity is undertaken on island, it is usual for over 90% of patients to experience RTT for an Endoscopy, Colonoscopy and Cystoscopy routinely within 6 weeks. For diagnostics NHS Shetland's performance tracks at approximately 80% of patients 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

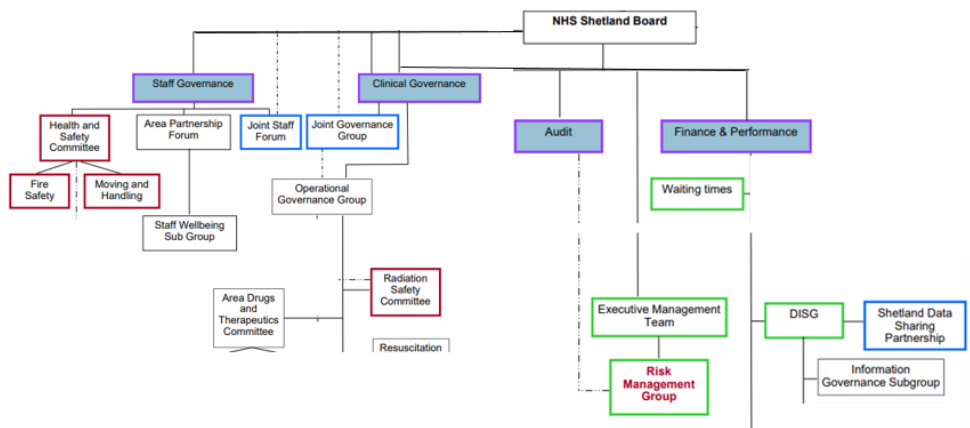
**Workforce** - The decision to leave the EU has been disastrous for the NHS in recruiting suitable staff in health and care. Additional barriers to flexible employment have also been created by the Government by both the Home Office and HMRC. The GP Joy project led by NHS Shetland has shown there is 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**