



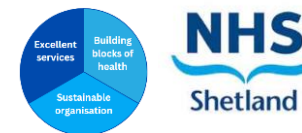
NHS Shetland

Strategic Delivery Plan 2024-29



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Role of the Strategic Delivery Plan

We have designed this strategic delivery plan to set out clearly the direction of travel for NHS Shetland and to articulate our objectives, to support decision-making and improvement across our organisation. The Plan builds on existing documents, including the Clinical and Care Strategy, the HSCP Joint Strategic Commissioning Plan and the Shetland Partnership Plan, and is based on the engagement work undertaken to inform those strategies.

The vision and strategic intent is agreed and set by the board, and the means of arriving at and implementing that intent will be explored by senior leaders within the organisation and with key partners where appropriate. Our vision for Shetland goes beyond what we can provide through health services, and we recognise our role as partners, leaders and as an anchor organisation within our community in realising it. Performance against this plan will be reported to the board.

Vision

Everyone in Shetland can live well for longer, and easily access the support they need from us



Strategic Intent

To provide easy access to high quality, sustainable and person-centred care as close to home as possible and make a meaningful difference to the building blocks of good health in our communities.

The Health and Social Care System in Shetland

We provide services within a complex system and there are many different factors that impact the health and wellbeing of our patients. Some of these are within our control and some are not. Providing excellent services is a key part of our intent, but to make a real difference to people’s lives in Shetland we need to work together with other organisations and communities to make Shetland a place that builds health and wellbeing for our citizens.

We are a key partner driving collaborative work in several different domains in Shetland, including Shetland Health and Social Care Partnership, Shetland Children’s Partnership and the Shetland Partnership – and our teams participate in many areas of collaborative work besides. NHS Shetland is also part of a bigger system of healthcare within Scotland and taking an active part in regional and national planning will help us to make the most of our regional and national assets going forward to have a sustainable model of healthcare. Working with other health boards in the North of Scotland and beyond means our patients will continue to have access to regional pathways and appropriate specialist services that cannot be provided in Shetland.

Joining up our planning across these domains means we do not waste time and effort, and we make best use of the experience and expertise within our systems to have the biggest possible impact on health outcomes for our inputs.

