NHS Shetland

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Meeting:	**NHS Shetland Board**
Meeting date:	**27 August 2024**
Title:	**NHS Shetland Annual Delivery Plan 2024-25 (DRAFT)**
Agenda reference:	**Board Paper 2024/25/35**
Responsible Executive/Non-Executive:	**Brian Chittick, Chief Executive**
Report Author:	**Lucy Flaws, Head of Planning**

1. Purpose

This is presented to the Board/Committee for:

- Awareness
- Discussion

This report relates to:

- NHS Shetland Strategy
- Annual Operating Plan

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

- Safe
- Effective
- Person-centred

2. Report summary

2.1. Situation

The draft Annual Delivery Plan 2024-25 is presented to Board for awareness and discussion. This plan has been written to illustrate where our local work meets national recovery drivers set by Scottish Government.

Note the attached appendix builds on what was presented to NHS Board part B on 30 April 2024, with feedback from Scottish Government incorporated. The plan was approved by Scottish Government with some pieces of development and improvement feedback, on 14 May 2024.

The plan will continue to develop as implementation of our local strategic delivery plan develops, in the hope that we will have a single clear plan going forward.

2.2. Background

2.2.1 The Annual Delivery Plan is a Scottish Government requirement and requires formal "approval to proceed" before publication. Development and improvement feedback was received in May 2024, no areas for concern were identified at that point.

2.2.2 There was no set template for planning this year, which represents a change from the granular level of detail sought by Scottish Government in the most recent planning cycle. We have taken this opportunity to present the work aligned to our local priorities to better illustrate our local situation and work towards this being an implementation plan for our local strategy. The recovery drivers are:

- Improved access to primary and community care to enable earlier intervention and more care to be delivered in the community
- 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
- Improve the delivery of mental health support and services
- Recovering and improving the delivery of planned care
- Delivering the National Cancer Action Plan (Spring 2023-2026)
- Take forward the actions in the Women's Health Plan and support good child and maternal health, so that all children in Scotland can have the best possible start in life Implementation of the Workforce Strategy
- Optimise use of digital & data technologies in the design and delivery of health and care services for improved patient access and fast track the national adoption of proven innovations which could have a transformative impact on efficiency and patient outcomes
- Enhance planning and delivery of the approach to health inequalities and improved population health
- Climate Emergency and Environment

2.2.3 Currently the content is closely aligned to national Recovery Drivers and we would like to broaden our scope to include more work from teams supporting delivery of our own strategic objectives – excellent services, sustainable organisation, building blocks of health – and to look ahead to the next 3 years.

2.2.4 This work will be progressed through the Strategic Delivery Plan implementation process which should support teams to develop their own related service plan where appropriate.

2.2.5 Any improvement and development work planned must be cognisant of the available resource and capacity to undertake such work.

2.2.6 Scottish Government will continue regular performance monitoring through policy areas, and there is an expectation that assurance will be provided through our local board reporting.

2.3 Assessment

2.3.1 Quality / patient care

One of the core objectives of the delivery plan is to provide excellent services for people, and development work includes production of a local Quality and Safety Framework. This objective is built around the following drivers:

- Provide person-centred care
- Provide safe, quality care
- Provide equitable access to preventative and timely care

2.3.2 Workforce

A second core objective is to create the conditions for a sustainable organisation, which includes the driver:

- Nurturing and developing our workforce

The plan recognises workforce as the organisation's greatest asset, and also recognises the increasing pressure on them. The continue to provide services within existing human and financial resources requires us to deliver differently – change is vital to protect and support our teams to do their best work.

2.3.3 Financial

The core objective to create the conditions for a sustainable organisation includes the driver:

- Solution focused approach to delivery including digital first and other innovative ways of working

And the work includes the development and implementation of the Recovery and Sustainability Plan. The clarity and focus around direction of travel and work required should support decision making around investment and disinvestment to achieve financial sustainability.

2.3.4 Risk assessment/management

There is no formal risk register for this individual plan, risk will be managed through the delivering services and organisational risk register as appropriate. Production of this plan alongside the Financial plan and Recovery and Sustainability Work has been done to avoid commitment to work likely to be undeliverable due to capacity, finance or savings requirements.

2.3.5 Equality and Diversity, including health inequalities

The strategy supports the Public Sector Equality Duty by working to provide equitable access to services and tackle inequalities through partnership working. Where required impact assessment will be progressed on change programmes as they are developed to deliver on the objectives.

Work is underway to develop a risk around health inequalities to support work to tackle inequalities and illustrate the risk to people who are not represented within our services currently.

2.3.6 Other impacts

Environmental

The strategy includes a shift to enhance digital delivery, shift the balance of care, and deliver on person centred-care through Realistic Medicine – all of these approaches present opportunities to maximise value, minimise waste, and decrease travel by patients and clinicians. NHs Shetland is also providing Executive Leadership for the Climate Change strand of the Shetland Partnership Plan and appropriate activity will be embedded in our organisational approach.

2.3.7 Communication, involvement, engagement and consultation

Relevant teams have input on their work towards recovery drivers, which is very much appreciated. Further engagement will be sought alongside the Strategic Plan to further develop the local planning approach.

2.3.8 Route to the meeting

This report has not been sighted at any other Committee Meetings.

2.4 Recommendation

- **Awareness**

  For Members to note:

  - The current draft awaiting Scottish Government feedback
  - The progress in forming the Annual Delivery Plan within NHS Shetland objectives and structure, moving us towards planning proactively for Shetland

- **Discussion**

  That Members:

  - Have an opportunity to discuss the draft ADP
  - Have an opportunity to discuss the value of performance reporting to provide insight and assurance

3 List of appendices

The following appendices are included with this report:

Appendix 1: NHS Shetland Annual Delivery Plan 2024-25

4 Background Documents:

NHS Shetland Strategic Delivery Plan 2024-29

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Annual Delivery Plan 2024-2025

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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.

Current Situation

On balance in terms of service delivery NHS Shetland performs well within an NHS Scotland context. However the organisation is experiencing significant financial pressure and the current model of provision is not sustainable. Significant cost pressures are being experienced due to supplementary staffing, the drivers of this use of supplementary staffing are prolonged and widespread vacancies in key areas that cannot be safely covered without engaging supplementary staff. These challenges have been recognised for some time and while progress has been made on the controls of supplementary staffing use, and a shift from agency to bank usage has been achieved, the underlying vacancies remain and it is unlikely that these will be fully resolved in the short, medium or long term given current workforce supply challenges.

