

Region	Board	Priority Area <i>select from drop down list</i>	Service Area	Key Deliverable - Name and Description	Key milestones	Progress against deliverables end June 22	Lead delivery body	Key Risks	Controls/Actions	Outcome(s)	Major strategies/ programmes the deliverable relates to	Impact of deliverable on health inequalities	WF
North	NHS Shetland	Urgent and unscheduled care	Wards	Reduce use of agency staff within hospital wards	Understand use of agency staff Explore other ways of covering gaps or need, e.g. sharing staff - do we have establishment where we need it? Can we map this and plan for generic/floating staff? Build responsive model? This will build on Joint Workforce Plan.	Teams inputting into Joint workforce plan 2022-25, outcomes of planning meeting to be discussed with HR re: support to progress. Finance input will be needed	NHS Shetland	Lack of trained nursing staff to take up posts Generic/floating staff model is new may not be attractive for candidates Issues with staff accessing accommodation locally, particularly at B5/6 paygrades	Build understanding of demand across areas Explore creative ways of covering gaps Risks to be included in joint workforce plan, feed into national solution.	Increased staff wellbeing, stability in teams and efficiency with stable staffing and decreased use of locums.			HR
North	NHS Shetland	Urgent and unscheduled care	UUC Collaborative	Continue whole system approach to building resilience and developing new models of care in Urgent and Unscheduled Care system	Engage effectively with UUC Collaborative Complete self assessment of UUC Identify and implement high impact changes	Self assessment completed, high impact changes identified (all included in ADP): - Frailty MCN - Discharge without delay (Home First ethos, nurse led discharge) - Redesign UC - expand SDEC, increase numbers using national systems - Care closer to home - redesign OOHs in Primary Care	NHSS/HSCP						
North	NHS Shetland	Urgent and unscheduled care	MDT	Establish MCN with focus on frailty service	Establish by 01/04/2023 Success will be: - Increased utilisation of frailty scoring - Increased use of QoL scores for people who are frail - Reduction in number of people admitted due to frailty								
North	NHS Shetland	Urgent and unscheduled care	A&E	Support appropriate use of local Unscheduled Care services, increase uptake of national urgent care systems as first point of contact	Implement local Redirection Policy, to be presented to ANMAC (June 2022), changes and approval thereafter. At point of approval discussion should outline commitment needed from organisation for implementation. Board wide sharing and adoption to support staff knowledge and understanding. Community/public communications to support understanding re: appropriate use of services, and be supportive of frontline staff implementing policy.	Policy presented to and agreed by ANMAC	HSCP/NHS Shetland	Role of implementing policy falls on frontline A+E staff, risk to their wellbeing and relationship with public	Organisation wide approach, linked communication campaign to support. more effective use of Unscheduled care services.	Improved staff and community understanding of appropriate service use.			
North	NHS Shetland	Urgent and unscheduled care	General Medical	Improve quality and sustainability of Remote and Rural medical care	Setting expectations of remote/rural professionals Implementing Curriculum for generalist medical workforce to support training for rural area (18 month training package) - developed with GMC and NES.		NHS Shetland	Availability of medical staff to access training.		Improved quality and sustainability of local medical staffing workforce. Increased staff wellbeing and resilience of model with appropriately skilled staff	Training workforce to be appropriate to local need, reduce disparities due to remote/rural.		HR
North	NHS Shetland	Urgent and unscheduled care	A&E	Grow SDEC and Ambulatory Care Models	Established use by medical team, next steps sharing success and establishing pathways and standards with surgical team to increase appropriate use. Trial to use SDEC as Minor Injuries Unit (?in line with redirection) - staffed by ENP Review staffing, demand and tasks - establish need for admin support and how this fits with A+E/reception in terms of time, physical availability, etc.	Teams inputting into Joint Workforce plan 2022-25, outcomes of planning meeting to be discussed with HR re: support to progress.	HSCP/NHS Shetland	Time pressure on clinical staff without appropriate admin support, unable to develop service further.	Task and staffing review to understand admin need, consider alongside co-located areas to share load if possible with limited resource.	Right Person, Right Place, Right Time. Sustainability and value via more appropriate use of resources and services,	Developing pathways in response to need, using feedback to inform change/involving people in design, making service more accessible to all via clarity of pathways		HR
North	NHS Shetland	Urgent and unscheduled care	A&E	Introduce Admin staff time into A&E (and to support SDEC?)	Understand administrative tasks needing support Understand clinical time that would be saved by having admin in place Explore possible impact on patient outcomes, would intake discussion/paperwork include ABIs, for example? Consider how shared admin with reception would allow flexibility for staff wellbeing, ability to take breaks etc.	Teams inputting into Joint Workforce plan 2022-25, outcomes of planning meeting to be discussed with HR re: support to progress.	HSCP/NHS Shetland	Inadequate funding to support a solution Staff time to train appropriately	Consider solution jointly with co-located or similar areas (e.g. SDEC)	Improved patient outcomes Improved staff wellbeing with more appropriate task distribution Improved patient safety with clearer processes by appropriate staff	More time available via administrative support should make service more accessible for those with access needs.		HR

North	NHS Shetland	Recruitment and retention	Primary Care	Decrease Use of Locums	Continue to provide safe and effective Primary Care service within Health Centres. Continue recruitment towards establishment Explore alternative staffing models and continue to build on skill mix within practices to work towards Right Person, Right Place, Right Time. (Add finance details to picture across year)	New GP Joy intake - potential candidates for Yell HC. Other sources should offer stability for Scalloway, Lerwick and Brae vacancies by January 2023, though short term (?to July '23)	HSCP	Candidates don't take up offers Issues around accommodation/relocation etc hamper appointments of workforce Time resource spent on recruitment detracts from management resource Staffing models identified can't be staffed due to recruitment/retention issues	Feed into pan-organisation/Shetland Partnership approach to accommodation/workforce issues Work with HR and SG on national response to recruitment/retention to ensure Shetland adequately included.	Sustainability and Value - decrease spend on locums		Stability of service means people can access what they need more locally, and more likely to have "known" member of staff within health centre, to offer supportive relationship based support.	HR
