

Maarten Jackson
Committee Assistant
Health, Social Care and Sport Committee

Date: 12.04.2023
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Sent by email to:
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Dear Maarten,

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

Thank you for the email of 13th 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.

Oifisean Bòrd na Slàinte
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 Gníomh: G. MacSheumais

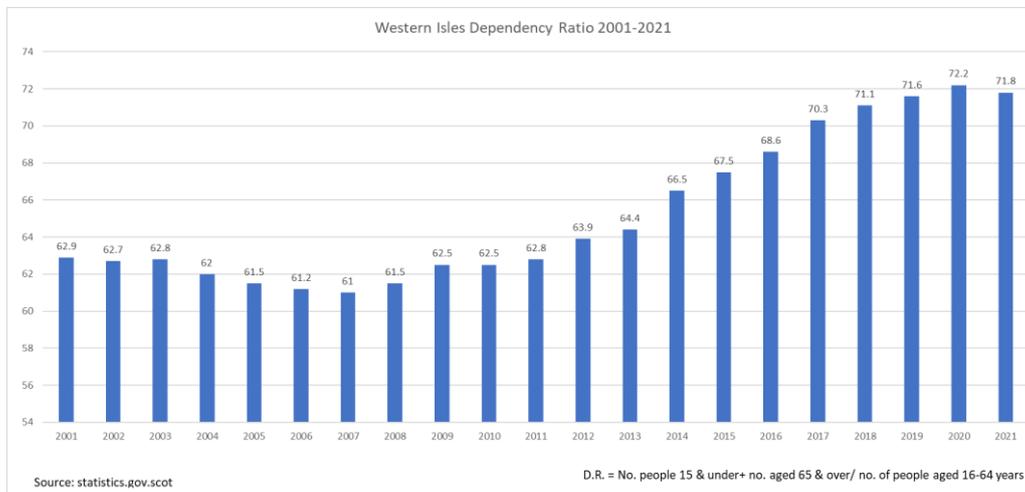
Chair: Gillian McCannon
Chief Executive: Gordon Jamieson



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%
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2023/23	1,984	30%
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Day Surgery

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

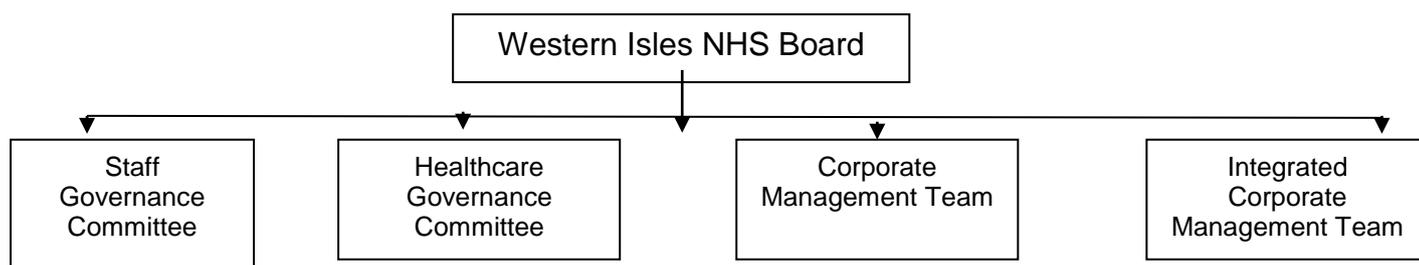
- Financial governance
- Sustainability focus
- Approach to procurement

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 2nd 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 Western Isles