Objectives

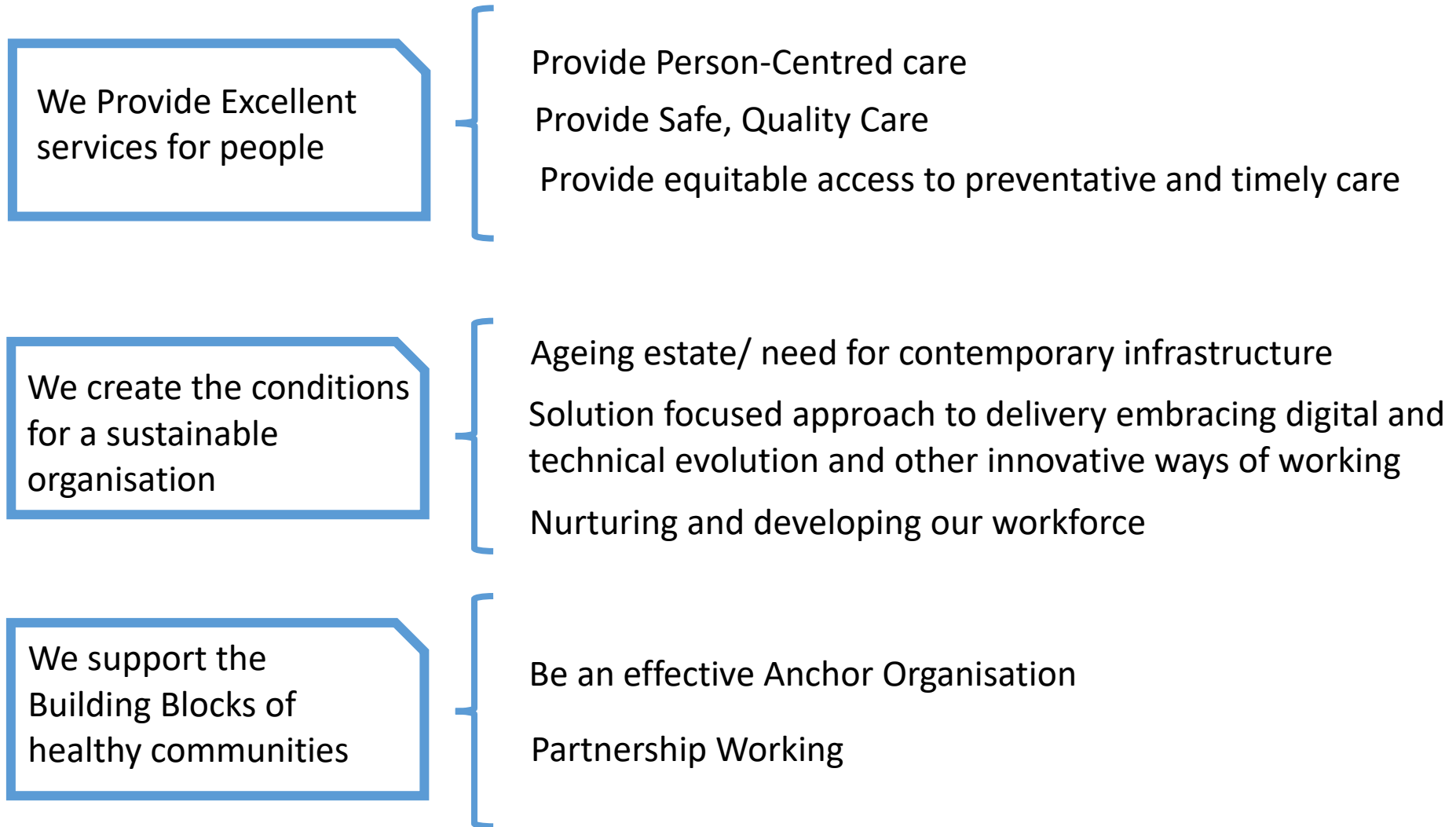
We have three key objectives that will help us to deliver on our strategic intent. We have designed these objectives to ensure that we are planning to provide services over the short, medium and longer term. This means we need to take action to deliver excellent services to meet current needs, while building service models and structures that deliver best value within available resources whilst taking meaningful action on population health to prevent future need and build wellness for people in Shetland.

To support planning, we have split these objectives into areas of focus that, if achieved, will realise our objectives. We have derived these areas of focus from existing work; including the Clinical and Care Strategy, the Health and Social Care Partnership Joint Strategic Commissioning Plan, the national Capital Investment process and the Shetland Partnership Plan.

Each objective has key enablers that will optimise our efforts to achieve it, these enablers represent ways of working, tools or strategies that will help us understand that we are doing the right things, in the most appropriate way, systematically across our services.

