DIRECTION FROM THE SHETLAND ISLANDS INTEGRATION JOINT BOARD ("IJB")

ISSUED UNDER SECTION 26(1) OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

Direction: Hospital-Based Services	**Direction to:** NHS Shetland	**Overall Budget allocated by IJB for Direction:** NHS Unscheduled Care £3,287,101 Sexual health £25,861 Renal £312,137 Total £3,625,099
Reference Number: *2.8* **IJB Report(s) Reference Number:** *CC-07-22-F*	**Relevant Function(s):** Hospital Based Services	**Review Date:** *September 2022*
Date Direction issued/authorised by IJB: 09th March 2022	**Date Direction takes effect:** *1st April 2022*	**Does the Direction supersede, amend or revoke an existing Direction? If yes, include reference number of existing Direction:** Yes, supersedes Direction May 2019, CC-28-20F2

How does the Direction link to:	Strategic Plan Actions and Outcomes: Reflected in the Annual Operational Plan 2020-21 and Joint Strategic Commissioning Plan Actions 1,2,4,5	IJB Key Priorities: Strategic priority 4,8,10,12,13,14,15,16,19,20,21.22	National Health and Wellbeing Outcomes: See below and appendix 1-9	National Planning and Delivery Principles: Yes, the plan reflects the national principles 1-12

Purpose of Direction
Delivery of hospital based services

<table>
<tr><th colspan="2">Overarching Directions to Function(s)</th></tr>
<tr><th>Directions:</th><th>Performance / Objective(s):</th></tr>
<tr><td><u>Renal Services</u>

Renal services include a planned outreach renal clinic from NHS Grampian and a local Dialysis unit, which is a satellite of the NHS Grampian service.

The Dialysis Unit provides:
• Haemodialysis
• Holiday Dialysis
• Peritoneal Dialysis
• Pre Dialysis Education
The only unscheduled aspect of the service is the delivery of holiday dialysis to patients visiting from other parts of the UK.

Further investment in the workforce to support dialysis is required from 2020-21 onwards, which has been put forward as a request for additional funding in 2020-21 budget setting.</td><td>To provide safe and effective dialysis for patients in Shetland

To provide safe and effective dialysis for visitors (holiday dialysis)

To continue to review the workforce requirements for the service in line with safe staffing legislation and requirements

To continue to review the elective renal service and opportunities to offer increased access and reduced clinical/patient travel

To ensure that there is a training and succession plan in place for nurses running the dialysis unit (in line with the workforce plan)</td></tr>
<tr><td><u>Sexual Health</u>

The Sexual Health Service includes:

• A Sexual Health and Wellbeing Clinic (delivered in the hospital setting)
• Family Planning Service (delivered in the hospital setting)
• Contraceptives (provided in Primary Care)
• Health Screening following Rape or Sexual Assault (delivered in the hospital setting)
• Health Improvement and Education provided by a wide range of professionals including: GPs, Midwives and School Nurses

The sexual health strategy sits in the Public Health portfolio</td><td>National standards for sexual health are under development via Healthcare Improvement Scotland and a scoping report was published in November 2019, delayed by the pandemic

The standards will include the following themes:
• Preventing sexually transmitted infections
• Preventing unintended pregnancy
• Services for men who have sex with men (MSM)</td></tr>
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	• Services for young people • Sexual wellbeing • Education and training • Information and support • Leadership and governance That we meet the standards set by Healthcare Improvement Scotland for Healthcare and forensic medical services for people who have experienced rape, sexual assault or child sexual abuse: Children, young people and adults standards http://www.healthcareimprovementscotland.org/our_work/standards_and_guidelines/stnds/sexual_assault_services.aspx?theme=mobile
<u>Unscheduled Care</u> Unscheduled care takes place across community, hospital and specialist settings. This Direction is in respect of Unscheduled Care in the hospital setting. The majority of healthcare functions within the wider healthcare system have an unscheduled care response or pathway, but the main ones covered by this Direction are defined as: • Accident and Emergency Services (Including Mental Health and Paediatrics)	There are a number of HEAT targets which specifically relate to quality or performance markers for effective emergency care systems: • Delayed Discharges • Total Delayed Discharges • A and E four hour waits • Rate of attendance at A and E • Rate of emergency patients admitted to hospital • Number of presentations 'Out of Hours' (OOHs) • Number of children admitted to hospital (and length of stay) • Average length of stay in hospital

