NHS Shetland

Meeting:	**Shetland NHS Board**
Meeting date:	**19 September 2023**
Agenda reference:	**Board Paper 2023/24/32**
Title:	**Scottish Government Annual Delivery Plan 2023-24 – NHS Shetland Activity**
Responsible Executive/Non-Executive:	**Dr Susan Laidlaw, Director of Public Health**
Report Author:	**Lucy Flaws, Planning and Performance Officer**

1. Purpose

This is presented to the Board/Committee for:

- Awareness

This report relates to:

- Annual Delivery Plan
- Scottish Government directive

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person-centred

2. Report summary

2.1. Situation

The Board is provided with the narrative report provided to Scottish Government to fulfil their Annual Delivery Plan requirements for 2023/24. This document has a parallel spreadsheet containing timelines and key milestones that will be used to report to Scottish Government on a quarterly basis.

2.2. Background

Scottish Government issued Delivery Plan guidance in February 2023 requesting submission of an Annual Delivery Plan (ADP) for 2023/24 in June. Following a process of feedback and review over the summer this plan has been approved by Scottish Government. Quarterly updates on improvement activity detailed will be submitted to them, and to Board.

The ADP commission is more prescriptive than in previous years and is focussed on the "recovery and renewal" phase of the Remobilisation, Recovery and Redesign Framework for NHS Scotland. To support understanding a summary of the request from Scottish Government is provided next to the NHS Shetland response. Not every initiative or priority identified nationally is appropriate for Shetland, and for some pieces of work outcomes are achieved in a different way that works for the Shetland system, meeting needs more effectively, or being more viable from a staffing perspective, for example in the way we provide "Community Treatment and Assessment Centre" (CTAC) services.

The ADP is centred around 10 recovery drivers which have been developed by the NHS Scotland team and will form part of the planning guidance for the coming years working towards sustainable delivery of healthcare that also improves population health and reduces health inequalities. These 10 drivers of recovery are:

1. Improved access to primary and community care to enable earlier intervention and more care to be delivered in the community

2. Urgent and Unscheduled Care (UUC) – Provide the Right Care, in the Right Place, at the right time through early consultation, advice and access to alternative pathways, protecting inpatient capacity for those in greatest need

3. Improve the delivery of mental health support and services

4. Recovering and improving the delivery of planned care

5. Delivering the National Cancer Action Plan

6. Enhance planning and delivery of the approach to health inequalities

7. Fast track the national adoption of proven innovations which could have a transformative impact on efficiency and patient outcomes

8. Implementation of the Workforce Strategy

9. Optimise use of digital and data technologies in the design and delivery of health and care service for improved patient access

10. Climate Emergency and Environment

Work is ongoing nationally to better align planning processes across policy, service, finance and workforce to support territorial boards and make best use of regional and national pathways.

The next ADP commissioning guidance, concerning the same recovery drivers, is anticipated in November of this year with a likely submission of February 2024 for 2024/25 plans.

2.3. Assessment

Completion of the ADP has been challenging due to decreased Planning capacity since April 2023. Teams and Management have been very supportive throughout the process and Scottish Government on the whole were content with activity reported. The ADP does not represent the entirety of the improvement work underway in NHS Shetland, but gives a good indication of how we are performing against national expectations set of all boards.

Much of the content of the ADP is already contained and reported within other plans to Policy teams within Scottish Government, for example the MAT standards work (Medication Assisted Treatment for drug use) and the Best Start work. This duplication of reporting requirements can be challenging where individuals or small teams are responsible for sizeable pieces of work.

A clear gap in reporting exists around the Digital section. While it should be noted that NHS Shetland are progressing well with implementation of a number of large projects, including the roll out of HEPMA and LIMS which require considerable collaborative work between Digital and Clinical teams, the development of an effective Digital Strategy will support acceleration of improvement in a number of areas. This strategy work is underway.

Further detail is also required as regards a Sustainability and Value/Recovery and Sustainability Plan which can more effectively pull together action against risks identified around workforce, capacity and funding against many pieces of work.

Through development of a robust local Strategic Delivery Plan NHS Shetland plans to shift to more effective longer term planning. This will allow production of a clear Annual Operating Plan focussed on local priorities, which will meet Scottish Government requirements, but be primarily rooted in NHS Shetland's roadmap towards better outcomes for our population. This work will build on the Clinical and Care Strategy, the HSCP Joint Strategic Commissioning Plan and Programme IA work while recognising and developing NHS Shetland's role as an Anchor Organisation and as a key partner in the Shetland Partnership.

2.3.1. Quality / patient care

Implementation of the improvement work noted should improve patient care by improving access and availability of services and patient experience. However note risks against many of these areas, particularly around Mental Health staffing challenges (local and national) which will make implementation of improvement challenging.

2.3.2. Workforce

An update against the workforce plan is included as part of the ADP. This shows good progress around actions identified, however there are still challenges around effective integrated workforce planning and linking this to future service delivery. Integrating workforce and financial planning will be a key part of the strategic delivery planning process that is underway.

2.3.3. Financial

There is urgent need to redesign services to enable the Board to live within its means. There is a significant focus on sustainability of services in Scottish Government guidance and NHS Shetland is required to provide more detail alongside quarterly updates as to local Sustainability planning.

2.3.4. Risk assessment/management

Risks against improvement work are included within the parallel document submitted to Scottish Government – this is designed to allow an overview or understanding of regional and national risks to support future planning. Local risks against service delivery are managed by teams and escalated through risk management processes as required.

2.3.5. Equality and Diversity, including health inequalities

No EQIA has been completed against the Annual Delivery Plan – where individual pieces of work represent significant service, policy or process change an EQIA should be part of planning or development process. Current capacity and expertise to undertake EQIAs within NHS Shetland is limited.

2.3.6. Other impacts

N/A

2.4. Recommendation

- **Awareness** – For Members' information only.

3. List of appendices

The following appendices are included with this report:

Appendix No 1   NHS Shetland ADP Narrative return

Annual Delivery Plan Template

Template: ADP1

NHS Board: **NHS Shetland**

2023/24 Annual Delivery Plan
Section A: Recovery Drivers

1	**Primary & Community Care** Improve access to primary and community care to enable earlier intervention and more care to be delivered in the community

Shetland HSCP has outline the Shifting the Balance of Care programme as the main vehicle for delivery of the Joint strategic Commissioning Plan 2022-25. The programme aims to shift care from acute sector into the community, and from being service led to being community led. The Programme includes "Network Enabled Care" (NEC) which aims to better utilise resources across the system to provide more equitable, connected services resulting in improved equity of access and improved outcomes, and decreased inequalities. The NEC programme is closely linked with the whole-system planning approach being undertaken for the Capital Investment Programme IA. Further detail on progress and next steps was presented to IJB in March and accessible here: Shetland HSCP Shifting the Balance of Care. Specific service improvement plans are contained within the HSCP Directions approved by IJB in May, accessible here: Shetland HSCP Directions.

No.		Board Action
1.1	Set out approach to extending and scale the multidisciplinary team preventative approach to support strategic aims of both delivering more care in the community and enhancing a focus on preventive care, with a view to testing the further development of Community Treatment and Care Services (CTACs) over the medium term. Within your response, set out what you will deliver in terms of	Continuation of (thrice-weekly) locality MDT meetings (including colleagues from Social Work, Community Nursing, Residential Care, Care at Home, Health Centre, GP, AHP, MH, with escalation into HSCP Senior Management group) to support early information sharing and identification of escalating need. Scoping inclusion of Housing Support Officer team. Establishment of Anticipatory Care Planning Working group to take forward systematic approach to ACP to support admission avoidance and optimise care and outcomes. CTACs are in place, current work to increase effective use by local Consultant-led services.

| the scaling of the MDT approach by quarter and set out expected impact in terms of increased activity, extended hours. | First Contact Physiotherapy in place in Lerwick, Scalloway and Levenwick – PID in development to explore effective expansion within current resource (2.0 WTE). Review of impact on secondary care physiotherapy services is underway.

Continued expansion of Nursing team including Advanced Nurse Practitioner and District Nurse roles, working towards more sustainable services, new models currently testing and/or evaluating include:
• ANP single-handed cover with remote support (implemented in response to gaps in GP staffing)
• ANP OOHs cover
• Non-Doctor Island alternative models
• DN role in urgent care pathways
• DN role in care home health provision

NEC test site combining resource/cover across 2 practices in light of challenging GP recruitment, in development with Practice Teams, community and MDT - aiming to be "live" Sept 2023 with increased MDT access, increased Advanced Nursing provision, to support more stable GP cover and build sustainability into community health model.