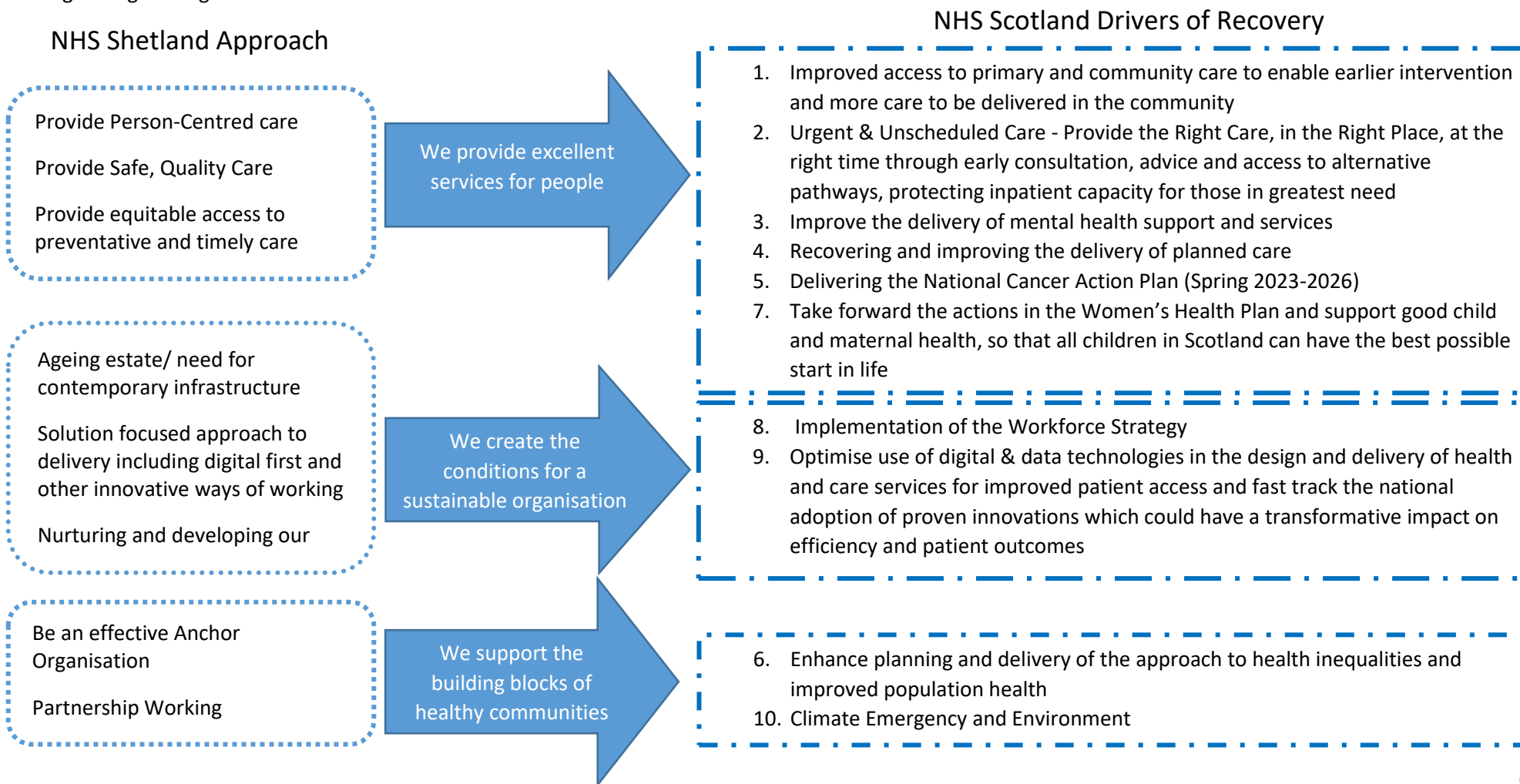


The organisation we want to be, and how we will get there:



NHS Scotland Planning Context

These areas of focus fit well with the NHS Scotland ‘Drivers of Recovery’ on which national medium-term planning is based. We have mapped these below to show how they interact. It is important to note that Shetland has its own needs, challenges and strengths so we have a bigger emphasis on some drivers to ensure we are doing the right thing for Shetland.



Enabling wellness, and responding to illness – now and in the future.

1. We provide excellent services for people

To support better health outcomes, we must ensure people get the right care, at the right time, from the right person, in the right place for them.

Provide Person-Centred care

This is a shared priority across Health, Social Care and the wider Shetland Partnership, and links to some cross-cutting pieces of work including Realistic Medicine and Trauma-Informed Practice.

Providing person-centred care means putting the individual at the heart of what we do, recognising and understanding their needs, strengths and assets and deciding together the best way to support them. Achieving this means changing how we approach individual interactions to empower people in these shared decisions, improving how we communicate and engage with people, and examining the structures and processes that can get in the way of our teams delivering a person-centred approach.

Provide Safe, Quality Care

All of our teams work within their own professional guidance striving for best practice in their area – from clinical and domestic teams to finance and HR colleagues – and all of these teams contribute to the provision of safe, quality care for our patients. We want to be a planning organisation, identifying where things could go wrong and mitigating these risks, and learning from experiences when things have not gone to plan.

Beyond upholding professional standards, we want to be clear as an organisation about what high quality care means for us, and we want everyone in our team to understand how they contribute. We are proud to provide services that our teams would recommend to their own friends and families, and we want to learn from the skills and teamwork that builds positive outcomes for many people every day.

Provide equitable access to preventative and timely care

Providing excellent services is also about making sure the people who really need support are able to access it easily. We will work to tackle inequalities of access and inequalities of outcome by ensuring our services are provided free of judgement and decreasing barriers to access wherever possible, by better understanding how our services are used by different people and by acting on the needs of our communities.