Improvement Plan								
Expected Outcomes	**Actions**	**Forecast on performance**	**Interdependencies (i.e. between performance, funding, workforce, partners)**	**Risks and steps to mitigate**	**Project reference number**	**Budget breakdown – list source and amount of funding / savings**	**Milestones; deadlines; and/or review dates**	**Update on progress at Jan 22**
Q4 2020-21	Review access to emergency care and identify ways in which acute ambulatory care pathways can be delivered e.g. SDEC	Less patients will wait more than four hours in ED for ambulatory care Improved patient experience	External factors such as alternative care settings and access to specialist opinion off island impact on speed of access to services.	Audit is being undertaken to review case mix Working patterns and handover times for medical staff are being reviewed	Outcome 9 Outcome 4	Funding requirements are described in the remobilisation plan – savings are to be determined following tests of change during Q4 2020-21	Funding to make the service permanent so that we can extend the range of services SDEC offers has been requested via a business case from 2022-23	SDEC has continued to operate during 2021-22 with 17% reduction in < 24 hour admissions and reduction in patients waiting more than 4hrs in ED
Q4 2020-21	Review the workforce model for senior medical posts to develop a more sustainable approach	Sustainable medical services that can meet the needs of the remote and rural care model Reduction in the need for	Recognised as a national recruitment risk Interplay with primary care/care of the elderly role development and advanced nursing practice	We have a carefully selected team of bank Consultants providing acute medical care – to mitigate issues with quality and	Outcome 9 Outcome 4	To be determined, as that will be based on the blended model of recruitment used	Continued cost pressure funding for 2022-23 has been requested	Further rounds of recruitment for substantive Consultant Physicians/ Anaesthetists have taken place but no suitable candidates identified. Proleptic appointment for a

		supplementary staff		continuity of care				Consultant Surgeon has been agreed/progressed
Q4 2020-21	Implement real time early supported discharge via Discharge Lounge and HCSW team	Further reducing patient LoS. Reducing delays for patients with transport, medicines etc Improved support for carers	Connected with primary care, community care, pharmacy, SAS and community nursing services	A multi-agency group is in place reviewing discharge pathways Operational, MDTs in place to manage individual patient pathways We have trained HCSWs to undertake this role	Outcome 9 Outcome 4	Funded via the Winter Planning allocation in 2020-21. Allocation expected to be £47k.	Ongoing review – part of the wider Discharge Without Delay programme	The daily dynamic discharge model has been implemented. SDEC is being used as a discharge lounge as needed to support patient flow for emergency admissions. HCSW posts to support discharge planning are in place
Q4 2020-21	Review renal service workforce and model of care	Ensure that we have a sustainable dialysis service in line with predicted activity	Connected with NHS Grampian renal services (visiting Consultants and Dialysis Unit)	Risk that patients would need to relocate to Aberdeen if a safe service could not be delivered in Shetland – hence modelling for forecast in patient numbers and staffing	Outcome 9 Outcome 4	Funded as a remobilisation cost pressure in 2021-22	WTE 0.32 (Senior Staff Nurse) has been requested via a business case for permanent funding from 2022-23	Workload planning tools have been used to provide an evidence based assessment of the skill mix required in the renal team. Recruitment and succession planning is ongoing

				requirements, including training				
Q4 2020-21	Review sexual health team capacity to support rape and sexual assault pathway and provide care in line with national standards	To ensure that we have practitioners in place who can support the FME to undertake medical examinations and patient follow up	Connected with NHS Grampian, third sector and Police Scotland	Risk that we are not able to provide appropriate support in line with clinical standards. On call rota is in place – more practitioners planned to be trained when the next NES course is available	Outcome 9 Outcome 4	Agreed as a permanent service and funded by NHS Shetland in 2021-22 (and going forward) for the forensic service	Forensics service: Ongoing Sexual Health service: funding to support WTE 0.4 (ANP) has been requested via a business case for permanent	Two senior clinicians are completing post graduate training to provide the FME role. Local on call rota has been sustained. The contracted model remains in place in the interim. Work has been completed to develop a self-referral pathway for adults as per the national standards. Recovery plan in place to provide LARC on an interim basis whilst primary care services develop a more sustainable model for universal family planning in 2022-23. Currently flagged as a cost pressure as