Community Link Worker pilot project with Health Improvement Team is supporting culture shift towards "community first" approach – development and evaluation is being looked at in conjunction with Community Planning and Development Teams to facilitate links with learning from the recent Early Action programme evaluation.

Health visiting service link staff to geographical areas where they are embedded within Primary Care team - operational and ongoing.

All teams connect with Anchor for families team (Local Authority team, embedded and situated within education but open to self referral and professional referral to support any teams under pressure). |

1.2	Boards to set out their plans to deliver a sustainable Out of Hours service, utilising multi-disciplinary teams as referenced in the recommendations within the Sir Lewis Ritchie Review.	Review of Out of Hours provision is to take place this year, as part of review of Urgent and Unscheduled Care to improve sustainability and consistency across system – as per Shifting the Balance of Care and Network Enabled Care vision, and necessitated by recruitment challenges, this will include utilisation of multi-disciplinary team Work to review crossover of on-call/OOHs rotas to support consolidation began in 2022-23, however stalled when PMO was not replaced. Next steps - revisit data re: OOHS access across local services and NHS24. map current clinical OOHs cover across specialties (including Mental Health), and differences across localities (per GP Practice). Explore regional and remote support options for clinical delivery and professional support - including scoping network with Western Isles, and use of Flow Navigation Centre (provided by NHS Highland) - mapping of local OOHs pathways and rationalisation of this will support FNC engagement. Mental Health - recruit to reviewed skill mix and delivery model to realise ambition for scheduled/unscheduled care provision which will offer greater stability of service and more viable OOHs provision.
1.3	Build and optimise existing primary care capacity to align with existing and emerging mental health and wellbeing resources with primary care resource – with the aim of providing early access to community-based services.	Work underway in the Good Mental Health for All project to develop a multi-agency Mental Health and Wellbeing strategy for Shetland to improve mental health and wellbeing and tackle inequalities. Primary Care team are scoping demand for Mental Health Workers in Primary Care, alongside MH team, MH and OT teams also looking to understand need/scope for potential MH OT service - this work is to understand how best to use limited capacity, in terms of finance and ability to recruit into roles. Development and sharing of pathways for different presentations to improve consistency across system and support "no door is the wrong door" approach. Continued use of digital CBT options with improved patient and workforce communication around these to support appropriate uptake.

		Stress Control programme available within communities in Shetland, offering right level of care, closer to home in setting that encourages peer support and connection. Recent match funding for establishment of DBI programme approved by IJB - due to be live in August 2023 (partnership with Mind your Head, using SG funding, providing Distress Brief Interventions - 14 days intensive support for those presenting in social distress). Mental health and wellbeing strand of Shifting the Balance of Care programme includes close partnership with Third Sector Interface and community Development to optimise uptake and use of Communities Mental Health and Wellbeing fund. Establishment of Community Link Worker pilot project with Health Improvement Team is supporting culture shift in Primary Care towards community-based support.
1.4	Analysis shows that the leading drivers of demand for urgent and unscheduled care are respiratory disease and CVD (for which diabetes is a major risk factor) and, for children, the way in which viruses are circulating in the population post-pandemic. In 2023/24, set out plans and approaches for the early detection and improved management of the key cardiovascular risk factor conditions: diabetes, high blood pressure and high cholesterol.	Managed Clinical Networks for Respiratory and CVD are being established by a recently appointed MCN Coordinator. The purpose of the MCNs is to facilitate collaboration between stakeholders in order to deliver care in an integrated way. Each MCN will have its own workplan based around local priorities and aligned with the principles of Realistic Medicine. This will include action on prevention, early detection and personalised approaches to the management of key cardiovascular risk conditions. Type II Diabetes Remission and Management strands from Dietetics and Health Improvement continuing, aiming for operational pathway with appropriate referral routes from Primary Care. Early intervention work in Health Improvement includes working towards: • Shetland aligns with ADULT Healthy Weight standards supporting prevention, early intervention, and delivering effective specialist intervention where necessary • Healthy Shetland lifestyle programme delivery sustainable, working towards being fully led by SRT (Shetland Recreational Trust) – community based early intervention

		(more detail on this work is recorded in the HSCP Directions linked at the top of this document)
1.5	Frailty In parallel with the development of the national frailty programme, Boards are asked to outline the approach of primary care to frailty and particularly managing those at most risk of admission. This should include the approach to progressing plans for Care Homes to have regular MDTs with appropriate professionals	A Frailty MCN is being established, including representation from across primary care and community care as well as acute and specialist services, to support collaborative and integrated working. During 23/24 the MCN will develop and implement a workplan that will support the primary care approach to frailty. HSCP/Board engaging with University West Scotland research "Frailty Matters" with view to supported local rollout (benefits from external evaluation) See MDT above re: locality meetings and escalation. Expansion of District Nurse role in supporting Residential Care teams, and scoping of local implementation of "My Health, My Care, My Home" framework for older adults in residential care (collaborative Community Nursing and Community Care Resources teams)
1.6	Increase capacity for providing in-hours routine and urgent dental care for unregistered and deregistered dental patients. Response should include quarterly trajectories for at least 2023/24.	Dental services currently operating on non-routine, emergency only status due to staffing and finance challenges - Dental Director has submitted business proposal to SG for increased funding, with view to being a self-sustaining Board delivered practice due to repeated failure/challenges in General Dental Service in remote/rural/island setting. Current Dentist:Patient is 1:3200. In order to allow us the capacity to provide care of in-hours routine and urgent dental care for unregistered and deregistered dental patients, our service has had to look at the structure of the appointment diary to ensure that there is sufficient capacity within the existing workforce to provide this type of care We are not able to offer routine care for patient already registered with our PDS service; either PDS or GDS patients. NHS Shetland PDS has a significant amount of GDS patients registered due to historical circumstances that have led to the lack of a sufficient, established and robust GDS.

Further, due to budgetary constraints, NHS Shetland PDS has reduced in real terms by 36%-52% compare to pre-COVID.

Therefore we have had no choice but to appropriately apportion our finite resource of clinicians and reduce routine care to almost zero. Consequently, we have arranged our available diary times for the following;

· Single courses of treatment for historically registered GDS patients (registered with the PDS)

· Core Public Dental Services (PDS Criteria Priority Groups)

· Enhanced/Secondary Care Services

· Access for Unregistered Patients

These arrangements have been made in order to be able to maintain the primary function of the Public Dental Service, ensure that we are able to maintain as broad a range of services as possible and avoid the further contraction of the service to become access only.

| 1.7 | As part of the objective of delivering more services within the community, transition delivery of appropriate hospital-based eyecare into a primary care setting, starting with the phased introduction of a national Community Glaucoma Scheme Service.

Within your response, please include forecast 2023/24 eyecare | Planning and capacity building for Community Glaucoma Scheme service underway, with 1 local optometrist scheduled to start training (as per training place allocations) during Q2/Q3 |

	activity that will transition from hospital to primary care settings	
1.8	Review the provision of IPC support available to Primary Care, including general practice and dental practice, and consider how these settings can be supported in the future, e.g., the use of peripatetic IPC practitioners.	NHS Shetland provides IPC Support via the Infection Control Team, both in person (through visits to GP Practices and Dental/Oral Health), email and telephone support, TURAS modules on infection control which are mandatory for all staff groups, and through the Infection Control information on the intranet. Positive relationships built up throughout pandemic period have been maintained.

2	**Urgent & Unscheduled Care** Provide the Right Care, in the Right Place, at the right time through early consultation, advice and access to alternative pathways, protecting inpatient capacity for those in greatest need.

No		Board Action
2.1	Boards are asked to set out plans to progress from the De Minimis Flow Navigation Centre (FNC) model to further optimise. Plans should include: • Interface with NHS 24 in and out of hours • Mental health pathways • Development of new pathways for inclusion within FNC, including consideration of paediatric pathways. • Further reduce admissions by increasing professional to professional advice and guidance via FNCs, including access for SAS (Call before you convey) • Further develop public messaging (hard to reach communities) • Further develop signposting alternative pathways, including paediatric.	Complete Urgent and Unscheduled Care review. Communication/public awareness work to complement "Redirection Policy" and support self-management and appropriate alternatives (inc NHS Inform, NHS 24, Pharmacy First). Work with NHS 24 re: island appropriate support ongoing due to issues around linking in with local services appropriately. Multi agency discussions regarding formal adoption of Call before Convey guidance, aim is to have Paramedic teams call on-call GP for advice, this follows other boards' adoption of guidance. NHSS links with NHS Highland FNC currently low level of call volume via NHS24. Arrangements previously in place for overnight professional-professional support for single handed ANP covering GP OOHs, no longer available due to operational hours changing. Next steps - review SLA for FNC provision from NHSH, scope potential for use of FNC for ANP consultation within Network Enabled Care model, within OOHs provision in community, and linked with Hospital@Home work with HIS. FNC and Mental Health - 22/23 review of MH team skillmix and setup to provide more flexible and responsive unscheduled care - this model would offer potential of a clearer pathway to connect with FNC however difficulties recruiting to posts limiting progress currently.