Capacity to scope, plan and implement transformative change within the board is limited so it is proposed rebalancing our system to be manageable within existing workforce is seen as a priority ahead of other change or improvement programmes over the next year. The size of our health and care system and the high quality of our operational and support teams gives many opportunities for achieving significant change in innovative ways, however the challenges of having few people performing many functions means capacity must be diverted to give this sufficient energy.

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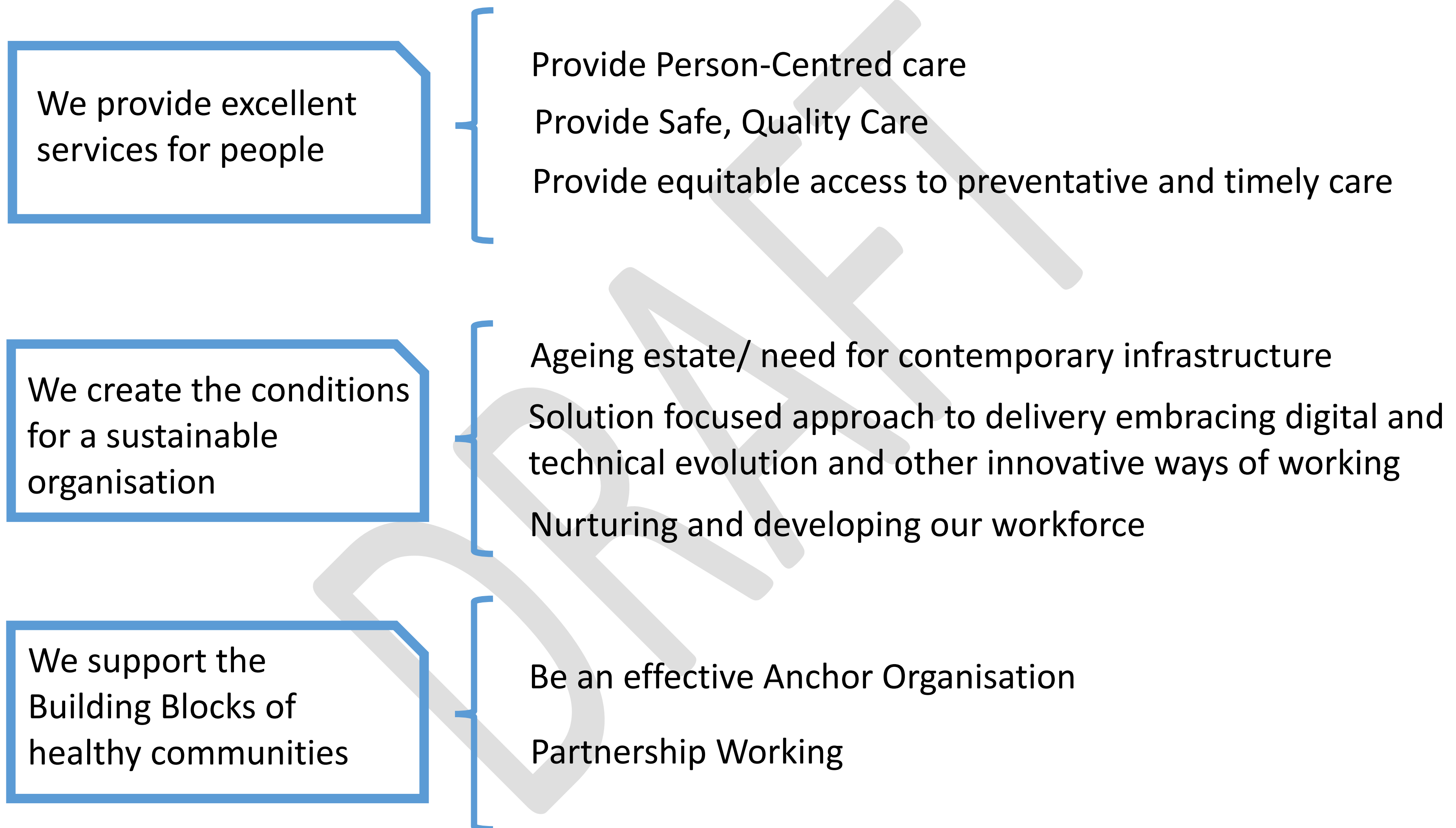
We are taking forward 5 major pieces of work in the first instance to address the sustainability challenge, these have begun in Q1 2024/25 and are continuing:

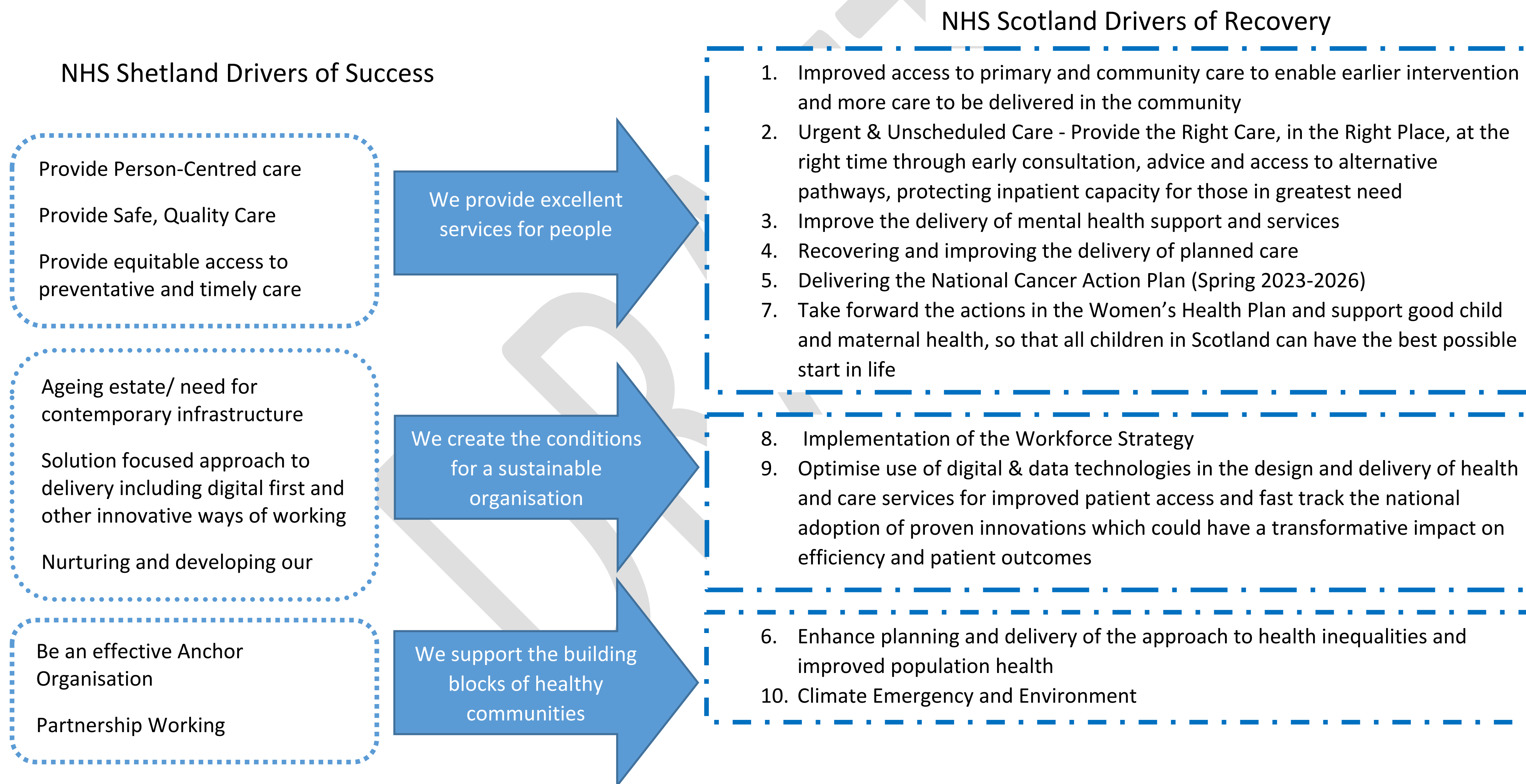
1. **Attract –** revision of job descriptions and adverts to increase likelihood of substantively filling hard-to-fill vacant posts.
2. **Supplementary Staffing Review** - we need to fully understand areas for improvement in our workforce management to make significant changes to our financial situation. This rapid review will look at drivers for supplementary staffing use, vacancy rates, sickness absence rates, workforce growth, and key processes to inform targeted action. It is likely that we will have to continue to engage supplementary staff in the short to medium term while any change takes place, and we want to ensure this is at best possible value. Given workforce supply challenges supplementary staff are likely to form some part of our service delivery in the longer term, we want to be clear about what this role is, and what our thresholds and risk appetite around these costs are.
3. **Medical Model review** - medical supplementary staffing is the most significant cost pressure for the organisation. To resolve this in the longer term, cognizant of workforce supply issues and transforming workforce roles, a review of how medical cover is, and could be, provided across our system is important.
4. **Remote, Rural and Island factors** – "Right-sizing" our system – even where workforce supply challenges may be addressed nationally, being a remote, rural, island system we are likely to remain at risk of scarcity. Our system has grown over the past 5 years and the growth has not and cannot be supported by our population or system. To be able to staff our system substantively requires it to be smaller. To build a smaller system requires changes in what and how we deliver. This will need to be considered very carefully, and there are likely to be significant challenges where there are no viable alternatives to local delivery. This is supported by national work.
5. **Understanding and Addressing 'Failure Demand'** – this describes work to understand how to decrease demand that arises because people are not getting what they need from other parts of our wider Shetland system. This is an extension of Urgent and Unscheduled Care programme, working to identify and support those who could most benefit from collaborative, person-centred support.

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.



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.

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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

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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.

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Priorities

These high priority areas of focus for the next 3-5 years represent where we think we can have a significant impact through applied, collaborative effort, these areas must be effectively balanced to deliver better outcomes now and in the future.

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, 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, 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.

Creating the Conditions for a Sustainable Organisation

Since development of the initial Strategic Plan draft the financial situation has quickly become a critical driver for the organisation, accordingly work to bring NHS Shetland towards a place of financial balance, while maintaining service quality, will take priority over other development work in the coming year. After a period focused strongly on the recovery of services to pre-COVID activity this shift will be challenging, and work will be balanced with maintenance of current service performance to offer a period of stability, recognising the capacity of our small, multi-function teams. This is now also to be balanced with the urgency of the Agenda for Change adjustments which

NHS Shetland has set out 5 key pieces of work from a staffing point of view, and work on innovation in design and delivery including digital continues as the local Digital Strategy delivery plan is developed in consultation with clinical and non-clinical colleagues to support optimisation and improvement.

Workforce/Finance Sustainability

2024/25	2025-2027 – working towards
Workforce Planning – Attract • Review of job descriptions and adverts targeting key long term vacancy areas to be completed in Q1-Q2, with targeted recruitment thereafter, initial focus on key medical positions, anaesthetics, psychiatry and entry-level nursing.	Continue to revise and advertise as workforce changes based on reviews of medical model and on-island provision continue.
Review of Supplementary Staffing • Evaluate current engagements to ensure best value, including agency, locum and bank arrangements. • Improve system-wide understanding of supplementary staffing use and impact. • Review cross-cover arrangements within system to optimise and understand impact of any planned change to existing teams. • Consider national bank and agency proposals within local context given disproportionate remote and rural impacts. • Develop supplementary staffing “exit strategy” which is realistic about degree of ongoing requirement for supplementary staffing.	Stepped decrease in use of essential supplementary staffing across system as sustainable workforce plan implemented via appropriate service redesign.

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Review of current on-island provision in context of Rural General Hospital model This will be concurrent with the two pieces above and is concerned with understanding what provision is realistic given our current workforce, which has grown over the past 5 years but not rapidly enough to fulfil the substantive posts available. There are a number of complexities and interdependencies that have grown as our service delivery has developed – a risk based approach will be taken to understanding these. • Evaluation of changes undertaken under Clinical and Care Strategy (repatriated services) • Linking with national work on "Rural and Island" provision, Rural Delivery Plan, and Sustainability of Clinical Services (Local, Regional and National level)	Next steps will depend on any changes planned – this will either be significant service redesign, or transforming recruitment and engagement of staff to fill vacancy gaps while stalling growth to reach sustainable position.
Review of local medical/nursing skillmix • Review current Junior Doctor staffing and funding, and historic drivers of overspend to understand right-sizing of current model for adequate provision • Develop options appraisal of medical provision in local Acute setting, cognizant of workforce supply issues, transforming and developing roles and local capacity to support change. This work will necessitate development of a local nursing workforce plan to ensure any proposed change is feasible and sustainable • Scope associated service redesign and any regional/national support required for service delivery. • Begin development of appropriate role descriptors, competencies and pathways for any new roles and teams.	Transition towards new model as appropriate – to be sustainable this will have to take a measured approach, growth in promoted roles can produce gaps in key service areas.
Development of Workforce Plan Q4/Q1 • Following the above pieces of work a meaningful system workforce plan will be developed to support any change laid out.	Finalise and implement workforce plan
Digital Strategy and Delivery Plan • Finalised in Q1 – this is prioritising local implementation of national programmes to meet local need given limited capacity to implement. Focus is both on new systems and infrastructure, and on optimising current systems, including by supporting digital skills in the workforce • Establish clear process for prioritisation based on capacity of digital team and system to implement change, building on learning from system impact of implementation of Allocate, LIMS and HEPMA	Annual review of implementation plan and roadmap, with through-year proposal appropriately included through prioritisation process.

