

DIRECTION FROM THE SHETLAND ISLANDS INTEGRATION JOINT BOARD (“IJB”)

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

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| Direction: Unscheduled Care | Direction to: NHS Shetland (NHSS) | Overall Budget allocated by IJB for Direction: £4,324,096 |
| Reference Number: 1.8 | Relevant Function(s): Unscheduled Care in hospital setting | Review Date: March 2026 |
| IJB Report(s) Reference Number: CC-30-25 | | |
| Date Direction issued/authorised by IJB: 27 June 2025 | Date Direction takes effect: 1 April 2025 | Does the Direction supersede, amend or revoke an existing Direction? If yes, include reference number of existing Direction: Supersedes Direction 1.8 (IJB Report Ref. CC-17-24-F) |
| Purpose of Direction | | |
| <p>Delivery of Unscheduled Care services as delegated to the IJB:</p> <ul style="list-style-type: none"> • Emergency Care provided by the Emergency Department (not including critical care or surgical pathways) • Older Peoples Care, including fast track rehabilitation. Older peoples care is provided in the General Medical Ward (Ward 3) and Surgical Ward (1). • Acute Medicine (provided via the General Medical Ward) <p>While Community Urgent and Unscheduled Care Pathways are not included, development and improvement in each area impacts on the other, as such communication and collaboration between teams is essential.</p> | | |

| Accountability and Governance | | | |
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| <p>NHS Shetland is accountable for the delivery of the services within this Direction, which have been commissioned by the Integration Joint Board (IJB).</p> | | | |
| Overarching Directions to Function(s) | | | |
| <ul style="list-style-type: none"> • Emergency Care provided by the Emergency Department (not including critical care or surgical pathways) • Older Peoples Care, including fast track rehabilitation • Acute Medicine (provided via the General Medical Ward) | | | |
| Directions | Outcomes and key actions | Performance Monitoring and Indicators | Challenges & Opportunities – inc. Risks and Finance |
| <p>Unscheduled Care</p> <p>Unscheduled care takes place across community, hospital and specialist settings. This Direction is in respect of Unscheduled Care in the hospital setting.</p> <p>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:</p> <ul style="list-style-type: none"> • Emergency Care provided by the Emergency Department –including emergency psychiatric care and paediatrics (not including critical care or surgical pathways) • Older Peoples Care, including fast track rehabilitation • Acute Medicine (provided via the General Medical Ward) | <p>People in Shetland are able to access high quality, appropriate urgent and unscheduled care services to meet their needs – these services are sustainable.</p> <p>Discharge without Delay programme – improved patient outcomes associated with decreased length of stay (LoS) in hospital, patients and carers feel supported throughout process.</p> <p>Review how we deliver urgent care for children.</p> | <p>There are a number of health improvement, efficiency, access and treatment (HEAT) targets which specifically relate to quality or performance markers for effective emergency care systems:</p> <ul style="list-style-type: none"> • Delayed Discharges • Total Delayed Discharges • Access to ED in 4 hours • Rate of attendance at ED • Rate of emergency patients admitted to hospital (NI-12) • Number of presentations ‘Out of Hours’ (OOHs) | <p>Challenges</p> <ul style="list-style-type: none"> • Recruitment • Workforce capacity • Workforce capacity for improvement work • System/professional acceptance of change • Service sustainability – infrastructure. There is a need for significant remedial work at Gilbert Bain Hospital, and this work will result in significant disruption |

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| | <ul style="list-style-type: none"> • HCSWs supporting discharge planning as part of capability development work • Daily dynamic discharge model implemented across inpatient settings • Close working with partners to review people who are delayed in Hospital to understand the reasons why e.g. SAERs, day of care audits etc • Link with regional planning groups focused on emergency care for children to support review of service within regional context. • Understand service and workforce needs to deliver effective emergency care for children. | <ul style="list-style-type: none"> • Average acute medical length of stay in hospital • Number of children who are admitted via the urgent care pathway • Reduced unnecessary delays (transport, medicines) • Carers feel supported throughout process | <p>over coming months. There may be an impact for services depending on levels of funding for capital and revenue for workforce requirements, and options for sustaining necessary service provision are currently in discussion with Scottish Government. The revenue implications will need to be added to NHS Shetland Boards financial plan and reflected in an updated Direction.</p> |
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