		FNC and Paediatric pathways - not currently looking at this locally - local pathways in place linking with NHSG where needed for clinical/professional support and onward treatment as needed.
2.2	Extend the ability to 'schedule' unscheduled care by booking patients into slots which reduce self-presentation and prevent over-crowding. Develop access to booked slots across wider urgent and emergency care system, such as primary, secondary, community & mental health services and to include children and babies.	Will form part of UUC review - actions tbc. Already working well in most areas, some challenges around work with NHS 24 re: island appropriate support ongoing due to issues around linking in with local services appropriately. Mental Health team review (22/23) included differentiation to offer a scheduled and unscheduled team setup to provide more flexibility and responsiveness, previous setup allowed 'scheduled' unscheduled care however was very disruptive to planned/scheduled support. New model will provide increased capacity due to change in skill mix, however ongoing difficulties recruiting to advertised posts. Primary Care access to 'on-the-day' appointments working well across all sites - improvements to be made in forward booking appointments and use of DACS as patient interface, introduction of this has meant demand>capacity - work underway to improve appointment allocation/scheduling systems to offer more flexibility. Appointments for children and babies managed within local generalist services with professionals able to access clinical support from NHSG wherever needed. Maternity services offer 'schedule' unschedule appointments within department.
2.3	Boards to outline plans for an integrated approach to all urgent care services including Primary Care OOH and	Link with OOHs strand above - next steps are idenitifying lead across Community and Acute.

	community services to optimise their assets.	Connected to Shifting the Balance of Care programme and Network Enabled Care workstream re: - optimising resource across system; - locality MDT work re: communication of escalation of need; - Anticipatory Care Planning work re: crisis prevention; - hospital/community interface re: admission prevention; - crisis/surge teams re: crisis prevention Network Enabled Care - scoping work with Western Isles re: Psychiatry on-call and potential for regional model. Exploring feasibility with teams following discussions with Mental Welfare Commission re: standards and governance. This includes Mental Health provision -review of skillmix and staffing last year to build more sustainable service included split into scheduled and unscheduled care provision to offer more felxibility around unscheduled support, and more stability within scheduled. This included plans for unscheduled care team to undertake support and upskilling work with wider workforce around supporting people with acute mental health presentation (acute hospital teams initially, moving to include Primary Care Teams). Recruitment to new model is ongoing, with difficulties reflecting national picture.
2.4	Set out plans to implement and further develop OPAT, Respiratory and Hospital at Home pathways.	As outlined in 1.4 above, a Respiratory MCN will be set up and will explore the implementation and development of pathways aimed at reducing admissions. An application to Healthcare Improvement Scotland's Hospital at Home expansion programme will be considered. H@H and OPAT - ?potential given size of population and impact on staffing - to be explored alongside Acute/Community interface in urgent care review, and local issues explored further to understand where ACP will have impact, and local requirement for H@H - review will include A+E presentation, admission, destination, readmission, and inputs of MDT around discharge - support understanding of where support could be anticipated and inplace to prevent admission

2.5	Set out plans to introduce new pathways, including paediatrics and heart failure.	As outlined in 1.4 above, a Cardiovascular MCN will be set up that will support the development of pathways for heart failure. Virtual Capacity has been identified as a possible area of focus and will be explored with the cardiac specialist nurse. New pathway created for patients who require substance detox, community setting being norm, hospital admissions reserved for patients with complex comorbidities that increase risks in detox. Paediatric professional-professional support in place with NHSG, with onward clinical pathways as required. Not currently looking at Virtual Capacity - will provide further update at Q2 review.
2.6	Boards are asked to set out plan to increase assessment capacity (and/or footprint) to support early decision making and streaming to short stay pathways. Response should include forecast reduction in length of stay through short stay patients being admitted into short-stay wards, and reduction in Boarding levels.	Increased capacity for assessment to support early decision making and direction to short stay pathways by utilising wider MDT. Hospital wide adoption of the daily dynamic discharge approach, MDT decision making and twice daily discharge planning meetings. Reduction noted in delayed discharge numbers - continue/maintain
2.7	Set out plans to deliver effective discharge planning seven days a week, through adopting the 'Discharge without Delay' approach.	Discharge without Delay programme underway in 22/23 prioritising Nurse-Led discharge planning. Effective communication and management between Acute and Community Teams is supporting streamlined discharge to care setting, or with ongoing care needs. Increased Pharmacy input to support safer discharge. Wider discussion with AHPs regarding OOHs cover and move to 7 day service.

2.8	Best Start Maternity and Neonatal Plan: you should continue to move to full delivery of The Best Start programme, as outlined in your Plan submitted to the Best Start Programme Board in Autumn 2022. Outline your approach to move towards full delivery of the Best Start Programme, as outlined in your Plan submitted to the Best Start Programme Board in Autumn 2022. This should include summary of the delivery and assurance structures in place including oversight at Board level.	Being taken forward by Chief Midwife/Women's and Child Health Lead 76 Best Start recommendations; 33 are green/embedded; 10+ N/A due to service not delivered in NHSS; 16 Amber. Those in development (Amber) relate to: **Continuity of carer** - achieved in antenatal community midwives, however difficulties due to rotational model of obstetrician cover, and work with Aberdeen Maternity Hospital - work underway to improve communication and continuity. **Clear birthplan reflecting needs:** in place, but use of Badgernet system and portal to encourage greater interaction could be improved - planned for this year. **Identification and management of obstetric and neonatal emergencies** - Neonatal resus and stabilisation training completed in Feb/March 2023 (including anaesthetic staff). Online CTG training completed. **Workforce planning** - working with HR and Scottish Government, successful use of shortened programme midwifery programme with 2 substantive members of staff and another cohort in progress. **Quality data to reduce variations in care** - working with Public Health Scotland to compile data from local returns **National approaches** - actively working with Public Health Scotland and national colleagues looking at national audit and follow up, national data hub, single maternity care system, and maternity network for Scotland.

3	Mental Health
	Improve the delivery of mental health support and services.

No.		Board Action
3.1	Outline your plans to build capacity in services to eliminate very long waits (over 52 weeks) for CAMHS and PT and actions to meet and maintain the 18- week referral to treatment waiting times standard.	**Psychological Therapies (PT) -** Team Lead for Primary Care PT and Psychological Therapist posts appointed to and began work in Q4 22/23, this will support increased capacity. Currently telephone assessment for those at 10+ weeks wait, plans to extend to to all by 6-8 weeks wait, to support access of suitable support while awaiting formal assessment. Implementation of "Survive and Thrive" groups supporting waiting list management. At Dec '22 there was 1 (0.8%) very long waits, and 10 people waiting between 36-52 weeks (PHS published data) **CAMHS -** no very long waits currently or throughout 2022. Recent (Q4 22/23) slippage on 18WRTT following increase in referrals in Q3. CAMHS Team Lead has been reviewing referrals/waiting list/activity and complexity and has initiated an assessment clinic to help reduce waiting times.
3.2	Outline your plans to build capacity in services to deliver improved services underpinned by these agreed standards and specifications for service delivery.	**CAMHS** are continuing with their service development in keeping with the national CAMHS specification. Recent change in referral profile and complexity following developments: - Expanded service from 0-16 (16-18 if in FTE) to 0-18, to tackle inequalities of access to services - Increase in specialist input for Neurodevelopmental assessment - Increase in input for Learning Disability population (note local risk around lack of LD Nursing Capacity for adults and children, increased funding and capacity being pursued) CAMHS have also started running groups to support parents of children with ND conditions.

		Continue work with Child Health, Education and Speech and Language therapy colleagues around developing sustainable ND Pathway for children - current work to integrate Autism and Developmental Language Disorder (DLD) services into a wider ND pathway for children. Current demand > capacity. Funding required to make this achievable has not been identified.
3.3	Boards should report on the timetable to achieve full compliance with CAPTND data set and/or plans to improve quality as above which may include work to replace or enhance their systems to achieve compliance.	Initial discussions with phs have been held. Plan is in place to provide regular monthly updates with a one off submission of data to ensure there is a full dataset in place for 2022/2023. The April 2023 submission will be made by Friday 2 June 2023 and the backdated submission will be provided by the end of June 2023. There will also be regular discussions with phs to ensure quality control of the data. All backdated CAMHS information has been submitted. The PT CAPTND information has been submitted. We are working through the PT CAPTND backdated information with it to be submitted mid July 2023. We are continuing to meet monthly with Scottish Government representatives to discuss the CAPTND returns and receiving support to ensure the catch up is completed and to have an open dialogue regarding the data submitted. There has been regular discussions between the teams internally to ensure data quality.
3.4	Boards are asked to set out their plans to increase mental health services spend to 10% of NHS frontline spend by 2026 and plans to increase the spend on the mental health of children and young people to 1%.	Note local/small board challenges around NRAC funding and complexity of system involving regional partners, and understanding of need/effectiveness of spend in small system - will be informed to some extent by audit referred to in Primary Care work and by JSNA planned by Public Health for 2022/23. Detail to follow.