							funding from 2022-23	funding only in place interim.
Q4 2020-21	Reviewing how we deliver emergency care to children	Ensuring that we have the right model to deliver emergency care for children	Connected with NHS Grampian – Children's Hospital, regional planning redesign programmes, primary care redesign	Risk that we do not factor in the skillset required to provide paediatric care into the MDT – currently mitigated via training, guidelines, case-based discussion (but needs to be consider in line with the medical workforce review)	Outcome 9 Outcome 4	Scoping work will be funded via general allocation for services (within existing resources) – business case will need to be considered separately	Ongoing	We have continued to link into regional planning groups focussed on emergency care for children, particularly those focussed on COVID recovery in 2021-22. Local service improvement work is paused apart from the essential work to support service recovery.
Q4 2020-21	Reviewing how we use digital approaches to improve emergency care	To ensure that patients have access to the right information, right practitioner, right time	Project which will be a sub set of a larger programme of work to look at Near Me roll out		Outcome 9 Outcome 4	No spend to save projects identified in 2021-22	Ongoing	We are reviewing the scope of the Urgent Care programme and priorities – the place for digital approaches will be in emergency care in 2022-23

Accountability and Governance
NHS Shetland is accountable for the delivery of the services within this Direction, which have been commissioned by the Integration Joint Board (IJB).

Unscheduled care is an umbrella term used to describe services which provide an emergency or unplanned service response. The majority of unscheduled care takes place in the community setting and is managed by community health and social care teams.

The overarching aim of services aligned to unscheduled care activities is to provide safe, effective and person centred care for patients who are presenting to health or social care services 'in an emergency'. Unscheduled care takes place across community, hospital and specialist settings.

Current Services Provided

The majority of healthcare services have an unscheduled care pathway, but the main ones can be defined[1] as:

- **Out of Hospital Services – e.g. community nursing and primary care services 'out of hours'**
- **Accident and Emergency Services**
- **Acute Inpatient Medical Services (including admission of renal patients)**
- Acute Inpatient Surgical Services
- Critical Care Services
- Theatre Services
- Obstetric Services
- Emergency Service provision at NHS Grampian for patients requiring specialist interventions
- Diagnostic Services (e.g. Medical Imaging, Laboratory Services)

In addition to this, NHS partners such as NHS24 and the Scottish Ambulance Service (SAS) play a critical role in the co-ordination of unscheduled care, including the provision of air transfer and critical care retrieval for adults, children accessing tertiary care centres and patients accessing specialist mental health facilities.

Other services which are subject to joint commissioning arrangements include: **Sexual Health and Renal.**

Drivers for Change

[1] The services shown in bold are part of the joint service planning arrangements set out in the Integration Scheme – known as part B 'set aside' services.

Over recent years, services that provide unscheduled care have been under increasing pressure. There are a number of factors which have caused these pressures:

- A growing elderly population with increasing and complex health and social care needs
- Increasing public expectation of and access to health and social care services
- Delays in accessing up-to-date patient information - impacting on or slowing down clinical decision making
- Need for improved team working and better co-ordination of care between NHS partners (primary care, SAS, NHS 24, secondary care and tertiary care)
- Need for greater collaborative working to reduce delays particularly at the health and social care interface
- Need for closer working between health and social care services to develop integrated models of anticipatory and community based care
- Challenges in training, recruitment and retaining of staff

Plans for Change

In 2020 NHS Shetland consistently met the target for 4 hour maximum wait in Emergency Department (ED) with an average performance of 95.9% and the actions outlined below are intended to sustain this position and work towards the 98% target[2] However, achieving the target has been more challenging at times during 2021-22, because we have seen an increase in the clinical complexity and frailty of patients presenting at ED, particularly following the earlier phases of the pandemic and this has had a wider impact on patients across the hospital system. We have also seen increasing numbers of patients attending ED for same day emergency care (SDEC) and we are actively looking at ways in which we can create a new pathway for these patients and identify alternatives to hospital care, in collaboration with community and primary care teams.