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Climate Change – Mitigation and Adaptation

2024-25
Local Director of Public Health leads on Climate Change (Adaptation and Mitigation) Programme within Shetland Partnership Plan (LOIP) allowing us to take a Shetland wide approach as key public organisations – given limitations in funding for capital work for NHS estate, taking this collaborative approach of prioritising activity across Shetland is likely to be the most impactful for our setting. Complete NSAT due for return Aug '24 - this reporting and planning work is done within existing staff resource and capacity which limits potential and makes progress challenging. Local sustainability lead and waste manager works in collaboration with local and regional partners, and supports development of national work. Local implementation can be challenging due to remote, rural, island setting, relating to infrastructure, costs and diseconomies of scale. This work continues to be challenged by funding limitations and de-prioritisation in favour of clinical services. • Implementing our existing Climate Change Adaptation Plan as submitted to SG in 2022, where this is possible within resource. Additional bids for funding to SG for survey and capital work across Primary Care and Acute assets have been unsuccessful but will be resubmitted as the work is still a priority. • Waste targets on track within local limitations – working closely with Local Authority • Local procurement optimised (included in self-assessment for Anchor Plan) • Decarbonisation of NHS Fleet led by Transport Group, on target to achieve 2025 vehicle replacement target • Energy strategy in development with North Energy Group, lack of capital resource will limit NHS Shetland capacity to progress with current estate – business cases and funding bids will be progressed as appropriate with SG • NHS Shetland Theatre's team in conjunction with the Sustainability Manager are 14 engaged with this national initiative. Which is supported through SG and NHS Assure. A NHS Shetland Green Theatres Group has been established and is progressing the actions outlined in Green Theatres Bundle A. NHS Assure have validated the actions and way forward proposed by NHS Shetland. Green Theatres Bundle B is due to be issued shortly and will be reviewed by the group for relevant actions. • Greenspace – ongoing review of NHS Shetland Estate which is supporting Whole system Capital Planning process.   ○ Polycrub project underway to install at Board HQ and a rural Health Centre, and work with 'Food for the Way' local charity providing food and support to community to manage and maintain for best outcomes for community (Lerwick site) • Local Environmental Management System group established with links into national EMS group.

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Primary Care Redesign

In NHS Shetland we are working to prevent crisis and exacerbation of ill health by focussing on effective scheduled intervention across acute and community services. We want to make services easy to access and effective for patients, contributing to positive outcomes. We recognise that financial constraints and workforce challenges have driven an emphasis towards crisis management where capacity is limited and we are engaged in service redesign in a number of areas to improve this – including dentistry, mental health and Primary Care.

2024/25	2025-27 working towards
Primary Care • Network Enabled Care ○ Networking of our Primary Care sites to harmonise pathways and provision, improve equity of outcomes, and create sustainable provision. This includes increasing MDT access, streamlining of business processes and management, and optimising use of digital systems in preparation for new GPIT, and to be connected to Community Nursing digital solution when implemented. Phase 1 go live Q1 24/25 (Westside practices), with TOC running till end Q2, followed by evaluation and planning for next practices to be networked building on learning. ○ Anticipate decreased medical locum use, and cost reduction from service redesign to incorporate mixed GP/ANP cover	Networking of remaining practices – this will deliver some economies of scale with shared functions and potential for remote delivery, however dispersed sites and geography will always require a base level of on-site service provision. Learning from networking will inform Whole System Capital Planning process into 2025/26.
• Understanding need to support planning and delivery – SHIP, a digital enabler of excellent care ○ Shetland Health Intelligence Platform (SHIP) in Primary Care – implement programme as per funding award from IJB reserves for year 1 (2024/25) with view to sourcing funding for accelerated year 2. ○ SHIP uses data to target intervention for long term conditions to improve outcomes for patients, by ensuring timely care and supporting person-centred care. ○ The project will also support understanding of performance of community health services, driving improvement, and should prime teams to make optimal use of new GPIT when this is progressed. ○ Will allow disaggregation of markers to support improved outcomes for women as per Womens Health Plan	Extend scope of implementation to further indicator set – six-monthly staged to be manageable and support understanding of impact. Note year 2/3 contingent on funding – implementation within existing resource would be slowed and unlikely to gain full benefits.

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• Long Term Condition management –
    ○ Full roll out of House of Care model of managing long term conditions following completion of training 23/24. This will allow improvement in appointing system to support access to both planned and urgent care within Primary Care. Will also allow improved measurement and monitoring of Primary Care access as data around LTC management is improved. This forms part of our Value Based Health and Care approach to service delivery.
• Expansion of Pharmacotherapy and CTAC
    ○ Primary Care Phased Investment Programme work alongside Healthcare Improvement Scotland and Scottish Government. Investment for 18 month period from Q1 will allow expansion of teams to support full delivery across all sites, with delivery by the most appropriate skill mix building a stable and sustainable model for the future. For Shetland this includes supporting access for those who experience poorer health outcomes to ensure those with greatest capacity to benefit are able to access our universal and targeted services. Implementation Plan including timelines following confirmation of funding is in development – this builds on extant plans for expansion of both functions held by services.
    ○ Activity planned cognizant of gap in Healthy Life Expectancy for women locally, and will utilise data from SHIP to support improved outcomes.
• Workforce Planning
    ○ Learning from these strands of work will be brought together in a revised Primary Care Strategy including workforce plan which will detail the path to sustaining delivery beyond fixed term project work (particularly PCPIP and ShIP)
	Delivery within existing resource, further efficiencies realised with new GPIT and networking of business processes. As HoC model is embedded anticipate better understanding of localised inequalities in outcome, with improved management of patient population allowing targeting of resource to lessen inequality gap.
	
	Programme continues into 25/26, with evaluation and learning built in, with a view to understanding resource required to sustain both functions as part of core Primary Care delivery.
	
	Implementation of strategy to support stability of services. Anticipate that decrease in locum spend and cost savings of networked model will bring us to sustainable position, and that improved patient outcomes will decrease urgent and elective care demand across system.