4	**Planned Care** Recovering and improving the delivery of planned care

==We are not asking you to duplicate your planned care response again within this return.==

Note this work is closely monitored by Planned Care Team nationally – Scottish government Planning noted Policy colleagues were content with current plans and milestones.

No.	SG Guidance:
4.1	Identifying a dedicated planned care bed footprint and associated resource by Board/hospital to enable a "hospital within a hospital" approach in order to protect the delivery of planned care. CfSD are working with Boards that already have developed plans to target increasing throughput in first instance.
4.2	Extending the scope of day surgery and 23-hour surgery to increase activity and maximise single procedure lists.
4.3	Set out the plan for 2023/24 to reduce unwarranted variation, utilising the Atlas Maps of variation and working with CfSD and respective Specialty Delivery Groups (SDGs) and Clinical Networks. Responses should include forecast reductions across specialties and in theatre productivity, day case activity or start and finish times. In addition, set out forecast increase in activity for certain procedures to levels recommended by Royal Colleges.
4.4	Approach to validation of waiting lists for patients waiting over 52 weeks, including potential alternatives for treatment. Board responses should also outline level of engagement with the National Elective Co-ordination Unit (NECU) to support validation.

5	**Cancer Care** Delivering the National Cancer Action Plan (Spring 2023-2026)

No		Board Action
5.1	Set out actions to expand diagnostic capacity and workforce, including endoscopy and its new alternatives	Dependance on NHSG for diagnostics presents regional challenges with capacity problems in a number of areas. Current local endoscopy capacity challenges due to theatre staffing. Capsule colon endoscopy programme to be taken off pause and progressed as an alternative to endoscopy. MRI capacity- continued support from mobile MRI scanner on island 2023/24 with permanent scanner in place during Q1/2 of 2024/25. During Q1 of 2023/24 we will begin contrast MRI scans on the mobile scanner, increasing diagnostic capacity on island.
5.2	Plan for continued roll out of RCDS's - both Board level and regional approaches will be required.	Macmillan GP lead in place with short-term funding inputting into North of Scotland approach to RCDS through NCA. Input into regional approach - gather learning from pilots, workshop to look at challenges, practicalities and feasibility of NoS service approach – to go live Q3.
5.3	Set out plans to achieve full adoption of Framework for Effective Cancer Management	The framework is embedded and the action will be updated quarterly in line with Scottish Government requirements.
5.4	Outline plans to improve the quality of cancer staging data	Cancer staging data is captured well in NHS Shetland as part of the cancer quality performance indicators. Any data capture improvements made to the regional MDTs will support improvement in NHSS, continue to actively participate in regional work.
5.5	Confirm you have: • Implemented or have plans to implement provision of single point of contact services for cancer patients	Single point of contact identified (Chief Nurse, Acute and Specialist Services)

• Embed referral, where clinically appropriate, to Maggie's prehab service and use of national prehab website in cancer pathways • Assurance of routine adherence to optimal diagnostic pathways and Scottish Cancer Network clinical management pathways • Embed the Psychological Therapies and Support Framework • Signposting and referral to third sector cancer services embedded in all cancer pathways In addition, Boards are asked to confirm that they will engage and support with future data requests and advice to deliver the upcoming National Oncology Transformation Programme.	Referral to Maggies embedded where clinically appropriate and patients travelling to NHS Grampian. Patients locally are referred and supported by Clan who are implementing "Improving the Cancer Journey" with Macmillan (includes prehab) Both optimal diagnostic pathways and clinical management pathways will involve both Shetland and NHSG. Pathways are followed, with appropriate adaptation for remote/rural challenges. Use of psycho-oncology services embedded within pathways locally. Signposting and referral to third sector cancer services embedded in cancer pathway locally and when traveling off-island. Oncology services are led by NHSG but NHSSh will engage and support with data requests and advice to deliver the upcoming National Oncology Transformation Programme wherever possible and appropriate.

6	Health Inequalities Enhance planning and delivery of the approach to tackling health inequalities, with a specific focus in 2023/24 on those in prison, those in custody and those who use drugs.

No.		Board Action
6.1	Summarise local priorities for reducing health inequalities taking into account national strategies around Race, Women's Health Plan and any related actions within most recent Equality Mainstreaming Report	Implement actions identified through Equality Mainstreaming Report when complete. Undertake comprehensive health and care needs assessment to better undertsand local picture of inequalities and support evidence based/targetted action (note JSNA will be informed by recent local Population Health Survey, and local health profiling supported by PHS, locality based work is being uindertaken alongside Community Planning and Development to support more accurate local picture given limitations of SIMD etc) As a general approach to tackling inequalities we work in close partnership working with Community Planning and Development team and wider Shetland Partnership towards the deliverables in the Shetland Partnership Plan (LOIP) - this includes work to implement the tackling child poverty plan. [link to shetland partnership plan and ACPAR] new tackling child poverty plan is in development, but locally will be implemented as a tackling poverty plan for the population - this is being developed with NHSS as a key partner. LOIP delivery plan key areas (in development) are: - Climate Change, - Shifting the Balance of Care, - Reducing Inequalities through Kindness, - Reducing Inequalities through Inclusive Growth. Work to understand the health inequalities picture locally is underway. Population Health Survey completed last year, "deep dive" analysis underway this year in areas of focus/interest. Development of locality profiles with Community Planning to compile available data around communities to help focus and target support is underway, interactive locality profiles to be available Q3/4 [link to Shetland Partnership Plan website]. Work underway with Community Planning and local authority to review Impact Assessment process to improve compliance and usefulness - parallel strand of work by Public Health,

		Health Improvement and Planning to scope implementation of HIIA process locally - liaising with PHS HIIA support team Q1 re: possible local approach, Q2/3 ?look at TNA/gap analysis and understand fit wiht statutory Impact Assessment, Q3/4 development work with services to share good practice and offer development opportunities/support.
		Work on women's plan as detailed in relevant section.
		Health Literacy and Access work ongoing by HI in partnership with SG includes - - Cancer screening for people with LD - access to primary care for users of British Sign Language, and - Health Literacy approach in Community Learning and Development
		Public Health work to understand and reduce inequalities in access to cancer screening (currently working with recovery hub and substance misuse recovery service) and early years vaccines (work with Health Visiting team). With Maternity team re: financial inclusion pathways for pregnant women, and adoption of the HENRY approach to family and parenting support in early years, progressing to include antenatal delivery this year.
		Community Nursing working with Recovery Hub and Primary Care to increase supported access to universal health care services for people who use alcohol and other drugs and those who struggle to access services - small system supports learning at sites and ANP delivery approach embedded wihtin team supports this localised development.
		NHS and HSCP Trauma Champions continue to work with Local Authority partners to implement trauma oinformed practice as standard across all services. Implementation/steering group being formed this year to increase access of training and uptake of service-level trauma-lens work to drive improvement.
6.2	Set out actions to strengthen the delivery of healthcare in police custody and prison; ensuring improvement in	Executive Lead for prison healthcare is Dr Kirsty Brightwell.

	continuity of care when people are transferred into prison and from prison into the community. Boards are also asked to set out any associated challenges in delivering on the actions. This should include actions to allow primary care staff to have access to prisoner healthcare records and delivery against MAT Standards. Boards are also asked to state their Executive Lead for prisons healthcare and those in custody, reflecting that the prisoner population is spread across all Board areas.	Establish clear custody healthcare pathway as part of Urgent and Unscheduled Care system, including viable staffing model. This model is to be developed making best use of available OOHs and on-call provision. This will include the Mental Health team where appropriate however note risks around recruitment difficulties currently. (currently cover provided by 1 substantive GP and ANPs and locum GPs, with gaps in cover due to capacity and training. Strong links with Highland custody care for support. Small team fragility for provision of consistent, high quality care, issues with digital systems for custody healthcare, Primary Care teams do not have access to prisoner health records) Prison/community transition - management by Justice Social Work colleagues - good working relationships with Primary Care and Public Dental Services - no challenges identified locally, MAINTAIN. Local MAT action plan includes specific action around Justice settings in MAT 3 and MAT 5, while MAT 7 will encompass custody care which is delivered via the Primary Care service. Actions: (development in collaboration with SMRS team)
6.3	Set out plan to deliver the National Mission on Drugs specifically the implementation of MAT Standards, delivery of the treatment target and increasing access to residential rehabilitation.	Continue work towards completion of MAT standards implementation plan (as reported to Scottish Government and Public Health Scotland). Key actions summarised below: - Standard Operating Procedure for same-day prescribing - embedded, awaiting governance sign-off - Establish experiential data collection - all parties identified and necessary training completed, delays due to ethics process - Establish links with Network Enabled Care programme - identification and support of those at high risk - working group established, work on data collection and sharing underway - BBV dry blood spot testing pathway - underway, ANP supporting implementation