North	NHS Shetland	Urgent and unscheduled care	Primary Care	Urgent Care Access - Make OOHs model more sustainable and effective, working towards ANP staffed model	Stepping stone model towards full ANP delivery. 22/23 work towards establishing stable mixed GP/ANP service. Bring OOHs improvement strands in Community and Acute sectors together to understand needs, duplication and opportunities.	Options for staffing and shift models for ANPs developed by KA and YG. Agreed to schedule workshop between those working on OOHs in Community and Acute.	HSCP	Lack of appropriately qualified nursing workforce for ANP model. Custody healthcare outlier within model, requires redesign to staff safely. Lack of available nurses to take up potential development roles working towards ANP.	Gradual/stepping stone model should support Offer development posts/opportunities where possible Stagger improvement work to support existing workforce and grow sustainably	More resilient, less costly service. Improved system working and resilient network	PCIP		HR
North	NHS Shetland	Urgent and unscheduled care	Primary Care	Delivering care by Right Person, Right Place, Right Time within Primary Care - review skill mix and access to MDT as first point of contact.	Repeat Week of Care audit to understand demand type. Roll out of Week of Care, evidencing change inc repeat to help understand COVID impact Accessing the right professional - links with MH, acting on week of care audit, early action intervention, triage model - MSK, OT. Early action intervention - 1 recruited, 2 recruitment underway Consolidation of resources to improve access - include around managing tech, system wide responses (IT enabler) - share workload, use of who is available, share work and different models		HSCP			More appropriate skill mix - patient seen by right person for what they need Add resilience to PC team through MDT Better access to appropriate professional (including via tech)	PCIP	Understanding need to develop responsive services, and help people access support/care they need.	HR
North	NHS Shetland	Urgent and unscheduled care	Primary Care	Roll out House of Care to 3 further health centres as part of Primary Care Improvement Plan.	Training planned for Levenwick and Lerwick, and		HSCP	Lack of budget Staffing issues (Particularly nursing colleagues with involvement in other improvement work)		Better outcomes for patients, reduced requirement for yearly checks, better use of staffing resource.	PCIP		
North	NHS Shetland	Urgent and unscheduled care	Primary Care	Improve patient access to Primary Care - continued development of AskMyGP service	Ideally progress to provide for rural health "hubs" and a fourth health centre, and develop to redirect requests to appropriate professional. Currently costs are prohibitive, and understanding of how AskMyGP increases rather than diverts demand requires caution in single handed practice. Awaiting SG report re: ?DACS, possibility of preferred provider, or further funding information.		HSCP	Lack of funding to roll out further. Workforce pressure, well documented that system meets unmet need, rather than redirecting demand.	Await possibility of national response through SG report. Manage system on/offline time to protect/balance clinical time and maintain appropriate response times.	Improved patient outcomes through improved access. Improve patient satisfaction with Primary Care.		Increase access options and routes of delivery - development should also support time being available to those who need it most.	
North	NHS Shetland	Social care	CCR	Share learning around different ways of working to consolidate resources to improve outcomes as we shift the balance of care.	Sharing different staffing models, e.g. shift time changes, shared responsibilities, work across areas that have been successful in some local settings Explore options for similar changes in other areas, support local leadership to implement change.		HSCP			Sustainability and Value - decrease spend on agency and increased resilience in local teams			HR
North	NHS Shetland	Social care	CCR	Decrease reliance on agency staff through better understanding of safe staffing, necessary skill mix, and appropriate tasks	Share learning from Montfield safe staffing and Wastview ways of working Encourage professional judgement and team leader ownership to support better outcomes with same staff SIC - develop Team Leader support and training (may be beyond 22/23)		HSCP			Sustainability and Value - decrease spend on agency and increased resilience in local teams			HR
North	NHS Shetland	Social care	CCR	Social Care Staff training up to date	Review requirements and gaps in training Explore reasons for non-attendance Discuss options to cover release for training as required		HSCP	Financial risk of staff not being compliant/reaccredited (see Orkney example)		Improved patient safety with appropriate staff accreditation. Improved staff wellbeing with time made for appropriate training.			HR
North	NHS Shetland	Social care	CCR	Review impact of enhanced nutritional support in community	Work with dietitian starting in July to evaluate impact of enhanced nutritional support on frailty and sustaining people at home Will inform future provision.		HSCP			Understand impact of intervention to inform local best practice. Provide evidence for future investment/shift of resources, Shifting the Balance of Care. Improved patient outcomes in their own homes.		Targeted support to at risk individuals maintaining them in their own homes	

North	NHS Shetland	Social care	CCR	Shift the Balance of Care - Capture and share different ways of working in Day care as numbers start to increase	Share different ways of working between teams Audit use and demand?		HSCP			Services that are responsive to needs of population. Services that are supportive to needs of unpaid carers. Sustainable services makign best use of resources.		Involving service users and unpaid carers in design Supporting unpaid carer "workforce"	
North	NHS Shetland	Recovering planned care	Acute and Nursing - Outpatients	ENT - provide ear suctioning service within NHSS to increase capacity (Service currently provided by NHSG)	Ear suction training end of June Staff to spend time in NHSG with consultants to gain experience Clinic running locally by end of 22/23 Next steps - fragile service with limited staffing, look at possibility of bolstering across PC/SC to add resilience		NHS Shetland	Service fragility given size, risk of gaps in provision with any absence	Explore possible collaboration with PC/SC to add resilience (resource may not allow this development this year, but planning team will support links in medium term planning)	Improve patient experience and decrease waiting times.		Repatriation- accessibility of services locally, travel to NHSG can be prohibitive	
North	NHS Shetland	Recovering planned care	Acute and Nursing - Outpatients	Continue to provide Rheumatology service in light of NHSG withdrawal of visiting service (due to retirement of Consultant)	Provide service via 2 bank staff (locums) members who will provide: GP advice, referral vetting, new patient and review clinics F2F and remotely. Pharmacy to provide resilience and support to pathway via medicines management (requires refreshing of NMP course and PT admin support) Scope demand and current pathways to understand local need and establish new, effective, MDT pathways.	Engagement with local Community Nurse with Rheumatology experience. Pharmacy NMP training is ???	NHS Shetland	Difficulty releasing CN for support (work demands and practicalities of being island based). Pharmacist availability limited by maternity leave and other improvement projects limiting involvement.	Joint working NHS/HSCP to consider CN resource. Pharmacy remain involved as far as possible in plannign and support, increasing role as time allows.	Service maintained for patients. Add resilience in the future, improve sustainability and patient outcomes through review of pathways and MDT working.			