Primary Care Out Of Hours (OOHs) • ANP test of change covering GP OOHs completed Q4 2023/24, evaluation continuing into Q1 2024/25 – this is testing ANPs as an alternative to locum GP cover as a cost avoidance, savings and service sustainability measure. Testing of weeknight and weekend cover complete, data provides reassurance of quality of care and patient outcomes, as well as financial benefits. Workforce planning to sustain this is underway. • Development of UUC strategy (including Custody Care) in collaboration with Acute colleagues, building on learning from TOC with ANPs – aim to harmonise pathways and provision across isles as geography and staffing models allow. Including use of remote access and cover where appropriate.	Implement UUC strategy, including workforce plan and understanding resourcing across UUC system given financial constraints.

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<table>
<tr><td>Develop workforce plan based on strategy
Support review of “Failure Demand” noted in Acute UUC
As approach is harmonised across community Urgent care continue to make use of professional-professional advice which is facilitated by existing small system relationships.</td><td></td></tr>
<tr><td>Hospital at Home TOC underway – contingent on funding which is in discussion, note service cannot be delivered within existing staff – evaluation of TOC will give clearer idea of hours required to maintain.
Enhanced Community Care – providing equitable access to these services by establishing need and establishing workforce to meet demand as funding allows.
Including work with NHSG re: OPAT, training and governance development for local service (currently delivered but not self-administered).
Continue to build on hospital clinician input and professional-professional advice to scope shift toward admission avoidance, rather than early supported discharge model
Evaluation of ‘Shifting the Balance of Care’ programme to support discussions of resourcing across system in Shetland (note this will be supported by external audit HSCP/IJB into Shifting the Balance of Care change programme, and also by review of current Joint Strategic Commissioning Plan 2022-25)</td><td>Continue as funding allows and as indicated by demand.</td></tr>
<tr><td>Oral Health
OH Improvement supporting access
Childsmile delivery continue – link to Network Enabled Care where appropriate to support delivery to harder to reach families
Continue work with Recovery Hub, with option to link to Network Enabled Care as capacity allowed to run Oral Health Access Clinics for supported access to Oral Health care and towards dentistry as required
Caring for Smiles programme extended to Care at Home staff for sometime due to success in Shifting the Balance of Care programme in decreasing use of residential care – continue to provide.
Dentistry
Provision remains on urgent, emergency care only footing due to staffing and financial constraints. Oral Health strategy outlining model change due to risk and to work towards sustainability agreed locally 2023/24 – still in discussion with Scottish Government re: funding. Current inequalities for island communities (Shetland) vs Scotland due to assumptions in GDS/PDS model that cannot be realised locally. Team continue to work to provide equitable urgent care across Shetland Geography.</td><td>Embed Oral Health Access within NEC MDT to support resource accessibility across sites.

Next steps finance and workforce dependent – ongoing review with SG. Implement OH Strategy when finance allows.</td></tr>
</table>

○ Continue planning for service accommodation should proposed model of care be realised.	
General Ophthalmic and Community Glaucoma Services • Optometry services continue to be delivered by three local providers • Local Optometrist has completed NESGAT training to provide Community Glaucoma Service – risk noted around single point of failure due to availability of training spaces, further training place secured commencing January 2025. • Service implementation slightly delayed but is being progressed: ○ Information Governance work ongoing around sharing between NHSG/NHSS/national system ○ Exploring realistic capacity of local service, hoping to commence in Q4 24/25, with 2 patient appointments per week initially ○ Discussions ongoing with current secondary care providers around handover process, reviewing current caseload.	Embed with appropriate contingency planning for single-handed service.
Place Based Solutions • Continue to develop Whole System Capital Planning evolving with learning from Network Enabled Care and wider HSCP work • Engage with Shetland Partnership, Local Authority Community Planning and Climate Change teams around place based solutions to delivery – primary focus on North Mainland centred in Brae where Primary Care estate is neighbour to planned new school campus, with rural energy hub nearby which could facilitate patient transport to secondary care.	Whole System Capital Planning Jan 2026 North Mainland Community Campus 2027, with planning continuing in 25/26 Rural energy hub running into 25/26 – participate in review/evaluation to understand impact on geographical provision of health services in the future

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NHS Shetland

Mental Health Redesign

Community Mental Health Team has had challenges with workforce capacity for some time and this is impacting service delivery and team wellbeing. There is also significant overspend pressure, particularly related to the provision of on-call services. There have been increases in mental health on-call activity, mental health in-patient instances and a perceived increase in mental health related attendances at A+E over the past year.

2024/25	2025-27
Work towards sustainable staffing in Adult Mental Health • Review function of Adult Mental Health team to support shift towards home treatment and community care. Outcomes from this approach have been successful however the model is not sustainable with current staffing while maintaining 'crisis support' function. This includes reviewing service scope and role in alignment with Mental Health Outcomes Framework, and will include training needs analysis and review of workforce requirements to support effective recruitment. • Continue to develop own workforce with renewed recruitment efforts, and 'Grow Your Own' Mental Health Nurse cohort in place, Mental Health workforce in Primary Care will form part of emerging Primary Care strategy, expansion is not likely to be realistic given current workforce supply issues. • Develop options appraisal re: provision of OOHs/on-call service – realising the financial impact of providing via locum and agency staff, currently Psychiatrist and Mental Health Nursing all supplementary. Options could include reducing Psychiatry on-call to weekends only; remote on-call Psychiatry support; review nursing on-call to utilise national support (NHS 24) and optimise in-hours care. All options include risks and impacts on other services across the system. • Improve access to universal health care for those with enduring mental illness through supported access as part of PCPIP programme (via ANP) • Input into "Failure Demand" review with UUC workstream Access to therapeutic services • CAMHS continue to perform well against access target with effective collaborative work across system. Mental health and wellbeing of Children and Young People is a continued focus of the	Work towards stabilisation of work force Work towards improved use of data and performance monitoring beyond Psychological Therapies suite to understand and tackle inequalities of access Following stabilisation of core workforce work towards establishing role within Primary Care MDT and Network Enabled Care approach Continue training opportunities for "grow your own" MHN HCSW to build foundations for retention Anticipate supported access via ANP to have system impact in decreasing stigma and barriers to access for people experiencing mental ill-health, should support targeting of ANP resource to those with most significant challenges.