		- scope HCSW role to support harm reduction - visit redesigned services in Grampian planned MAT 6-10 actions identified but will not be progressed until work on MAT1-5 is complete due to capacity within ADP and specialist services to support improvement work and engagement at scale required. Note MAT 7 as an exception - scoping underway. Review of local residential rehab pathway, including funding, preparatory work and aftercare (SMRS and Social Work colleagues key stakeholders). Challenges around utilising range of rehab services on Scottish Mainland - means increased appropriateness of service but differing processes for assessment can result in duplication for service-users - national work to review and increase equity of approach and care across Scotland should support this.
6.4	Establish a Women's Health Lead in every Board to drive change, share best practice and innovation, and delivery of the actions in the Women's Health Plan.	Women's Health Lead established, and Medical Director active as link with national groups. **ToP** - continue to monitor and evaluate pathway implemented during COVID to offer medical terminations closer to home **Endometriosis pathway** - distribute when approval is confirmed, staffing support in place and pathway complete **Menopause pathway** - begin work to develop operational pathway **Post menopausal bleeding** - implement national pathway when established **Colposcopy** - continue to monitor and understand impact of delivery via rotational specialist service **Uro-Gynae** - work with Physiotherapy team to improve access for women with stress incontinence, particularly referral after delivery ANPs undertaking training with consultant to fit ring pessaries **Fertility and pre-conception** - provide midwife led clinic in partnership with NHSGrampian **Gestational diabetes** - embed post delivery support to optimise health and reduce risk in future pregnancies **Lived experience** - shared experiences around post natal mental health have led to development of pathways to improve access and outcomes. Endometriosis support via sharing lived experience.

		Sexual Health - challenges with sustainability of service, work ongoing by ANP wsi Public Health supporting increased sexual health provision in Primary Care (as per HSCP Directions Community Nursing and Primary Care); Heart Disease and Stroke - local outcomes and activity required will be explored by MCN; Diabetes - treatment, reversal and prevention work underway - understanding of inequalities locally not yet established. Obesity - review of obesity strategy - scoping underway
6.5	Set out approach to developing an Anchors strategic plan by October 2023 which sets out governance and partnership arrangements to progress anchor activity; current and planned anchor activity and a clear baseline in relation to workforce; local procurement; and use or disposal of land and assets for the benefit of the community.	Develop meaningful Anchors strategic plan - explore scope for doing this collaboratively with Local Authority, aligned to Shetland Partnership Plan, and Public Health team's Population Health ambitions. DPH is Anchors lead - Governance route/structure will be agreed through development of plan, with ambition to report directly to Board.
6.6	Accessibility to services is as an integral part of healthcare, and NHS Boards should give consideration to transport needs in the planning and delivery of services. This should include consideration of how best to work with Regional Transport Partnerships	Board rep on ZetTrans Shetland Transport Partnership Well established Patient Transport team advertsied through Board website and social media. Close links with Community Planning Partnership - including strand in new Shetland Partnership Plan Delivery Plan focussed on Shifting the Balance of Care which includes minimising need to travel for services, but also accessibility of those services when there is a need. Capital Investment Programme IA Whole System includes links with LA community planning, economic, climate and transport partners to support informed, complementary approach.

(RTPs) and transport officers from local authorities. Outline how the Board will ensure Patients have access to all information on any relevant patient transport (including community transport) and travel reimbursement entitlement.	Young Patients Family Fund (YPFF) implemented locally with national returns as required. Apr 22 - Mar 23 198 claims processed relating to 131 patients/families. Local implementation of rapid claim/payment or up-front booking (e.g. accommodation) where costs are prohibitive to families due to financial circumstances, local management allows oversight and discretion. Ongoing challenges - patients requiring treatment outwith Scotland, island patients travelling for outpatient appointments (differential between YPFF and HITS, families experience challenges with childcare and subsistence costs), patients with complex needs needing support beyond 18 years old travel and managing family remaining at home presents difficulties.

7	**Innovation Adoption** Fast track the national adoption of proven innovations which could have a transformative impact on efficiency and patient outcomes.

No.		Board action
7.1	Boards to set out the approach and plans to work with ANIA partners (coordinated by CfSD) to adopt and scale all approved innovations coming through the ANIA pipeline. This should include an outline of Board resource to support the associated business change to realise the benefits, which could include collaborative approaches to adoption.	Support local clinical teams to work with the Centre for Sustainable Delivery on roll out of ACRT (Active Clinical Referral Triage) , PIR (Discharge Patient Initiated Reviews), and best practice pathways, including the EQUIP (Opt in) pathways - as appropriate to our unique services in Shetland.
7.2	Work in collaboration with a range of national organisations to combine the right skills and capabilities across Scotland to reduce the barriers to national innovation adoption.	To be developed/explored - limited resource locally to engage at scale required.

8	Workforce Implementation of the Workforce Strategy.

No.		Board Action
8.1	Support all patient-facing Boards to implement the delivery of eRostering across all workforce groups Resources to be identified locally to support business change and roll out of e-Rostering/safer staffing too including optimal integration between substantive and flexible staff resource.	The Allocate e-rostering roll out: Project Manager identified from within current resource to work intensively on this for 12 weeks (Q2 into Q3), roll out to all AfC staff, discussions re: inclusion of medical staff are ongoing. Staff training for rosterers taking place in August.

9	Digital Optimise use of digital & data technologies in the design and delivery of health and care services for improved patient access

THIS SECTION SHOULD BE COMPLETED IN CONJUNCTION WITH YOUR DIGITAL LEAD

No.		Board Action
9.1	Optimising M365 Boards to set out plans to maximise use and increase benefits of the Microsoft 365 product. Plans should consider collaborative (local/regional/national) to offer alternative options for the delivery of programme benefits.	This will form part of new digital strategy in development, shifting focus from digital as an enabler for improvement, to being a driver for improvement and change.
9.2	Provide high-level plans for the adoption/implementation of the National digital programmes: CHI, Child Health, GP IT, eRostering, LIMS, HEPMA, M365, endoscopy reporting system, Diagnostics (PACs), Near Me, Connect Me, Scottish Vaccination Immunisation Programme (SVIP)	**CHI** - in progress, implementation 1st November. Testing Business Continuity Planning around this in August. **Child Health** - in progress. Functional delivery and testing being done over a 16 month cycle. Go live scheduled for early 2025 **GP IT** - Request for Proposal (RfP) currently in progress (targetting Sept for completion). Implementation timeline to be determined but currently targetting mid-late 2024. **eRostering** - see Workforce section re: challenges around staffing to implement. Digital requirements to be determined through local project team. **LIMS** - in process, go live mid-August. **HEPMA** - complete - implemented mid-June.

		M365 - limited adoption due to available local resourcing and limited national guidance and support. **National Endoscopy Reporting System** - local business case produced and approved. Timeline for implementation to be determined by national team - initial planning is for go live Jan 2024. **Diagnostics (PACs)** - not sure about the national status of this. **Near Me** - BAU. Further adoption may require strategy work **Connect Me** - Currently working on adoption of Blood Pressure Pathway. Other pathways will be on a case by case basis but overall adoption approach will require strategic input. **Scottish Vaccination Immunisation Programme (SVIP)** - awaiting details from national programme around implementation (assuming this is part of the overall CHI & Child Health programme of work??)
9.3	Boards to complete the Organisational Digital Maturity Exercise to be issued in April 2023, as fully as possible and in collaboration with their respective Integrated Authorit(y)ies.	Organisational Digital maturity exercise completed June 2023 - analysis and prioritisation in progress.
9.4	Leadership in digital Boards should outline: • Executive support and commitment to how you are optimising use of digital & data technologies in the delivery of health services and ongoing	This will form part of new digital strategy in development, shifting focus from digital as an enabler for improvement, to being a driver for improvement and change.

	commitment to developing and maintaining digital skills across the whole workforce • How candidates accepted on to the Digital Health and Care Transformational Leaders master's Programme are being supported and how learning is being shared across the organisation	
9.5	Scottish Health Competent Authority /Network & Information Systems Regulations (NI)s Regulation Audits Boards to demonstrate progress against the level of compliance with the Refreshed Public Sector Cyber Resilience Framework via the independent audit process. Health boards must follow the 2023 audit programme guidance and adopt the new evidence template. Health Boards should outline processes in place for engaging with the Cyber Centre of Excellence (CCoE) as part of compliance with the NIS regulations.	This will form part of new digital strategy in development, shifting focus from digital as an enabler for improvement, to being a driver for improvement and change.