North	NHS Shetland	Recovering planned care	Acute and Nursing - Outpatients	Continue to provide Dermatology service	Service to be provided by private provider Synaptik (service comprises GP advice, vetting, new and review clinics F2F and remotely) No alternative to this provision has been identified at the moment (prev provided by GPWSI, has left post, NHSG and NoS partners unable to provide visiting service)	Running as described.	NHS Shetland	Ongoing cost	Inclusion in Planned Care Interventions as imperative to continuation of service, all other delivery options exhausted.	Service maintained for patients.			
North	NHS Shetland	Recovering planned care	Acute and Nursing - Outpatients	Orthopaedics - enhanced vetting service via Synaptik	Continue to engage Synaptik for vetting of Orthopaedic referrals (anticipated conversion to theatre rate of 60% vs previous 30-35%)	Funding requested via Planned Care Improvement Plan to support this going forward.	NHS Shetland	Ongoing cost	Inclusion in Planned Care Interventions as important to continuation of service.				
North	NHS Shetland	Recovering planned care	Acute and Nursing - Outpatients	Ophthalmology - further develop AMD service	Increase capacity to provide AMD treatment in Shetland - second nurse to be fully trained in intraocular injection by end of 2022. Plan day clinic without Consultant, adding extra days as needed while scoping demand and capacity with new working model. Future provision may be limited by physical space - aiming for 6 weekly clinic. Will deliver savings in Consultant time - future model will utilise Consultant support for decision making, this could proceed remotely.	Nurse led intraocular injection therapy well established, Second nurse has started practical training, which will continue till end of 2022.	NHS Shetland					Repatriation- accessibility of services locally, travel to NHSG can be prohibitive	
North	NHS Shetland	Recovering planned care	Acute and Nursing - Outpatients	Chronic Pain - continuation of locum led service, inpatient and outpatient elements	Continue to provide chronic pain services via locum staff due to gaps in Anaesthetic team. Improvement work to approach as MDT. Review need, and look at links with psychological therapies and self management resources Options appraisal of viable models for local resilient pathway	Funding requested via Planned Care Improvement Plan to support this for 22/23 until viable alternative found.	NHS Shetland	Difficulty engaging with national improvement work appropriately due to lack of clinical lead. National issues with recruitment of appropriate skilled medical staff.	Input as able with current staff. Pursue MDT approach to offer strength and depth in interim solution				HR (recruitment limiting improvement/engagement)
North	NHS Shetland	Recovering planned care	Acute and Nursing - Outpatients	Increase capacity in Long Term Conditions Management (demand for cardiac nurse and diabetes increased ~60% in past 12 months)	Continue with increased admin resource to release nursing time Progress B5 development post over the next year Retirement planning for Cardiac nurse - strengthen networks with PC to support	Funding requested via Planned Care Improvement interventions to support increased capacity for Diabetes and Cardiac specialist nursing.	NHS Shetland	Capacity unable to meet demand New post unable to match capacity of retiring post PC capacity to support	Robust development plan for B5 post Strengthen networks with PC, build this into existing pathways				HR (recruitment issues and retirement planning)
North	NHS Shetland	Recovering planned care	Acute and Nursing - Outpatients	Patient Focussed Booking	Resource additional admin capacity to support repatriation of services, support and booking for NearMe clinics, patient initiated review and opt-in Review admin capacity and need across services - where else can clinical time be released (link with SDEC, A&E, reception?)	Additional admin in place to support patient focussed booking	NHS Shetland						HR (admin in secondary care - is there a scoping project here?)

North	NHS Shetland	Recovering planned care	Acute and Nursing - Inpatient/Daycase	Ophthalmology - increased cataract capacity	Implement learning from recent Enhance Elective Programme (Vanguard) - change from eye drops to Mydrasert pellets to decrease pre-op nursing load, thus increase patients with same staffing	Running since April '22	NHS Shetland							
North	NHS Shetland	Recovering planned care	Acute and Nursing - Inpatient/Daycase	Maintaining Non-Respiratory Planned Care Pathway while Extension to existing service underway	Resource additional nursing staff to cover DSU and ambulatory care over split site while capital project underway. This should allow BAU for visiting and local services. Replace CDU Endoscope washers and wider decontamination system (increase equipment on island and agreement with NHSG for reprocessing until operational) Increase size of DSU and planned ambulatory care dept (Sept 2022). Extend hire of Vanguard to Oct 2022	Vanguard extension agreed and clinics planned until end of contract	NHS Shetland							HR (Additional resource is temporary or will be required to staff bigger unit?)