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<td>
local Children's Partnership and related activity is detailed in the Children's Services Partnership Plan.

o Continue delivery – maintain access target performance

Neurodevelopmental Pathway development work to continue – review and evidence gathering completed. Complexities in provision by few people across a number of teams with different settings, systems and entry points. Teams mitigate this by working well together however it increases complexity of patient journey and administrative burden of patient management. Note increase in Neurodevelopmental demand across children, young people and adult services reflects the national picture. This demand is currently not being met by capacity across children's or adults services and is resulting in long waits – services are working to provide support, advice, resources and intervention wherever possible during the assessment and waiting period, so support is based on identified need and not contingent on formal diagnosis.
Psychological Therapies continue to experience challenges in meeting 18 week wait target. Successful recruitment to a key post is being followed by a period of extended leave which will see the service remain under pressure for provision of secondary care PT, while the primary care PT team is stable and performing well. The team are scoping regional support options for provision of secondary care therapies to maintain waiting lists during period of leave in 2024/25.

o Establish regional/remote option to support delivery of secondary therapeutic services
o Review waiting list management and missed appointments rate for current services and action to optimise existing resource
o Expect maintain activity in primary care service so new patients seen within 18 week access target will maintain/improve, limited capacity in secondary care PT is likely to mean increasing longer waits, and decreasing performance in continued waits longer than 18 weeks. Waiting list management should give some improvements, and short term regional solution will mitigate some long waits but this will not be appropriate for all patients

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CAMHS – continue to engage with national development as applicable to island setting.

Anticipate return to stable staffing complement in 25/26, view to retain regional support as required with establishment of Consultant Psychologist within team.
Anticipate stepped improvement in waiting list over this year, focussing on longest waiting patients first.
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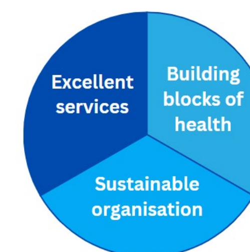
Urgent and Unscheduled Care (Acute)



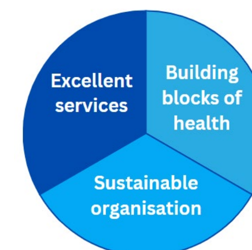
The acute portion of the Urgent and Unscheduled Care system looks after people when they are most unwell and includes the Emergency Department, and some of the medical and nursing team in the Gilbert Bain Hospital, with links to Scottish mainland emergency provision for those who need it.

This area is subject to a number of national targets including the 4 hour wait, hospital length of stay and delayed discharges. While these do tell us something about the performance of the relevant departments they also give us insight into the functioning of our system – many people who present in the Emergency Department could have been treated or supported effectively elsewhere, at an earlier stage. The Urgent and Unscheduled Care Programme is in development and workstreams are not yet finalised.

2024/25	2025-27 working towards
4 hour wait target declining over 2023/24 – actions to assess and improve: • Understanding and addressing failure demand - review of frequent attenders at Emergency Department to improve appropriateness of use, support those not getting what they need from our system, and identify areas for improvement in the rest of the UUC and community care system. Medium term we would anticipate improvement in 4-hr access target as more appropriate pathways and responses established. • Evaluate impact of Redirection policy to inform service redesign across UUC system • Work with Scottish Ambulance Service on local pathways to avoid attendance and admission and improve patient outcomes – this builds on call before convey and will establish further professional-professional advice routes for local teams. • Scheduled-Unscheduled care – reviewing acute pathways within Emergency Department and across community/acute interface • Scale up Hospital @ Home (contingent on additional funding, to be notified Q1 24/25) current delivery not possible within establishment.	Anticipate decrease in attendance at A+E as demand dealt with earlier and more appropriately elsewhere. Continue development of Shetland System Person-Centred Support approach to minimise 'Failure Demand' within health and other services
Development of UUC strategy across community and acute care – informed by work in community UUC and failure demand work noted above, so to be progressed into second half of year.	Implementation of strategy, including appropriate related workforce planning.
Continue current delivery against Length of Stay targets, review delayed discharges and use of rehabilitation/step down facility in community as option to decrease long stays and scope surge support options as one facet of bed occupancy and "right-sizing" hospital work. Develop appropriate local measurement/monitoring alongside delayed discharges to support balanced view.	Optimise rehabilitative potential of local out of hospital support, move towards admission avoidance.

Preventative and Proactive Care

There is an ambition for care we deliver to be preventative and proactive across the life course and across the disease course. This ambition has been difficult to realise.



2024/25
Understanding our population • Health Needs Assessment and Joint Strategic Needs Assessment underway to be completed Q1,this work is building on Good Mental Health for All and Population Health Survey findings • Finalise Good Mental Health for All population mental health strategy (Q1) following engagement project in 2023-24 • Support production of HSCP Strategic Commissioning Plan 2025-28 informed by above.

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Alcohol and Other Drugs

NHS Shetland is a key partner in the Shetland Alcohol and Drug Partnership, with the Alcohol and Drug Development Officer situated in the NHS Shetland Public Health team. This positive relationship has led to the development of the Shetland Recovery Hub locally which delivers drug and alcohol support in tandem with the Substance Misuse Recovery Service based within Mental Health Services.

The Alcohol and Other Drugs 'Direction' from IJB is published online – and due to be updated in August 2024. This includes a high level account of activity planned and functions commissioned via the ADP, including continuing to deliver against MAT Standards as capacity for planning, implementation and delivery allows, and as appropriate for a Shetland context.

Treatment target positive ongoing through Substance Misuse Recovery Service, local Recovery Hub work positive and demonstrating improved access and connection to health services, local outreach ANP work to improve outcomes and decrease health inequalities for this population. Engaged in local work on Compassionate Communities as part of Shetland Partnership Plan, and linking this to Person-Centred Care recognising that stigma is still a significant barrier to accessing health and care.

Residential rehab challenges around cost and funding but engaging with national colleagues. Ongoing challenges with capacity for planning and implementation with small ADP team.

Including:

- Maintain drug and alcohol treatment access targets
- Maintain Recovery Hub delivery including expansion of ANP Outreach to support access to health services, collaborative approach to upskill existing workforce and decrease stigma in medium to long term
- Same-day prescribing in collaboration with Primary Care and Pharmacy – challenges of geography and access

Alcohol Brief Interventions – continue to deliver training via TURAS (note uptake from other Boards) – review local training uptake and map against increased ABI delivery and recording to identify target areas. Roll out training as appropriate to other areas to support health improving contacts, person centred support and value based health and care.