We also want to continue our shift towards prevention of ill health wherever possible – this can be at any stage of illness from primary prevention, through early intervention, to prevention of worsening, and optimising outcomes in later stage disease.

Key Enablers:

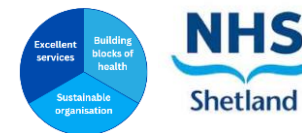
Quality and Safety Framework

Health Intelligence

Digital Strategy

Meaningful Engagement

Workforce Planning



2. We create the conditions for a sustainable organisation

To be able to provide excellent services into the future we need to develop the people, places and ways of working that will make that possible, within our available resources.

Nurturing and developing our workforce

Our workforce is our biggest asset and we cannot achieve our objectives without them. Supporting our teams to be able to do their best work means investing time in support and training, ensuring we have structures in place to support good team working, and giving everyone the opportunity to be part of the solution and play to their strengths.

Giving people the skills, capacity and opportunity to contribute also requires effective, supportive leadership with clear direction and an understanding of how we intend to achieve our goals.

Ageing estate/need for contemporary infrastructure

Some of our estate and infrastructure is no longer fit for purpose and this impacts on the ability of our teams to deliver services and work well together. As an organisation we have been engaged with Scottish Government and our local partners to complete a whole system planning capital investment process – the Programme Initial Agreement. While this process has been paused we are prioritising maintaining our existing estate and optimising our building usage across clinical, business and residential accommodation. Planning and developing places and spaces that are fit for the future and support our teams to do their best work is an essential component for us delivering quality services in coming years and the organisation will return to the Whole System Planning process in line with Scottish Government guidance and timelines..

Solution focused approach to delivery embracing digital and technical evolution and other innovative ways of working

To continue to deliver high quality services within available resource we must look to do things differently. Delivering in different ways includes:

- examining how we use our workforce, and how we match skills to need to ensure we have an appropriate mix of skills within our teams, for example increased role and use of Healthcare Support Workers, and increasing Advanced Practice roles;
- use of technology and digital approaches to service access and delivery for example AskmyGP and video consultation;
- use of systems and digital approaches to understanding need and targeting resources, for example Shetland Health Intelligence Platform; and
- proactive approaches to care to increase efficiency and support earlier intervention, for example House of Care model for long term condition management

Key Enablers:

Digital Strategy

Workforce Planning

Quality and Safety Framework

Recovery and Sustainability Plan

Values and Behaviours

3. We support the building blocks of healthy communities

Almost every aspect of our lives impacts our health, so it is in our best interests as a healthcare provider to use our influence and expertise to create better places and spaces to support the health and wellbeing of our population. While many of the building blocks of health lie outside our remit as a healthcare provider – access to good work and education, housing, public transport, and poverty for example – as a major organisation we do have an influence on the decision making of others, and we have a role in mitigating impact on people.

Be an effective Anchor Organisation

NHS Shetland have significant assets and influence within Shetland as a large organisation, service provider, customer and employer. We have a responsibility as an Anchor Organisation to understand our impact on our community, aiming to make this as positive as possible. Being an effective Anchor Organisation is hugely beneficial to us as it sets the conditions for more prosperous, healthy communities who need different services over time.

Partnership Working

In a complex system we can have limited impact on our own, but by working effectively in collaboration we can make a meaningful difference to people’s outcomes, and change how the system works over time. To achieve effective collaboration requires strong, focussed leadership, clear direction and the opportunity for the right people to participate in change. We are actively engaged in several partnerships at strategic and operational levels as well as reviewing the usefulness of these with our planning partners to ensure we do not waste time and effort on activity that does not contribute to better outcomes.

As a statutory partner we are playing a major role in the Shetland Partnership and have helped shape the recently approved Shetland Partnership Delivery Plan 2023-28. As an organisation we will input into all five major themes – Place-Based approach, Compassion, Mitigating and Adapting to Climate Change, Person-Centred Delivery of Support Services, and Inclusive Growth – while providing executive leadership for Person-Centred Delivery, and Climate Change.

Key Enablers:

- Health Intelligence
- Meaningful Engagement
- Values and Behaviours
- Anchor Strategy



Enabling wellness, and responding to illness – now and in the future.