North	NHS Shetland	Recovering planned care	Acute and Nursing - Endoscopy	Cystoscopy - maintain service via temporary shift to disposable scopes	Purchase 10 disposable scopes to allow continuation of service during work to replace CDU Endoscope washer		NHS Shetland							
North	NHS Shetland	Urgent and unscheduled care	Adult MH	Stress Control - roll out of programme once training is available	Confirm training when restarted nationally. Operational plan for who will access training and how programme will be delivered, and mechanisms of supervision for delivering team.	Awaiting restart of training.	HSCP	Workforce pressures - capacity to deliver, and capacity within MH to supervise those delivering. Availability of training, associated costs of training and upkeep.		Continue to develop a whole system approach to mental health and wellbeing that recognises the importance of community empowerment and resilience, provides timely and appropriate treatment and supports recovery			Plan to deliver in communities for accessibility. Plan for open access to decrease stigma and barriers to access Targeted promotion will support equal opportunity to access	
North	NHS Shetland	Urgent and unscheduled care	Adult MH	OOHs (link with PC Redirect/OOHs workstream)			HSCP							
North	NHS Shetland	Urgent and unscheduled care	Adult MH	Continue to develop a sustainable, effective Psychological Therapies service Includes MH OT and CAAP	Continue to manage Psychological Therapies waiting list Continue teaching, training and consultancy for wider MH team with view to upskilling staff	CAAP post substantive B6 OT substantive, to be filled Recruitment ongoing for Talking Therapies staff (Team lead and therapists). Second "Survive and Thrive" course commenced in May. Safety and Stabilisation training to Third sector in May. Discussions with Primary Care re: best use of PC MH funding, wellbeing practitioner support.	HSCP	Recruitment and retention Increasing demand	Open to development and different working models					
North	NHS Shetland	Urgent and unscheduled care	Adult MH	Understand issues around employment for people accessing MATS	ADP initiate discussion with SMRS and employment services re: understood need, actions to follow from collaborative discussion.		HSCP							
North	NHS Shetland	Urgent and unscheduled care	Adult MH	Development and implementation of pathways of support for people with 'long COVID-19', recognising that it is a multi-system disease	Focus discussion with SG re: scope of funding to make it usable/effective for Shetland (intended to support people hospitalised due to COVID-19, not a significant population in Shetland)	Health Psychology Trainee embedded in MH supporting people with long COVID-19 in test of change/pilot	HSCP							
North	NHS Shetland	Urgent and unscheduled care	Adult MH	Embed home treatment options/responsive nurse-led service to decrease presentation to GBH and improve outcomes	Provided by locum team of CPNs during pandemic, working well. From Sept 2022 7 day service will be covered by substantive staff as COVID funding ends. Manage change in working patterns to support continuity of service and staff wellbeing. Explore options for/viability of model with remote access to Psychiatrist, collaborative approach with RCH and Mental Welfare Commission.	Succession/change planning from locum to substantive staff cover underway.	HSCP							
North	NHS Shetland	Urgent and unscheduled care	Adult MH	Perinatal MH - embed new service established through test of change	Pathways established, revisiting to understand next steps, including scoping of educational need across services and how to deliver.		HSCP							
North	NHS Shetland	Social care	Adult MH	Dementia Assessment Service - stabilise and deliver on 8 pillar model of Dementia strategy	Continue to pursue recruitment to stabilise service with substantive staff. Development post for AHP/Nurse Consultant planned secondary to recruitment issues. Once stable look at consolidating dementia assessment and support to enhance patient experience and make best use of resources.		HSCP							
North	NHS Shetland	Social care	Adult MH	Explore ways of working to effectively join up CMHT and CMHSS care	Understand current concerns issues Explore impact on outcomes for clients and for services (resource duplication?)		HSCP							

North	NHS Shetland		Adult Services LD/ASD	Establish local MDT meetings, making use of existing support network, to replace(?) NHSG support if appropriate	Identify relevant MDT Establish remit and meeting cycle	Local LD Nurse (Locum) has identified ~27 services/professionals to be considered as wider network, and scoped potential of this as supportive and more responsive option for professional support.	HSCP	Dependent on experience/competency of local LD Nurse - current locum working at Nurse Consultant level Requires admin support Network building and support role of lead nurse requires clinical support to help with caseload - extra funding request, success dependent on this being approved.					
North	NHS Shetland	Urgent and unscheduled care	Adult Services LD/ASD	Provide appropriate Community Learning Disability Nurse service for people with complex learning disability and support to families	Provision of professional LD nursing clinical support and intervention for children and adults Providing professional LD nursing leadership Liaising and joint working with the wider Adult Services (LD & ASD) team (CH&SC) Liaising and joint working with NHS LD/ASD team within CAMHS? Review demand, capacity and workforce required to provide adequate service	Service running with consistent locum Nurse in post, exploring improvement work as apart of role. Current caseload approx 150, half adults half children.	HSCP						HR (continues as locum led service, ?sustainable, ?end point in mind?)
North	NHS Shetland	Urgent and unscheduled care	Adult Services LD/ASD	Adult Neurodevelopmental Pathway	Temporary funding approved -		HSCP						
North	NHS Shetland	Social care	Adult Services LD/ASD	Housing Support and Care at Home (=Supported Living and Outreach?) Services at capacity - Clear communication and support for TIs around what can be provided just now Begin development of strategy for Adult Services - data map need demand and projections/ scoping/engagement plan for community conversation/links with housing strategy and wider strategic picture			HSCP						
North	NHS Shetland	Urgent and unscheduled care	Community Nursing	Embed District Nursing model - shift cover till 9:30, on call thereafter, supporting development DNs into this role Link with OOHs model			HSCP						
North	NHS Shetland	Sustainability and value	Community Nursing	Review of ANP contribution/workload to inform service redesign and Shetland best practice for access to services, including remote GP support options to consolidate/best value from available resource			HSCP						HR (Redesign)
North	NHS Shetland	Urgent and unscheduled care	Community Nursing	Embed and stabilise service provision for residents of non-doctor islands of Fair Isle, Fetlar and Skerries	Develop NDI relief cover model	BVC in progress for nurse to provide relief cover (may be possible to do this by experienced HCSW in future but not currently)	HSCP						HR (redesign/embedding)
North	NHS Shetland	Sustainability and value	Community Nursing	Development of overnight awake service to decrease GPs on call, make service sustainable and maintain patients in community		Costing workforce for models - work with Yvonne for different options depending on shift patterns, look at feasible options - options appraisal. Then look at developing workforce and how to work in conjunction with GPs to develop stepping stone model.	HSCP						HR (redesign, costing models, recruitment issues attached)
North	NHS Shetland	Urgent and unscheduled care	IT	Work towards EMIS and Docman access established on a Shetland wide basis for all nursing staff across Community Nursing services to enhance flexibility in staffing across the service as well as ensuring patient safety by nursing staff documenting in a single record that can be viewed and contributed to by all key clinical staff.			NHS Shetland						
North	NHS Shetland	Recovering planned care	Diagnostics	MRI testing - increase availability of MRI testing to Shetland population.	NHS Shetland, along with NHS Orkney and Tayside have submitted a separate bid to fund a mobile MRI unit. The contract will be held by NHS Tayside and funding has been requested (outwith planned care improvement plan)		NHS Shetland				Improved patient satisfaction. Decreased waiting times for testing. Improved patient outcomes.		