10	Climate
	Climate Emergency & Environment

No.		Board Action
10.1	Set out proposed action to decarbonise fleet in line with targets (2025 for cars / light commercial vehicles & 2032 for heavy vehicles at latest).	92% cars are zero emissions 8% are hybrids Light commercial vehicles - 5 are zero emissions Completion of procurement of 8 remaining light commercial vehicles, prepare and submit bid for 2 light commercial vehicles (24/25 funding) (80% zero emissions by 31 March 24)(20% 24/25 subject to funding) Heavy vehicles - consider the viable options to provide a zero emissions forklift EV charging - charging infrastructure complete EV charging - 12 additional charging points to be installed during 23/24 EV charging - review charging point availability in conjunction with SIC EV charging - review maintenance arrangements
10.2	Set out plan to achieve waste targets set out in DL (2021) 38.	SIC confirm that 70% of domestic waste goes to Heat to Energy Plant Disseminate NHS Scotland Waste Awareness on TURAS Review outcome of Food Waste Strategy (Waste Group) DL (2021) 38 - engage with the transfer of Waste data from Rio to Board based storage NHS Scotland Waste Action Plan - review when issued Green Theatre - implement recycling options NHSS Waste Officer engages in PAAs which ensures Board and clinical compliance. Waste officer engages in National training and Poster development and engages with NHS Assure and North Waste Group and National Waste Group NHSS Waste Manager is waste mentor NHS Scotland

10.3	Set out plan to reduce medical gas emissions – N20, Entonox and volatile gases – through implementation of national guidance.	N20 has been removed from the pipeline system and is now only available in bottle form. Bottle usage is being reviewed in conjunction with the Green Theatres initative. Entonox usage is being reviewed in conjunction with the Green Theatre initative as part of a Quality Improvement Project lead by a Clinical Fellow developement - review to be completed by end Q3. Desflurane has been removed. An NHS Shetland action plan will be developed when the National Guidance is issued in respect of Medical Gas emmissions. Realistic Medicine action plan 23/24 - Implementation of actions identified within the North East Greener Practice Group (Greener inhalers, Nature prescriptions)
10.4	Set out actions to adopt the learning from the National Green Theatre Programme; provide outline for greater adoption level.	NHS Shetland Stakeholders are represented on the National Green Theatres Programme NHS Shetland has established a working group with stakeholders from Theatres, Estates and Facilites and Waste Management officer Deliverables are being developed for NHS Shetland in conjunction with NHS Assure support and CFSD NGTP.
10.5	Set out approach to develop and begin implementation of a building energy transition programme to deliver energy efficiency improvements, increase on-site generation of renewable electricity and decarbonise heat sources.	Agreement with NHS Assure for an updated Net Zero Route Map Identified staffing resource to progress 'Lever In' external funding from Scottish Government Building portfolio under consideration within IA Completion of Net Zero Route Map update Implement successful bid projects
10.6	Set out approach to implement the Scottish Quality Respiratory	Implement the NHS Shetland local guidance Print posters and circulate for display at relevant notice boards and stakeholder premises Review inhaler use against baseline

	Prescribing guide across primary care and respiratory specialities to improve patient outcomes and reduce emissions from inhaler propellant.	
10.7	Outline plans to implement an approved Environmental Management System.	**Commitment and Communication** State the board's commitment to the development, implementation, management and operation of the EMS- by issuing a statement of intent. The statement will explain and communicate the aims behind implementing an EMS, noting that success is reliant on clearly defined roles and responsibilities that ensure all staff are aware of their own responsibilities and the role that they play in the continuous operation of the system. **Environmental Management Representative (EMR)** Expertise, time and resource is required to achieve environmental compliance. In line with the NHS Scotland Policy on the Climate Emergency and Sustainable Development, an Environmental Management Representative (EMR) shall be nominated. The roll will require the necessary authority and resources to implement an effective EMS. **Scope** Define the scope of the EMS, clearly defining which sites, services and areas will be included and monitored within the formal EMS, and which will not. **Baseline Review** Build on the work already done to identify the organisations significant environmental aspects. **Compliance** Confirm what relevant environmental laws, legislation and codes of practice apply to the organisations' activities and check compliance.

		Environmental Policy Develop an Environmental Policy for review and ratification by the Chief Executive and the board. The Environmental Policy will provide the framework for setting and reviewing the board's objectives and targets, and reinforces the support and commitment from senior management to achieve those objectives and targets. **Environmental Management Plan** Based on a template provided by NHS Scotland Assure, an Environmental Management Plan will be developed and submitted to the SMT for review and approval. New procedures will need to be written and incorporated into the management plan to ensure compliance, achieve targets and adopt a system of continuous improvement i.e Plan, Do, Check and Act. **Audit & Feedback** Carry out risk based audits to review and assess compliance. Subject to findings, Action Plans may need to be produced that address any resultant non-compliances. Audit activity will be reported back to the board, along with outcomes and progress on closing off any agreed actions. The above is NHS Shetland Plan. Progress will be within limited resources . Establish the NHS Shetland EMS Group. Seek staffing resources

Workforce

Please include an update on the implementation of Board workforce plans.

Shetland Health and Social Care Integrated Workforce Plan identified key priorities for 2023-25 that focus on recruitment and retention of the health and social care workforce.

a) Reshape skill mix in response to redesign of services and changing demands
b) Succession planning to retain key knowledge and skills and planning for retirements across services.
c) Developing new ways of attracting new staff or planning on-going development of our existing workforce
d) Attract under 25's with the introduction of more apprenticeship/trainee posts
e) Utilisation of employability strands to support local community opportunities. Maximise promotion of careers locally including in schools to retain/attract/develop the young workforce
f) Maximising use of the Estate across integrated services
g) Using technology to modernise service delivery and support working practices
h) Building a healthy and resilient and supportive workforce
i) Encouraging support for personal and professional development

The action plan was set out against the five pillars associated with the workforce journey identified in the National Workforce Strategy for Health and Social Care Scotland. Updates on progress for 2023 are provided below.

1.1. Plan

No.	Description of Action	Action Plan	Progress
1	Capacity / Planning	Ensure right skill mix & numbers of workers with the right skills, behaviours, competencies	Ongoing review - wrap around planning meetings
		Review capacity of support services to support increase / changes to clinical demands	Development of the PMO or FSO is in progress to support progression of change to ensure services / workforce are affordable and sustainable
3	New Ways of working	Explore new / multi-skilled posts to create flexible roles; how we manage staff working multiple roles; how we work agile and flexibly outside the norms to respond to demands/use of technology	Ongoing

Nursing and AHP staff undertook Non-medical Prescribing qualifications as part of new models of working. This will continue in future years.

Further CHSC staff identified to undertake Non medical prescribing over 2023/4 2024/5

First contact Physio new test of change proposed as part of primary care improvement

The Brae Community hub and Community Link workers – are both tests of change

New MH band 4 HCSW worker linked to short term funding as a test of change

Plans to move to Integrated approach to urgent care

The number of shared / joint appointments has increased – working across NHS Shetland and NHS Orkney. We also have staff on long term secondments to Scottish Government, some posts continue to work form |

		Review of rotational contracts in place, audit of costs, and learning from model for future contracts	Review in progress Contract review to reflect job plans and rotational rota implementation and cost to ensure effective, affordable and sustainable
4	Reduce use of short term fixed contracts / agency locum use Long Term Planning	Plan how to replace with substantive wf to deliver desired objectives, fund from core funding Move away from models reliant on locums to more sustainable models through service redesign and reduce reliance on Agency workers	Ongoing measures being put in place including implementation of DL (2023) 05&14. This has resulted in some posts either taking on substantive contract, moving from agency to a local Bank agreement, registering to an agency registered to the National Procurement Framework NP5810 Fixed term contracts are frequently used with finite funding, they are harder to attract candidates and ongoing extensions can be frustrating for staff in post as they ae not conducive with being able to attain borrowing / mortgage quote to support a more permanent relocation Exploring joint working will continue to be required to establish affordable sustainable workforce models. It is recognised that these may also only be attractive on a time limited basis due to the ongoing commitment of travel / temporary accommodation circumstances.
		Complete review of social care worker job profiles.	HSCP
		continue to explore new models of working in recognition of particular national recruitment challenges, e.g. GPs, pharmacy, social care/workers	Ongoing at service level, linked with regional planning work e.g. Pharmacy Technicians G P Joy continues to backfill short term resource Gaps in GP practices. Development of ANP's in Primary Care to remodel and provide outreach services

| | | Planning training and support for managers with finance, workforce and service planning to ensure fully costed plans that meet current and future service demand are produced.
To improve workforce forecasting in terms of fit for future and age profiles | Service wraparound meetings initiated with enabling services of Finance, Digital, HR and others in attendance to ensure fully costed plans developed.