We have also seen a significant increase in the use of locums to supplement the Consultant workforce, where more than 60% of Consultant posts have been vacant during 2021-22. This has also had an impact on thresholds for admission and transfer to specialist services, but access to A&E and overall emergency demand has remained good, but we need to review how we triage patients and review our pathways for acute ambulatory care; as we have seen considerable success in redesigning these pathways for elective care.

This improvement work is line with our changing patterns and usage of inpatient beds and impact over redesign programme over the last five years. In that time we have reduced acute ward occupancy by 8.1% and between 2018-19 and 2019-20, we have seen a 38% reduction in the number of occupied emergency medical bed days (standardised rate per 1000 population). SDEC has also supported 17% of patients presenting via ED to avoid a short admission.

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[2] Data taken from the Discovery platform, reflects calendar year to date for 2019 (up to November 2019)

We have worked with health care planners to set out scenarios for future models of service delivery and developed a plan that describes short, medium and long term plans for the optimal configuration of the hospital to support clinical services. In 2020-21, we started the formal process of developing a case for change to explore what type of health and care facilities we will need for the next 50 years and the replacement of the existing Gilbert Bain Hospital and refreshing our clinical and care strategy.

In light of the recruitment challenges, undertook a focused options appraisal to review the medical workforce to identify ways of creating more sustainable teams and opportunities for multi-professional models of care. A Consultant Physician to lead on older peoples care and frailty from has been in place since late 2020 who works across all settings.

Building on work already underway, we will also review how we can deliver more technology based care and digital approaches. This will include wider scale roll out of Near Me in medical Outpatient clinics and patient 'opt in' services.

The sexual health service remit is to provide genito-urinary medicine services, support people with sexually transmitted diseases and help to support the provision of complex contraceptive devices (in an emergency context). Due to a lack of primary care based, universal family planning service availability; on an interim basis in 2021-22, the sexual health team has supported a recovery plan to ensure that women can also access long acting reversible contraceptives (LARC) as a family planning service. The recovery plan has been funded via the remobilisation plan in 2021-22 and will need an extension into 2022-23 to enable primary care services to build back a sustainable model for family planning service across Shetland.

Risks/Challenges

- Our workforce is made up of many small teams and that means some services remain fragile – we will need to reconsider some of the models that we have in place, for example, where we have single handed practitioners to ensure that we can continue to deliver safe services. This is an issue across health and social care, but is a particular challenge when considering services in the community, including those supporting very remote communities. We also need to review the workforce model for medical staffing, in line with national recruitment and retention we have a number of vacancies in our senior medical team and we have started to review options in order to identify alternative approaches/skill mix to deliver emergency medical care.
- Affordability of the current models is a key challenge because of the diseconomies of scale across services. We will need to determine the balance of locality based services and centralised services we need to deliver services safely and affordably – our overnight care services (social care, community and primary care) are largely based on models using 'on call' staffing and there is a level of duplication in the way that services are provided overnight. Developing hub and spoke models to increase and enhance overnight care will need to be considered in order to deliver sustainable services for the future along with a change in the skill mix. The output from the Professional Alliance sets out the priorities we have agreed to take forward in 2021-22
- We will need to develop a clear e-health strategy which focuses on technology enabled care – to support decision making and create opportunities for connecting locality based services with secondary and specialist care services.

- We will need to develop a clear approach and strategic plan to support self-directed care and self-management. There is more work to do in developing our signposting, redirection and health education/awareness services to ensure that the public know what services are available, when they are available and how to access them appropriately.

Targets/Outcomes

The Scottish Government supports a focus on key service areas through the use of performance indicators covering:

- Number of emergency admissions
- Admissions from Accident and Emergency
- Number of unscheduled hospital bed days; acute specialties
- Number of unscheduled hospital bed days; long stay specialties
- Accident and Emergency Attendances
- Percentage of attendances at Accident and Emergency seen within 4 hours
- Delayed discharge bed days
- Minimum data set for forensic medical care

Shetland performs well across these indicators.