North	NHS Shetland	Recovering planned care	Diagnostics	Service repatriation - Thyroid and FNA scans, joint injections.	New Sonographer post to extend contract of experienced temporary staff member. Repatriation of services currently performed by NHS Grampian (Thyroid and FNA) and locum Consultants (Joint injections).		NHS Shetland				Removing patient travel, reducing patient waits for access to treatment and reducing the burden on NHS Grampian Radiology services		HR - redesign/repatriation

North	NHS Shetland	Recovering planned care	Diagnostics	Microbiology - resilience and effectiveness of service	Enhance microbiology team, through both Laboratory Scientific and Support Staff as well as Microbiology Consultant cover, to support decision making for patient placement as well as planned care patient screening. We have had to rely on supplementary staffing to provide the additional capacity which is reflected in the non-recurrent costs.	Running as described to provide adequate service.	NHS Shetland			Improved patient outcomes and safety through appropriate decision making. Support existing pathways to provide efficiency.			HR - agency costs, staff training to offer cross cover and resilience still to be written up
North	NHS Shetland	Recovering planned care	Diagnostics	Effective delivery of expanded Cardiac Physiology service	Explore how technology can enhance care provision (remote checking of cardiology devices as an example) Increasing access to cardiac diagnostic testing with remote reporting – reducing the number of vulnerable, high risk patients requiring travel to specialist centres Develop Trainee physiologist to release time for improvement work NEED CHECK with SEAN THUIS		NHS Shetland						
North	NHS Shetland	Recovering planned care	Diagnostics	Radiology - improve sustainability and resilience of service able to provide remote and rural "generalist specialist" service	Continue to advocate regionally to be included as part of the international recruitment of General Radiologists rotation for CT/MR and some US services.		NHS Shetland	Shetland not being included in regional approach due to remote and rural setting/location.	Be an active part of regional discussion. Showcase professional opportunities of working within local Radiology team.	Allow the services we need to be delivered locally rather than relying upon specific Radiology specialists who can't provide what we need. Improved patient outcomes, decreased travel, decreased waiting times, decreased burden on other board resources.			HR - recruitment issue flagged by Lucy Wilson, Shetland not to be included in regional approach?
North	NHS Shetland	Recovering planned care	Diagnostics	Relocation of Audiology department - trial outreach service.	Provide outreach Audiology services in hubs and care homes or set up diagnostic clinics in local GP surgeries. Test of change - monitor outcomes and response, if successful consider how this could extend to cardiac physiology and medical imaging in the future.		NHS Shetland			Reducing patient travel to GBH and preventative diagnostics reducing admissions to hospital (cardiac, chest infections)			
North	NHS Shetland	Recovering planned care	Diagnostics	Order comms - introduce in medical imaging.	Next steps: Future steps: to also be available in labs, however wouldn't be supported by current system.		NHS Shetland	No local IT trainer resource means systems aren't used to best capability and introduces risks around data and outcomes.	Build case for local IT trainer resource to support teams across the system.	Reduce inefficiencies and errors. Improve experience for imaging and clinical colleagues.			HR - need for IT trainer resource to improve effectiveness, efficiency and patient safety?
North	NHS Shetland	Recovering planned care	Diagnostics	Respiratory pathways (LTC not covid/acute) - explore what is possible on island.	Explore lung function testing on island again. Build links with Respiratory MCN/Community Nursing to ensure whole system approach to make best use of resource, add resilience.	Increased staffing capacity in cardiac physiology in the medium term releasing time to explore improvements.	NHS Shetland						
North	NHS Shetland	Recovering planned care	Diagnostics	Medical Imaging and Labs - sustainable service model supporting staff wellbeing.	Maintain extended day and week shift patterns introduced in 2020 in response to COVID in Medical Imaging and Labs as both reduce on-call burden in smaller teams. This option has higher WTE substantive staffing requirements. Explore how to fund going forward 2023/24 and beyond to future proof and maintain staffing.		NHS Shetland	Funding not available, revert to previous model and unable to fulfill on call with current staffing.	Explore funding options to make sustainable.	Improved staff experience of work. More sustainable service model with less on-call burden for small team.			HR (input re: shift patterns, costs, staff wellbeing, retention?)
North	NHS Shetland	Recovering planned care	Diagnostics - Labs	LIMS project - Lab IT solution	Support national exploration of solutions to cover gap in provision under current implementation plan (April '23-early '25)	Continuing to input into relevant discussions nationally and regionally.	NHS Shetland	No suitable solution found in time, break in service Data and performance risks of inadequate systems Suitable solution found but no local IT trainer resource - adds operational pressure to lab staff and diminishes use of full capabilities of system	Engage with regional and national negotiations re: systems Add to case for local IT trainer solution.	Improved technology, resilience of service, potential to introduce new testing if financially viable.			HR - need for IT trainer resource to improve effectiveness, efficiency and patient safety?
North	NHS Shetland	Recovering planned care	Diagnostics - Labs	Effective delivery of microbiology and other laboratory services	Improve skill mix to stabilise and add resilience. Review/renew SLA with NHSG to ensure is appropriate for current situation, action any resulting improvement or change indicated.	training underway with 3 staff to become multidisciplinary across MBS and blood sciences	NHS Shetland	Unable to retain trained staff	Work to improve shift system and OOHs commitment (see line 56)				HR - agency costs, staff training to offer cross cover and resilience still to be written up

North	NHS Shetland	Recovering planned care	Diagnostics - Labs	Maintain compliance and quality in service	Upskill existing staff to support culture of Quality Explore national support as potential solution to reduce fragility and support Quality culture Invest in Document Control System QPulse Continue to explore options for Blood Transfusion Haematology Lead (unable to fill role for some time)	All in progress	NHS Shetland							
North	NHS Shetland	Recovering planned care	Diagnostics	Effective delivery of medical imaging services	skill mix to stabilise and add resilience		NHS Shetland							
North	NHS Shetland	Recovering planned care	Diagnostics/Estates+Facilities	Effective planning for the procurement of a MRI scanner to increase diagnostic capabilities MRI - work towards regional Radiologist staffing model - vetting and reporting	To complete installation by the end of 2022		NHS Shetland							
North	NHS Shetland	Recovering planned care	AHP	Type II Diabetes reversal - Operationalised referral and treatment pathway for Type 2 Diabetes Remission using Counterweight Plus Initial dietetic support at new type 2 diabetes diagnosis	Funding continuing in 2022/23 - key steps?		HSCP							
North	NHS Shetland	Recovering planned care	AHP/PC/Planned Care	Pain Management Pathway	EXPAND		HSCP							
North	NHS Shetland	Recovering planned care	AHP	Deliver effective and appropriate dietetic service, in Primary and Secondary Care Also links with Health Improvement work	Strands - Child Healthy Weight, Adult Healthy Weight, ?Gestational Diabetes, ?Frailty, ?In-patient. Review demand, need, skill mix. Recruitment issues - funding, staff availability, clinical support/development. CHW pathway developed, being piloted - findings and next steps?		HSCP							HR - recruitment issues around dietetic lead?