Management and Leadership Framework developed

Moved to a 3 years Agenda for Change training budget template to support managers.

Management and Leadership training being developed and delivered across finance, workshop and service planning. |

1.2. Attract

No.	Description of Action	Action	Progress
	Promotion of Shetland as a great place to live and work	Work with Promote Shetland to target problem recruitment areas, Benchmark as an employer of choice - attract external candidates	Work ongoing to keep updated <u>Current vacancies	Shetland.org</u>
	Local recruitment	Enhance local advertising and support employability opportunities Proactively work with schools, attending / hosting careers fairs, providing work experience	Progress to date: Work undertaken to establish relationship with Job Centre - presentation of job available to those currently unemployed - support with application process provided. Engagement with a Developing Young Workforce Seminar for schools to meet local employers to understand each other's needs

			Follow up to design suitable opportunities as part of service / workforce plans to enable 'grow your own' model.
	Review leavers	Understanding turnover and barriers to retention	The increase in turnover in 2022/23 was in the main due to the end of fixed term contracts specifically required to respond to Covid and funded during 2021 into 2022 as we returned to business as usual. Suitable affordable accommodation remains the biggest challenge to relocating to Shetland for NHS Shetland and Shetland Island Council
	Growing our Own - Apprentices / trainees	Explore and promote the ways services can develop trainees / apprentice roles for local young people. Understand barriers including budget challenges	This is the preferred model that will be continued and we anticipate that will continue to be successful. The education lead time required does rely on interim backfill and suitable supervision and support structures to be in place, additional to the educational support costs
		Attract Student Placements, identify opportunities for fast tracking placements, and national advertising campaigns	We aim to recruit 3 -4 students each year through the OU route, 3 started in Access to nursing through local HEI 2021, 3 started October2022, – Currently we are providing placements for 4 students on this route.
			OU – information sessions are available twice a year spring/winter, numbers applying in the last 2 years is lower than the number we planned to recruit.
			A representative attends Robert Gordon University career fair, liaises with school work experience coordinators who plan career events/school activities.
			Engagement with a range of clinical and non-clinical managers to understand barriers, which are capacity to support trainees and budget to fund posts.
			Representatives from Practice Education (Nursing) and Estates and Facilities participated in a DYW apprenticeship career fair

	Return to practice	Promote RTP roles and ensure staff who enter the workforce through the "Return to Practice" route move onto qualified posts (NHS) Returners after maternity leave	Return to practice promotions are advertised locally twice a year, in advance of February and September intake. Number of applicants are minimal, with 1 candidate completed in the last 2 years. Rates of return to work from maternity leave are high due the agreement to flexible working requests.
	Review difficult to fill vacancies	Explore Options and approaches for difficult to fill vacancies.	Approaches will need to be tailored to vacancies. We are planning to maximise visibility of vacancies and opportunities Engaging in DWP & local Job centre / employability programmes Engaging with local schools and DYW locally to provide work experience opportunities and promote NHS careers Participation in recruitment fairs locally (nationally where affordable) Continue use of social media Grow our own model approach for certain roles (e.g. Dental Nurses, OH Nurses, ANP's, expand to other roles as part of long term planning OH Students / HCSW
	Pay structures to support attraction and retention	Deliver review of the Council's pay and grading model. Review of NHS pay negotiations / Implications	SIC updates to follow National care service National review of AFC to be progressed New Specialty Doctor terms and conditions implemented / support retention. Pay Deal for DDIT offered.

	International Recruitment (NHS)	Review delivery of current international recruitment SLA, for Nursing and development of regional approach to International Recruitment	NHS Shetland have a target of 6 international recruits per year. In 2021/22 NHS Shetland directly recruited - 1 Nurse, & 2 AHP's through sponsorship from overseas, who already had UK registration in place. The North of Scotland International Recruitment Hub has been established within NHS Grampian, using the HR IR funding allocation. We have had 1 candidate successfully complete OSCE through the hub process - another IR candidate is due to start in June 2023 (3 other candidates (2xN&M & 1xAHP) withdrew after offer in 2022/23 IR candidates appear to be more attracted to the larger city health boards than the island boards. Yeovil advised that this was in part due to the location & access to travel overseas Review of local support demands and regional hub planned
	Relocation and Accommodation	(NHS) Review relocation package to ensure fit for purpose, provides flexibility and best value & aligned regionally.	Relocation package continues to offer within the maximum of 8k in line with HMRC limitations- additional flexibility has been provided to align international recruitment campaigns to support applicants from overseas. Both NHS and Local authority continue to have the same challenges finding affordable housing, reliance on distant islands allowance to offset high travel costs
		Work with local Housing partners and housing association providers	Joint discussion ongoing review, supporting needs of national and international recruitment is proving challenging

1.3. Train

No.	Description of Action	Action	Progress
	Remote and Rural Training	(NHS) Influence the development of "remote generalist specialists" on a national training level. To ensure development of breadth of skills required to work in an island /remote location	This is ongoing to gain recognition of remote and rural specialist. NHS Shetland recently led a joint recruitment campaign for Consultant General Surgeon's (with Rural Fellowship) with NHS Highland and NHS Western Isles. Appointment will form part of succession plan over next 2 years.
	Training Pathways and Career development	Exploring opportunities to enhance the access to training through all stages of career for both clinical and non-clinical staff	Ongoing specific to individual services and roles.
	National Training Opportunities	Maximising opportunities to participate in national funding schemes to support training.	Ongoing specific to individual services and roles.

Opportunities are shared and communicated centrally by NES, Scottish Government and others through to relevant local leads and identified stakeholders, who are responsible for circulating to and supporting managers and staff to access. A range of departments have maximised opportunities to participate in national funding schemes to support training e.g. District Nursing, CAMHS, Pharmacy as well as opportunities aimed across sectors e.g. Leading for Change. Due to the way these opportunities are circulated and applied for / accessed we do not have any centralised data.

Opportunities will continue to be shared and communicated centrally by NES, Scottish Government and others through to relevant local leads and identified stakeholders, who are responsible for circulating to and supporting managers and staff to access. |
| | Supporting skills development | To explore new opportunities in which staff could work in other areas and gain experiences (as seen in the response to the pandemic). | Undertaken at a team/ role/ directorate level so no central data.   Ongoing specific to individual services and roles. Secondment opportunities and internal moves to take up internal vacancies have continued. This this does often leave gaps elsewhere in the organisation it is still positive for retention and |

			development for individuals and can support collaborative working across the organisation
	Support digital skills development,	Develop understanding of impact on jobs, skills and leadership.	Ongoing requirement Digital Skills Survey was undertaken by NHS Shetland staff in 2022. The results of which were shared with the Digital team to inform existing and future planning at a local and national level. Results were used to inform feedback to M365 Skills Hub.
	Succession planning	Improve and enable succession planning through planning and development in readiness for retirement	Ongoing specific to individual services and roles Development plans required to be supported in readiness to enable staff to be in a position to progress into promoted posts
	Invest in workforce development to deliver transformatio nal change	Continuous development of ELearning and digital methods to deliver on-boarding that enables effective and streamlined induction in to new posts	Changes to induction training delivery have been progressed.