The parts of our system

These are the main priorities in the NHS Shetland system that we must balance to work for our patients and communities, now and in the future. Sometimes these priorities are competing as they may be doing different things to achieve the same outcome for different people. They may be competing for resources, money or staff or space, which are limited. The priorities are also linked and can impact on each other in the short and longer term. It will be important to balance these priorities when making decisions over the life of this strategy, for the best outcomes for Shetland.

Scheduled Care

This refers to all aspects of care or support that is planned ahead of time – ideally, we would maximise the amount of care that is planned and minimise unscheduled or unplanned care where possible. ‘Scheduled Care’ applies to most clinical areas including Primary Care, Elective Hospital services, Allied Health Professions, Mental Health services and Children’s services.

Support Systems

This includes the functions and processes that help the organisation to work effectively, in planning, delivery and assurance. For example finance and human resources, estates and facilities, planning and governance, digital and information, patient booking and management. These are the systems, functions and ways of working that hold our organisation together and let us respond to a changing world.

Urgent & Unscheduled Care (UUC)

This refers to care that is not planned ahead of time – we aim to minimise the amount of UUC activity by providing high quality planned care, and anticipating or preventing need wherever possible, however not all instances of UUC can be avoided. There are aspects of UUC in most clinical areas including Primary Care, Acute Care, Allied Health Professions, Mental Health services and Children’s services.

Effective Partnerships

This reflects our role beyond service provision, and how we are developing to better respond to the challenges of modern life. It is about the influence we have within partnerships and relationships locally, regionally and nationally, within and outside the NHS. To make a meaningful difference we must be intentional about how we use our influence and clear about what we are trying to achieve through collaboration.

Preventative & Proactive Care

This describes the kind of care we want to deliver aiming to prevent ill health through early identification and intervention, and optimising our input by giving people access to what they need to benefit from services, for example self-management support, and health improving activity at every stage of disease.

Shifting the Balance of Care

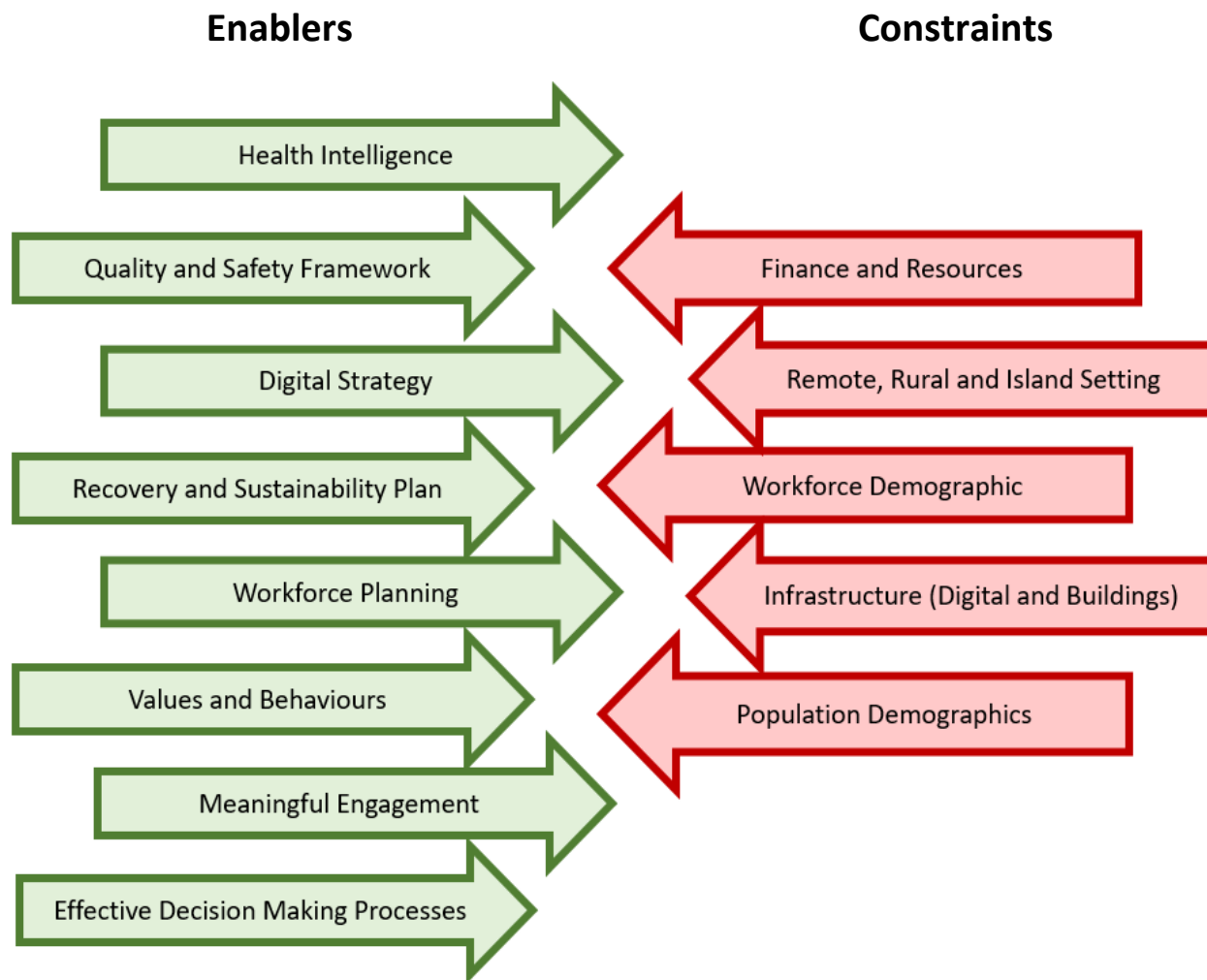
This term has been in use for some time. In Shetland it describes a shift towards delivering care closer to home - from the Scottish mainland to Shetland, from hospital to community, from primary care to a person’s home – it also describes a shift towards prevention, and a shift in power towards people being involved as equal partners in their care.