North	NHS Shetland	Recovering planned care	AHP	Physiotherapy MSK service, working towards 4 week wait Currently supported by locum input	Local resources ??necessary with push to NHS Inform, should it be local use of national resources? Responsive service using a range of delivery methods - model decided/established? FCP in 2 health centres - this to develop further? Review impact of this on PC and physio MSK?		HSCP							HR - locum resource allowing meeting of target, ?exit strategy?
North	NHS Shetland	Recovering planned care	AHP	Effective and appropriate SLT service for early years, ASD assessment and general referrals. Early years demand increased by 50%, ASD assessment requests more than doubled. ?successful bid to IJB reserves - detail plan.	Check IJB request for plan.		HSCP							HR - increased resource to meet demand, IJB request detail to follow
North	NHS Shetland	Recovering planned care	AHP	Respond to increased demand for storing/receiving and distributing OT equipment	The Community Equipment Store this year has processed 100% more pieces of equipment than the previous 3 years and this demand is expected to continue in response to the widespread effects of Covid. Recruitment of a new CES technician would allow the store to process/issue and audit equipment. Overall this will create increased efficiency within the remaining Community OT team. Requires funding and collaborative work with Occupational Therapy and Community Nursing teams to look at sustainability of service. This has been delayed due to new postholders needed to lead on the work. Anticipate continued increase with Shifting the Balance of Care ambition, plan for future need.		HSCP							

North	NHS Shetland	Urgent and unscheduled care	AHP	Stabilise OT service in light of increasing demand and caseload complexity	Occupational Therapy will continue preventative work, supporting individuals to remain well and independent at home Development of a Primary Care/Triage OT would meet local health centres, care centres and 3rd sector to find innovative ways to meet universal and targeted level need in Shetland. 700 referrals have been received in the last year. This post would be responsible for responding to this need allowing existing team to respond to an increased complexity in caseload developing due to the effects of the pandemic.		HSCP						
North	NHS Shetland	Sustainability and value	AHP	Embed Electronic Records within AHP services	Completion anticipated over next 6-9 months. Next steps: How to use to full capability of e-records systems and support joined up working around patient.		HSCP	No local IT trainer resource means systems aren't used to best capability and introduces risks around data and outcomes.	Build case for local IT trainer resource to support teams across the system.				
North	NHS Shetland	Recovering planned care	AHP	AHP clinical and office space needs			HSCP						
North	NHS Shetland	Sustainability and value	AHP	QI approach to AHP service development	Build foundations, skills, competencies and culture Look at possibilities for development ?Include: AHP admin support needs/ More scrutiny of outcomes/patient ratio/activity numbers. Do we understand what are the outcomes of the non patient/patient activity time. Joining up conversations where AHPs sit within other directorates - to enable recruitment success		HSCP						
North	NHS Shetland	Sustainability and value	AHP	Group delivery of services for co benefits of better use of resource and patient peer support	Test of Change in Dietetics this year. Potential use for prehab/rehab/wt mgt/LTC mgt/Pulmonary/Cardiac		HSCP						
North	NHS Shetland	Sustainability and value	AHP	AHP Public Health Framework	Service self assessment of current performance, develop action plans to work towards implementation		HSCP						
North	NHS Shetland	Urgent and unscheduled care	Health Improvement	Deliver on Good Mental Health for All project	Secure funding for 22/23 and recruit to HI Advisor post to lead project. Establish Mental Health for All Steering Group to draft revised mental health strategy and establish partnership to lead implementation. National review of strategies ongoing, concurrent with local review, monitor and establish need for continuation of project. Suicide Prevention Strategy (SG+COSLA) due to be launched Sep 2022 Establish clarity on LA lead in preparation for publication of national strategy and development of local action plan – to be raised at SDAG in August. ASIST/SMHFA training – no capacity in team to deliver and all practitioners who previously delivered will need refresher T4T.	Funding secured, HI Advisor in post since May. Briefing with details of courses currently available free of charge for whole workforce being disseminated. On-going work to develop business case for delivery of SMHFA/ASIST through UHI – funding available through NHS Charities Together.	HSCP						
North	NHS Shetland	Sustainability and value	Health Improvement	Population Health Survey	Completion of report View in tandem with PHS local health profile(?) Share and disseminate Informs service planning? Informs IA/Health Campus?	Second wave of recruitment underway, expected publication Aug/Sept	HSCP						

North	NHS Shetland	Sustainability and value	Health Improvement	Self management strand - links with Community hub ethos, redirection, service directory - look at PMO work stream for wording and consider links in/ownership			HSCP						
North	NHS Shetland	Sustainability and value	Health Improvement	Type II diabetes prevention (?link with reversal as sides of same issue?)			HSCP						
North	NHS Shetland	Sustainability and value	Health Improvement	Development of Community Link Worker Role		CLW pilot progressing – working group in place, test sites agreed in Brae and Whalsay, recruitment still to start once HR processes concluded.	HSCP						
North	NHS Shetland	Recovering planned care	Health Improvement	Stop Smoking Service - continue to deliver Quit Your Way		QYW core services continue to be delivered. Current data analysis project underway with T&P capacity to inform service developments and engage partners. Report expected end of July to inform planning with priority focus on maternity and pharmacy partners in the first instance.	HSCP						
North	NHS Shetland	Urgent and unscheduled care	Health Improvement	support for low-level mental health concerns (does this have "Tier" attached? for read across with MH services?)		BBA remains paused due to supervision capacity within CMHT, and delivery capacity within HI.	HSCP						
North	NHS Shetland	Sustainability and value	Health Improvement	ABI - deliver improvement plan to work towards national target			HSCP						
North	NHS Shetland	Sustainability and value	Health Improvement	Health Literacy		Health Literacy projects continue in partnership with SG – three projects, improving access to primary care for people who use BSL, building capacity with CLD team to incorporate HL principles and tools in work within communities and strengthening communication support for service working with people with LD. All three projects underway with patient and professional engagement happening to inform next steps.	HSCP			Improved access for people who use BSL Improved understanding of Health Literacy impacts and how to make services more accessible		Improved accessibility of services Public involvement in design and delivery.	