Review use of Public Health - Health Improvement specialist resource following completion of evaluation of Community Link Worker and 'Healthy Shetland' lifestyle programme • Complete evaluations (CLW and Healthy Shetland) • Scope options for optimising benefit from smoking cessation and healthy weight input, including collaborative work with elective care/waiting well, sleep apnoea, and House of Care Long Term Condition follow up with Primary Care colleagues • Review staffing following above evaluation to ensure optimising resource and skill mix in team between delivery, training and strategic input. • Health Improvement Team continue to work with Third Sector colleagues in implementing "Improving the Cancer Journey" project, supporting targeting of service to be most useful locally, including consideration of long term conditions beyond cancer as required, utilising learning from Community Link Worker test of change. • Continue delivery of HENRY programme and input into other parenting offerings with local authority and third sector colleagues to streamline and optimise parenting support to families.
Local **Value Based Health and Care** (VBH+C) action plan in implementation phase with work through a number of streams (including SHIP, Climate Change, Women's Health). These align with national action plan, delivering on the following actions: • Raising awareness – professional and public – and sharing resources • Digital development – increasing access, decreasing waste in interactions, better identifying need and minimising variation (SHIP - Shetland Health Intelligence Platform, and Digital Delivery Plan) • Decreasing unwarranted variation – SHIP, will be augmented by Order Comms work when this is feasible in digital environment • Decreasing inequalities – key partner in Community Planning Partnership (Shetland Partnership, progressing work as lead and contributor to 5 key projects – inclusive growth, decreasing stigma, person-centred support, climate change, place based working) Loss of MCN coordinator due to financial pressure at end 23/24 will slow progress in key areas of Cardiovascular MCN, Respiratory MCN and Frailty MCN, however these are fairly well established and work is underway so some key strands of work will be progressed as capacity of clinical and leadership roles allow.

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Trauma Informed Organisation Work ongoing in encouraging staff uptake of national training, work to use Trauma Lens on services progressing in areas as teams engage, work to review systematic and business process impacts on trauma requires progression (e.g. DNA policies, national programme challenges with "default" or non-responders, etc). Engaging with local authority colleagues on progressing Trauma work on Shetland basis.
Vaccination team continue to work in collaboration with GPNs, School Nursing, Child Health and Maternity to deliver vaccination programmes. Local system responsive to changes in programming and requirements and delivering well. • Capital work on vaccination centre to complete early 24/25 which will allow better planning of clinics. • Continue to implement as per emerging guidance. • Measles Elimination Plan complete and in implementation phase.
Community Nursing team working with social care colleagues to implement My Health, My Care, My Home approach, including targeted work with oral health, dietetics, SLT, and around Future Care Planning (formerly Anticipatory Care Planning) via frailty MCN – note local approach has been to look beyond Residential Care and take locality team approach, in fitting with realised success in Shifting the Balance of Care and our differing profile of Residential Care users.
Children and Families Universal and Specialist Children's Services integral in local Shetland Children's Services Plan and Local Child Poverty Action Plan – work closely with Community Planning team and Shetland Children's Partnership. Continue delivery of HENRY healthy families work for early prevention. Child Health Review programme performing well within resource, with manual checking system for catch ups to tackle any inequalities in access, geographical profile and small team can mean fragilities in service.

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Specialist Services (Elective and Cancer)

There is a dedicated 'Planned Care' return to Scottish Government which details activity, risks and projected performance, this is closely performance managed by the national planned care team. A short summary of key points is included below – note this is subject to change and contingent on funding allocations.

Overview:

1. **Planned Activity and Data Limitations**: Data provided only reflects new activities and not the overall system capacity required for specialized services. The impact of reduced demand due to new opportunities is still unclear as discussions with partners are ongoing.
2. **Dependence on NHS Grampian**: NHS Shetland relies on NHS Grampian for several visiting services, such as ENT and Ophthalmology. However, since the pandemic, the availability of these services has decreased, leading to a growing dependence on independent providers.
3. **Funding and Resource Challenges**: The funding allocated to NHS Shetland has been used for service redesign and repatriation. However, the reduced support from NHS Grampian has created a shortfall in funding, making it difficult to maintain the necessary range of visiting services. The workforce is also in a fragile state due to reliance on single practitioners and existing vacancies.
4. **Future Planning and Risks**: NHS Shetland is analysing data to understand the demand and capacity for planned care. A draft plan for funding allocation in 2024-25 has been presented, but there is an expected shortfall between available resources and the demand for services. This may lead to reduced access to some specialties, and measures are being developed to mitigate patient safety risks despite limited resources.

Planned Care:

1. **NRAC Allocation for Maximizing Capacity**: The funding for NHS Shetland does not fully cover the specialist visiting services needed. NHS Shetland uses this allocation to maintain Service Level Agreements (SLAs) with other health boards, particularly NHS Grampian, and to fund additional specialist services beyond those covered by SLAs. There are concerns that if funding is not increased, some services may not continue.
2. **Waiting List Validation**: NHS Shetland is exploring support from another board for Rheumatology, which includes reviewing waiting lists and implementing Planned Improvements Review (PIR).
3. **High Impact Programs**: Efforts are ongoing to establish PIR as a trackable outcome, allowing accurate data collection. Rheumatology, especially if supported via NECU (North of England Cancer Network), is prioritized.
4. **Maximizing Opportunities for Regional, National, and NECU Collaboration**: NHS Shetland is working with NECU to develop pathways for Rheumatology, ENT, and Dermatology. The reliance on the independent sector for Rheumatology and Dermatology is noted. There is also ongoing exploration of alternative pathways for ENT through different providers due to NHS Grampian's limited capacity. Additionally, NHS Shetland accesses the Golden Jubilee National Hospital (GJNH) for orthopaedic procedures and is exploring pathways with the National Treatment Centre (NTC) in Inverness.

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5. **Digital Solutions**: NHS Shetland's Digital team is exploring a regional approach to establish a North of Scotland joint contract with NetCall. The use of NetCall products could reduce DNA (Did Not Attend) rates and enhance patient-focused booking options.
6. **Adopting CfSD National Pathways**: NHS Shetland supports work on CfSD national pathways, especially those services provided by NHS Grampian, where redesign potential is identified. Locally, there is engagement with the Digital Dermatology group to improve information sharing, coordination of care, and possibly reduce the need for face-to-face consultations.

Cancer Care:

1. **Framework for Effective Cancer Management**: NHS Shetland has fully integrated this framework, with most requirements already in place. They maintain ongoing collaboration with NHS Grampian and NHS Orkney, including quarterly meetings to address any issues.
2. **National Regrading Guidance for Urgent Suspicion of Cancer Referrals**: NHS Shetland has long been tracking referral downgrades and has recently started including upgrades in their tracking. A monthly report on regrades is sent to the lead cancer GP, although the small number of cases may lead to annual reporting.
3. **National Effective Breach Analysis Guidance**: Breach analysis has been regularly conducted in weekly and bi-monthly meetings. A new formal template was introduced in 2023, shared with NHS Grampian for feedback. Due to small numbers, visual breach analysis tools are less effective, but issues are closely monitored, and action plans are aligned with the cancer management framework.
4. **Optimal Diagnostic Pathways**: While key pathways, such as Lung and Head & Neck, are primarily managed in NHS Grampian, NHS Shetland collaborates closely with them to ensure effective implementation, including supporting improvements like CT capacity for AI chest x-ray projects.
5. **CfSD Peer Review Recommendations for Cancer Pathways**: NHS Shetland ensures compliance by working with NHS Grampian, multidisciplinary teams (MDTs), and regional boards.
6. **CfSD SDG Clinical Guidance for Cancer Pathways**: NHS Shetland follows clinical guidance in close cooperation with NHS Grampian and MDTs, especially for services provided locally, with implementation overseen by relevant clinicians.