1.4. Employ

No.	Description of Action	Action	Progress
1	Induction	Put in place robust support for new managers taking up management and leadership posts including implementation of corporate on-boarding.	Induction programme has been updated. Ongoing development of management bundles to be progressed & supported

2	Career Pathways (TRAINING?)	To fast track training and development into more senior posts to support some of the senior gaps	OD / Practice Education? Kirsty - leadership programme?
		Support Staff to develop specialist portfolios in Health Care Sciences e.g. taking science graduates and growing our own clinical scientists so they can study, work and gain HCPC registration	Labs / planning & education / assessment outstanding
		Develop more practitioner band 4 roles in recognition of the challenges of filling all qualified posts / will attract an increase in costs for training	OU student intake progressing increases skill mix for band 4 HCSW
3	Retention	Review areas of high turnover of staff, including exit interview feedback, performance data to understand factors, make recommendation for actions to improve retention	Ongoing Reported via workforce monitoring Incorporated into annual planning process for audit and identification of trends and improvement actions - progressing to Quarterly reporting
		Monitor & understand reasons for turnover under 12 months service and average length of service Gather data on employee experience through employee surveys in place to inform action plans, and exit interview feedback	

4	Communication	Improve communication and partnership working e.g. Refresh of Joint Staff Forum.	Ongoing The Communications team have been established to coordinate external media promotions and enquiries and also central internal communication bulletins. They are also involved in the development of a new website and staff intranet
5	Working Space - Maximising use of Estate	NHS - Accommodation group to review estate - maximise use of clinical non clinical working space and Hybrid working arrangements , Review the requirements for clinical and non-clinical teaching and training facilities Explore options for shared accommodation	NHS Accommodation group in place - ongoing review as the estate is limited. Work progressed with other employers locally to utilise unoccupied working space / shared space. Strategic Assessment Programme board in place to explore development of a replacement Health campus
6	Digital platform / retention of data / information safety	Enable organisation to maintain access to safe information systems and the network	Ongoing –

1.5. Nurture

No.	Description of Action	Action	Progress
	Corporate memory	Look at ways to capture organisational wisdom as people leave the organisation. e.g. Innovative ways to involve staff after retirement to share expertise in mentoring or supporting students	Ongoing planning for individual services

| | Staff Wellbeing - | Ensuring that staff have a voice

Wellbeing group to review and develop a range of support options available to staff, in response to staff feedback (HSE questionnaire), iMatter/Viewpoint/, other data performance sets from staff governance action plan | Staff Wellbeing group have been established with representatives from across Health and Social care

Currently collating information to triangulate Heath / safety / wellbeing influences from annual reports. Outputs will be communicated through Staff Governance action plan and area Partnership Forum.

To include:
Exploration of use of digital technology to support
Centralised communications team now established - ongoing to improve external and internal coms
Feedback on the staff uptake on national online psychological support systems / if not a local survey will be considered

Staff have completed HSE stress survey 2022/23 - outputs reported though Staff Governance action plan for SGC & APF

iMatter staff survey has just been circulated – results / actions will feedback through Staff Governance Action Plan

Occupational Health - staff vaccination programme successful 2021/ 2022 planning for 2023 /24

Whistle blowing champions now established - ongoing

Diversity champions to be developed across the organisation |
| | Supportive terms and condition | Flexible working policy to be reviewed /
Hybrid working guidance to take forward and supported where service needs allow. | National Work Life Balance policy including home working guide and flexible working policy will supersede current local guidance |

	Work Life balance	Removing barriers to work for staff with dependents -	Process for flexible working requests is in place
	Safe working environment	Feedback from incidents impacting staff, safety training compliance, workplace assessments. Implementation of new Health & Safety management system to support proactive approach (SIC).	Reporting process established through the Health and Safety committee Outcomes from an improvement actions for the working environment will cut across staff wellbeing assessment / action plans
	Recognition as a training and teaching organisation	Retain links with learning organisations, including undergraduate courses, as this raises profile of NHSS and helps with recruitment. An audit of existing links and gap analysis to show where attention is required.	Education leads / Service leads to progress

Challenges to key priorities identified in the Workforce Plan 2023/25

a) Most services are continually carrying vacancies so main focus is reactive, responding to current demand and maintaining safety, with slow progress in future planning to bring about change.
b) Open and honest conversations to understanding retirement plans sufficiently in advance that enables individuals to participate and contribute to the succession future planning process
c) Competitive market locally and nationally for resource and specialist skills. We are working within the same national pay structures so is applicant driven, it's a matter of choice of role / location / right timing for a change in order to want to relocate. Advertising budget is limited therefore we need to maximise use more creatively, explore new links to promote / supply resource

d) Engagement and understanding what under 25's are looking for locally and flexing where possible to be able to meet their needs

e) Collaborative engagement to better understand the development needs of employability candidates to match their suitability to vacancies and identify suitable roles, then provide any ongoing support needs when in the role to enable them to perform and retain them in post.   Employability funding is generally fixed term for introduction to work, recognition needed that this opportunity can lead to filling a substantive role within the organisation

f) The NHS estate is quite specialised therefore restricts ability to utilise skills flexibly across integrated services.

g) The Workforce's technology skills must keep pace with new systems to modernise service delivery models. Sufficient induction to IT systems is key to performance, experience and success in role, impacting retention

h) Understanding the needs of a diverse workforce is a key challenge as is the ability to sustain a healthy resilient workforce in an environment with conflicting priorities and constant change.

i) Effective leadership, opportunities and capacity to be released to take up needs some consideration, alongside adequate funding to enable personal and professional development.

Section D: Value Based Health and Care

Please outline work underway with your local Realistic Medicine Clinical Lead to deliver local RM Plans.

Executive Lead for Realistic Medicine – Dr Susan Laidlaw, RM Project Lead – Katie McMillan.
Below is summary of local RM Action Plan.

Workstream	Objective
Infrastructure, management and reporting	Implement a clear planning & reporting structure within NHS Shetland to ensure senior level engagement and support for RM work, and clinical governance oversight
	Identify opportunities for funding and support for existing and new RM projects, including Value Improvement Fund bids (if available) and linking with other projects.
Communications	Develop & Implement an inclusive communication strategy to ensure appropriate engagement with all staff and the wider community.
Learning, education and training	Ensure staff have access to appropriate training resources, in different formats, to enable them to practice realistic medicine and promote continuing professional development
Embedding principles and practice of Realistic Medicine across NHS Shetland	Fully embed shared decision making into routine clinical practice & Ensure health and care teams begin to evaluate the impact of shared decision-making conversations from their patients' perspectives
	Explore unwarranted variation within the Board (for example laboratory requests) and use the Atlas of Variation to identify any potential variation compared with other areas
	Build on previous VIF project on utilising 'Attend Anywhere' in community pharmacy, and experience of use of technology during pandemic, using more remote technology to deliver services to remote and rural areas, aiming for a personalised approach to increase access
	Review experience of the pandemic and identify lessons learnt and new ways of working that can be utilised going forward to improve patient care and patient safety, improve the working lives of staff, increase access and reduce inequity
	Review of previous project proposals within Communication project 'Let's Talk' (eg civilty@work)
	Embed RM within other plans and strategies and projects
	Development of three new local MCNs using RM principles (shared decision making, personalised care, waste minimisation, better risk management, reducing unwarranted variation, innovation); incorporating value based health and care ; and including a focus on prevention, equity of access & outcomes and sustainability
	Support local clincial teams to work with the Centre for Sustainable Delivery on roll out of ACRT (Active Clinical Referral Triage) , PIR (Discharge Patient Initiated Reviews), and best practice pathways, including the EQUIP (Opt in) pathways - as appropriate to our unique services in Shetland
Environmental sustainability	Link with local sustainability workstreams including reducing waste; and 'Greener' projects

Integration

Please demonstrate how the ADP has been developed with partner Integration Authorities.

NHS Shetland provide strategic planning support to the Shetland HSCP as per the local Integration Scheme, and improvement work within the HSCP is core to the ADP. The Joint Strategic Commissioning Plan identified five key priorities for 2022-25:

- To prevent poor health and wellbeing and intervene at an early stage to prevent worsening outcomes
- To prevent and reduce the avoidable and unfair differences in health and wellbeing across social groups and between different population groups.
- To demonstrate best value in the services that we commission and the ways in which we work.
- To shift the balance of care towards people being supported within and by their communities
- To meaningfully involve communities in how we design and develop services and to be accountable to their feedback.

Summarised as Prevention and Early Intervention, Tackling Inequalities, Best Value, Shifting the Balance of Care, Meaningful Engagement. The main vehicle for delivery of these priorities is the Shifting the Balance of Care programme, including Network Enabled Care, which also aligns closely with the NHS Shetland Clinical and Care Strategy 2021-31 which was developed following extensive engagement with a variety of stakeholders – a more detailed action plan against this is in development. Further detail per service area in the HSCP can be found in recently approved Directions.

NHS Shetland and the Shetland Health and Social Care Partnership work closely together and with various other partners within the Shetland Partnership, to deliver on the Local Outcomes Improvement Plan (Shetland Partnership Plan 2018-2028). Locally we recognise we are working towards the same outcomes, for the same people, and in a small system with limited resource and capacity we can only progress if we learn from each other as a system and develop and deliver quality work together. The time burden of reporting is felt across the system and work continues to try and align planning and reporting wherever possible to maintain capacity.