North	NHS Shetland	Sustainability and value	Health Improvement	LD and Cancer Screening project		Field work complete (Focus groups and interviews in Shetland and Orkney).	HSCP					Improved accessibility of services Public involvement in design and delivery. Targetting recognised disparity in service access to improve outcomes for people with LD.	
North	NHS Shetland	Sustainability and value	Health Improvement	HENRY programme roll out	Deliver Core training - 8 places in August, 8 in Nov/Dec Deliver HENRY groups, workshops and tasters. Target 4 in-erson groups per year (online and 1:1 as needed) Implement Planning for Parenthood Establish HENRY hub for staff peer support and skills development	24 front line staff from various settings have completed Core HENRY training	HSCP			Collective leadership and commitment to prevention of childhood obesity Practitioners have skills, knowledge and confidence to support children and families Parents feel better equipped and confident to provide a healthy start Families at risk of diet-related health inequalities are engaging with support			
North	NHS Shetland	Sustainability and value	Health Improvement	Type II Diabetes Reversal	Operationalised referral and treatment pathway for Type 2 Diabetes Remission using Counterweight Plus Initial dietetic support at new type 2 diabetes diagnosis	Continued delivery of T2DM remission project through CWP programme until June 2023, supported by DP funding. MOU with SRT in development to support patient access to local leisure centres. Diabetes Prevention pathway and brief intervention in place with support from established working group. Evaluation planned for Q3.				Improved patient outcomes Decreased demand on diabetes services in future			
North	NHS Shetland	Urgent and unscheduled care	Oral Health	Recover NHS dental services to a position comparable with pre-pandemic service provision with focus on clearing the backlog in routine dental care	Unachievable within current resource-request made to SG for additional funding to cover pay uplift, maternity cover and gap in provision from GDS provider. See letter of 28/03/22 to Tom Ferris, from Antony Visocchi/Michael Dickson for detail. Currently awaiting response and providing reduced service.	Unable to recover to prepandemic levels with current staffing. Note dentist:patient ratios.	HSCP	Unable to provide adequate local dental service due to gaps in staffing and lack of funding	Appeal to SG for funding. Awaiting outcome.				HR - request for funding to cover maternity, unable to safely staff at current funding.
North	NHS Shetland	Urgent and unscheduled care	Oral Health	Reduce oral health inequalities amongst children.	Restart National School Inspection Programme	Restarted in all schools	HSCP			Reduced oral health inequalities amongst children. Improved access to Childsmile.			
North	NHS Shetland	Sustainability and value	Child and Family	Reduce breastfeeding attrition rates after 6-8 week check	Review of data to understand those more likely to stop and inform support/development from there		NHS Shetland						
North	NHS Shetland	Sustainability and value	Child and Family	Better understand smoking rates in pregnancy locally - data collection currently incomplete	Work to support recording of this at booking, better understanding of numbers will inform action/development. May include smoking brief intervention training as appropriate, or prenatal targetting.		NHS Shetland						

North	NHS Shetland	Sustainability and value	Child and Family	<p>Improve childhood immunisations rates - collaborative work between Health visiting and Imms and Screening coordinator in public health to understand demographics, barriers and challenges to inform improvement plan.</p> <p>May include look at tech/shared notes and communication around this, how this supports/honors currently.</p>			NHS Shetland						
North	NHS Shetland	Sustainability and value	Child and Family	<p>Family Wellbeing Practitioners funded for further 4 years through Emotional Wellbeing and Resilience project, part of ANCHOR Early Action board - clinical lead in child health, funding and management via SIC</p>			NHS Shetland						
North	NHS Shetland	Recovering planned care	Child and Family	<p>Trakcare access for Health Visitors to support case management and movement through pathways, and lead professional role.</p>	Links with IT trainer need		NHS Shetland						HR - IT trainer role?
North	NHS Shetland	Sustainability and value	Child and Family	<p>Scope and identify pathways within Children's OPD, particular to avoid duplication for those under more than one consultant. Work is being supported by move to Children's nurse providing local clinical triage in absence of consultant (replacing senior HCSW role) -</p>	<p>Did Senior HCSW support video triage/clinic? what was their role and where are they? (Same person training as nurse, pathway developing with them??)</p>		NHS Shetland						HR - grow your own success, nurse in training offering part-repatriation of pathway/local triage
North	NHS Shetland	Sustainability and value	Child and Family	<p>Identify models to support early intervention and support for health young minds (Tier 1 and 2, i.e. below CAMHS threshold)</p> <p>Includes: upskilling of wider workforce Support third sector provision (financial support 22/23, non-recurring, ongoing training support) Understand demand/need within school setting - school counsellor service hasn't reduced load of school nursing, ? review provision, ?due to increased need postCOVID?</p>			NHS Shetland						
North	NHS Shetland	Recovering planned care	Child and Family	<p>Developing MDT approach for Neurodevelopmental pathways</p>			NHS Shetland						
North	NHS Shetland	Urgent and unscheduled care	MATs	<p>MATS (multi strand)</p> <p>Implement same day prescribing</p>			HSCP/NHS Shetland						
North	NHS Shetland	Recovering planned care	Pharmacy	<p>Pharmacist prescribers to support off-island consultant rheumatology and dermatology models, developing/building MDT</p>			HSCP						
North	NHS Shetland	Sustainability and value	Pharmacy	<p>Medicines Management Assessment - provide adequate and timely service via pharmacy technicians in the community</p>	<p>Training of another pharmacy tech underway</p> <p>Establishment of a medication task group for community medicines prescribing and administration across NHS and SIC. This group will look at the implementation of recently drafted policy and procedures as well as manage learning/safe medication management in community settings.</p>		HSCP						
North	NHS Shetland	Sustainability and value	Pharmacy	<p>Pharmacy First Plus</p>	<p>Two of our Community Pharmacists have started Independent prescriber training which will allow them to extend the service to include Pharmacy First Plus, meaning that the public will be able to access a wider service.</p>		HSCP						
North	NHS Shetland	Social care	CCR	<p>Establish electronic MAR sheets - pharmacy technician support</p>			HSCP						
North	NHS Shetland	Sustainability and value	Pharmacy	<p>Introduction of HEPMA</p>	<p>Everything in place locally, awaiting regional work around implementation. Implementation will free up pharmacist resource to progress other development work listed.</p>		HSCP						

				Develop infrastructure to support Care Assurance agenda locally	Staffing resource required to support Assurance within the Care sector Recruitment of the following post holders required Team Leader (Care Assurance); Care Home Education Facilitator roles; Band 6 District Nurse post; 1 Grade Care Assurance Officer (audit and compliance)								
North	NHS Shetland	Sustainability and value	Corporate Services	Development of new website and intranet for organisation	Formation of working group Agreement on platform Communications and collaboration re: content to align with major policies and support self management for patients, and clear pathways for staff			Lack of capacity to develop and deliver website or communications					
North	NHS Shetland	Sustainability and value	Corporate Services	Deliver Renewed Communications Strategy and Policy	Review and renew strategy and policy Agree and communicate roles throughout organisation			Lack of capacity to deliver renewed strategy/policy across organisation					
North	NHS Shetland	Sustainability and value	Corporate Services	Build resilience within team to stabilise post-pandemic services	Develop resilience in feedback and complaints with administrative support from wider team Develop and upgrade core role to reflect responsibilities			Capacity to engage in training/upskilling/supervision of new roles.	Tasks being delegated to wider team should ease operational pressure.				