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Effective Partnerships

The biggest benefit to health services in terms of sustainability will be from collaborative working which supports prevention, and the element of Shifting the Balance of Care which describes a shift in power and focus from service led to community led, and towards prevention – these changes will have limited impact in isolation but done in partnership could be significant for Shetland. As a key member of the Management and Leadership Team for the Shetland Partnership NHS Shetland are exploring the best ways to achieve this Shetland Approach.

<table>
<tr><th>2024/25</th></tr>
<tr><td>Internal
Values and Behaviours – progressing Chief Executive priorities and work with Staff Development team and colleagues to understand required elements to support people in reconnecting with values and what is required of the “system” to make that possible</td></tr>
<tr><td>Regional and National work with NHS partners (Boards, Service Delivery and Planning) around Service Sustainability – will be a key thread as financial and workforce sustainability work develops</td></tr>
<tr><td>Developing understanding of communities through data and information –drive change based on 2023/24 work:
• collaborative work with Local Authority on locality plans
• Good Mental Health for All engagement (to be developed into strategy)
• Population Health Survey
• BSL Action Plan
• Health Needs Assessment</td></tr>
<tr><td>Anchor Organisation plan in finalisation process with steering group, self assessment complete and submit Q1. Actions largely being enacted through being an effective partner in community planning partnership – place based and inclusive growth. Limitation on local procurement, but use of land, assets and employment actions underway with relevant partners including local authority and third sector employability partners.</td></tr>
<tr><td>Commitment to Building Blocks of Health by Leadership and Board, key partner in local LOIP leading on 2 of 5 workstreams, connected to others. 5 programmes are:
• Climate Change, Adaptation and Mitigation – DPH lead
    ○ Project work led by SIC Climate Change team
• Person-Centred Support – CE lead
    ○ Develop approach building on learning from Anchor for Families to support system change. Note this incorporates Value Based Health and Care shared decision making, becoming Trauma Informed Organisations, and ‘Good Conversations’ work with care colleagues.</td></tr>
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• Place Based Approach • Tackling Inequalities – Compassionate Communities • Tackling Inequalities – Inclusive Growth
NHS Shetland takes a key role in producing local Annual Child Poverty Action Report (ACPAR), and Shetland Children's Partnership Plan which duplicate actions to mitigate impact of poverty. Further leadership and partner contribution to Shetland Partnership Plan (LOIP) to tackle drivers of poverty, and mitigate impacts (inclusive growth, person centred care, compassionate communities, place based approach). The size of our systems means limited resource available for planning and responding to local and national asks so it makes sense to collaborate and we have a strong history of working well both as an HSCP and beyond these services as a Community Planning Partnership. These actions are also tied to our own Anchor strategy work as regards employment opportunities and employee support.

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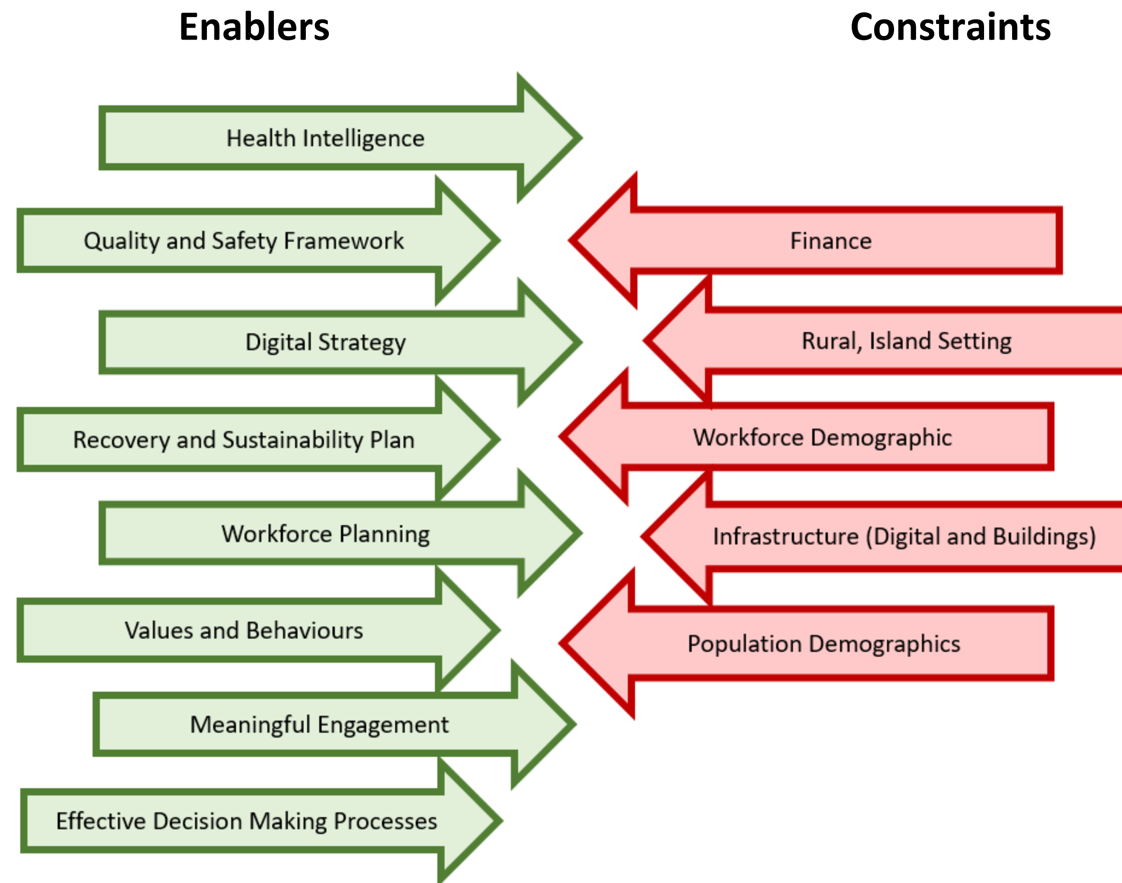
Enablers and Constraints

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