Enablers and Constraints

We are operating within a complex system with a number of constraints that present a challenge both locally and nationally. Some of these are risks that have been realised and we are actively managing – particularly financial uncertainty, and growing demand due to population demographics. Being aware of these and actively managing them wherever possible will contribute to our success.

We have identified a number of key enablers to optimise our efforts – these reflect key strategies and plans that will help to coordinate and focus our efforts to ensure we are doing the right things, doing them systematically, and doing them well. ‘Health Intelligence’ is included to reflect the approach we are taking to service delivery, making best use of the evidence we have, the data we gather and the expertise we hold to be strong and decisive in our change efforts – even where these represent a change from the status quo.

Developing these enablers will be important work in the initial phases of implementation of this strategic delivery plan. We will manage the constraints, where appropriate, through the organisational risk management process, and they will continue to inform the change work we undertake to ensure it is impactful.



Implementation and Monitoring Progress

In an organisation that is always ‘on’ and responding to demand it can be challenging to take the time to reflect and rebalance when required. This strategy gives the flexibility for the organisation to build on opportunities and to learn from and respond to change or challenges. A series of 1-3 year implementation plans will support this strategy, reviewed annually in response to what intelligence tells us about the outcomes we have achieved, the impact of our work and the challenges we are facing.

This review and reflection process will help us to maintain momentum in the right direction, and prompt action through associated service planning where expected outcomes haven’t been achieved. Over the initial 6 months of implementation, as enabling strategies and plans are refined, we will lay out the anticipated progress in each 1 year block of the strategy.

Progress will be reported to the board quarterly through an integrated performance report combining service access and outcomes, quality measures, progress against improvement plans and key financial and workforce information. There will also be an annual review against health inequalities metrics, outcomes to which we are a key contributor as a service provider, employer, partner in the Shetland Partnership, and member of our community. We will aim to link our service performance information to these outcomes wherever possible, and to make this information available and accessible across the organisation and in the community, encouraging interaction and feedback so we can better understand where we are doing well, and where we can improve. Progress will also be reported to Scottish Government as required throughout the year.

To be successful in implementing this plan requires some change and agility in the way we work. We want to harness the momentum of existing teams working well together, and also build in system oversight to ensure we understand intended and unintended impact and make good decisions about what to progress and what to stop. There are also likely to be challenging decisions around resources and prioritisation of activity. To support having the best possible information to make timely, informed decisions the leadership team have proposed a programme management structure illustrated overleaf.