North	NHS Shetland	Sustainability and value	Estates and Facilities	Continue to ensure safe compliance with all relevant legislation regarding estates and facilities across organisation	Complete inspection, evaluation and maintenance as per established schedule.		NHS Shetland	Non-compliance due to lack of resources (time, staff, expertise) Staffing availability, particularly re: specialist operatives for which there is no bank/external solution	Seeking additional funding to increase capacity and add resilience	Organisation remains compliant.			
North	NHS Shetland	Sustainability and value	Estates and Facilities	Oversee Initial Agreement project for replacement health campus	Appoint project board and project team. Planned engagement with workforce, partners and community. Nearing completion by end 22/23	Project board and team established and meeting regularly. Series of workshops commencing after summer.	NHS Shetland	IA unsuccessful. Lack of engagement from any partners. Tentatively planning divestment approach based on assumption of success - need to balance appropriately to manage risk and maintain compliance.	IA Risk register and controls available on request.	Successful Initial Agreement process, progress towards building business case for new health facilities in Shetland.			
North	NHS Shetland	Sustainability and value	Estates and Facilities	Build resilience into Estates and Facilities Team	Explore options to develop a multi-skilled workforce Seek SG funding for additional capacity to support core team Seek opportunities for modern apprenticeships to improve retention Improve staff training compliance		NHS Shetland	Funding for additional capacity not available, so unable to release staff time for training. Non-compliance due to lack of skilled staff to complete necessary work.	Prioritise work by urgency, supportive management environment to maximise staff resilience.	Improved staff wellbeing and support. Ease workforce pressure, ensure staff are adequately trained, better able to cover absence etc.			
North	NHS Shetland	Sustainability and value	Medical Physics	Stabilise service post-COVID while planning towards retirement	Consider service requirements and potential options planning for change in staffing over coming years		NHS Shetland	Unable to recruit to specialist roles in the event of retirement. Lack of additional funding to give appropriate handover period in the event of finding replacement staff.	Begin retirement planning early, consider creative and alternative options for service maintenance and delivery.	Robust plan for service continuity in the event of retirement.			
North	NHS Shetland	Sustainability and value	Estates and Facilities	Support and deliver Improvement Projects and Changes in other teams that require change of facilities/environment	Participate in medium term planning process where possible to build organisational understanding of support needs and inform asset planning Support managers to use capital bidding process to engage Estates and Facilities at earliest point in planned work	Input key dates to planning alignment calendar. Input to service planning process.	NHS Shetland	Even with understanding of need there is not capacity to support all projects/works Lack of central prioritisation putting pressure on existing staff/limited resource	Planning alignment and clarity of processes to ensure key partners are involved in improvement work early to allow collaborative prioritisation.	Manageable workload for estates and facilities and staff Better organisational understanding of process for facilities works Improved outcomes and delivery of improvement projects.			
North	NHS Shetland	Staff wellbeing	Staff Governance	Continue to implement Staff Governance Standard to ensure a system of corporate accountability for the fair and effective management of all staff	Deliver 90% of the outcomes as described in the Staff Governance Action Plan – signed off by APF and SGC Continue active staff engagement to involve staff in decisions and enable their voices to be heard Continue to support and enable personal and professional development of staff to maintain and develop skills and interests Continue Confidential contacts service Development of staff listening and support service Winter wellbeing programme Implementation of Standards in Spiritual Care Development of TRIM - a trauma-focused peer support system designed to help people who have experienced traumatic, or potentially traumatic events	Detail available within Staff Governance Action Plan	NHS Shetland	Capacity and focus drift – a number of outcomes require whole system interventions to progress well	Action Plan itself Regular meetings of APF/H&S/Staff Governance – where organisational wide EMT engaged. Where led by HR Directorate objectives contained within HODS objectives and appraisals – Staff Governance Self-Assessment Process to Scottish Government	Building a sustainable workforce which is well and resilient.			

North	NHS Shetland	Staff wellbeing	NHS Shetland	<p>Establish formal process to address Staff Wellbeing issues</p> <p>Establish Staff Wellbeing Group (SWG) with representation from across the organisation</p> <p>Formally constitute SWG and establish monthly meeting cycle</p> <p>SWG produce action plan.</p> <p>Hope to have SWG running by late August.</p>	SWG in process of constituting and establishing meeting cycle.	NHS Shetland	Staff capacity to participate fully		Improved staff wellbeing			
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