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

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

<table>
<tr><td>Direction:
Unscheduled Care</td><td>Direction to: NHSS</td><td>Overall Budget allocated by IJB for Direction:
£3,469,554</td></tr>
<tr><td>Reference Number:
1.8</td><td rowspan="2">Relevant Function(s):
Unscheduled Care in hospital setting</td><td rowspan="2">Review Date: March 2024</td></tr>
<tr><td>IJB Report(s) Reference Number:
CC-30-23</td></tr>
<tr><td>Date Direction issued/authorised by IJB:
29 June 2023</td><td>Date Direction takes effect:
1 April 2023</td><td>Does the Direction supersede, amend or revoke an existing Direction?
Supersedes CC-07-22-F(note previous direction "Hospital Based Services" has been split into 3 component parts – Unscheduled Care, Sexual Health Services, Renal Services)</td></tr>
<tr><td colspan="3">Purpose of Direction</td></tr>
<tr><td colspan="3">Delivery of Unscheduled Care services as delegated to the IJB:

• Emergency Care provided by the Emergency Department (not including critical care or surgical pathways)
• Older Peoples Care, including fast track rehabilitation (provided via the Acute Medical Unit)
• Acute Medicine (provided via the Acute Medical Unit)

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.</td></tr>
<tr><td colspan="3">Accountability and Governance</td></tr>
<tr><td colspan="3"></td></tr>
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NHS Shetland is accountable for the delivery of the services within this Direction, which have been commissioned by the Integration Joint Board (IJB).

Overarching Directions to Function(s)	
Directions:	**Performance / Objective(s):**
Unscheduled Care 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: • 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 (provided via the Acute Medical Unit) • Acute Medicine (provided via the Acute Medical Unit) **Budget: £3,469,544**	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 • 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) • Average acute medical length of stay in hospital • Number of children who are admitted via the urgent care pathway

Expected Outcomes	Key Actions/ Milestones (inc dates)	Target (inc. dates)	Risks (detail in risk table below)	Savings/ funding (amount and source)	Ref. and linked priorities
People in Shetland are able to access high quality, appropriate urgent and unscheduled care services to meet their needs – these services are sustainable	Complete a review of the current (acute) medical model to support urgent care, building on the Consultant Emergency Physician model. Identify how we can shape the wider, multi-professional team to provide sustainable urgent care in the Hospital setting and take a whole system approach to provide urgent care OOHs.	Sustainable service model, with reduced need for supplementary staffing agreed end 23/24	Recruitment (national risk) (1) Workforce capacity (core service) (2) Workforce capacity for improvement work (4) System/professional acceptance of change (6)		StBoC Best Value
Discharge without Delay programme – improved patient outcomes associated with decreased LoS in hospital, patients and carers feel supported throughout process.	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	Reduced patient LoS Reduced unnecessary delays (transport, medicines) Carers feel supported throughout process	System pressures in other areas impact success (7)		StBoC Best Value

Reviewing how we deliver urgent care for children	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.	Emergency care for children included within local workforce plan – informed by	Workforce capacity for improvement work (4) Service provision not adequate for children (5)		Best value

#	Risk	Consequences	Control Measures	Risk Rating	Review Date
1	Recruitment (national risk)	Unable to recruit to provide sustainable service. Cost pressures of supplementary staffing. Service lacks continuity, impacts on patient experience and outcomes.	Relatively stable team of Consultants in place, with new models emerging for doctors taking rotational contracts. New roles emerging such as the Rural Emergency Practitioner.	High (Possible/Major)	May 2024
2	Workforce capacity – core service	Unable to deliver full service, triaged by clinical need resulting in provision of minimum/emergency service only. Poorer patient outcomes due to delays, increased waiting times, does not deliver prevention/early intervention priorities.	Escalation plans and business continuity plans in place in the event that we have a short term dip in staffing. Urgent care is a priority and capacity for all other services are considered secondary to ensure that urgent care can be sustained – we would seek mutual aid support/increase supplementary staffing if workforce became a medium term challenge.	Medium (Unlikely/Major)	May 2024
4	Workforce capacity for improvement work	Services remain static, opportunities for improvement not taken. Patient outcomes do not improve.	Clear leadership around priority of improvement work. Time and support offered for improvement work.	Medium (Unlikely/Moderate)	May 2024
5a	We will not be able to sustain urgent care pathways for children (to the current level)	Poorer outcomes for children attending emergency services. Delays in care if appropriate provision unavailable in Shetland. Difficulty in recruiting staff who have generalist skills that include paediatrics	Ensure systems are in place to provide shared care pathways with specialist services e.g. NHS Grampian Support staff to develop and maintain skills needed to assess, stabilise and treat children who require urgent care Maintain network with regional planning groups to ensure that	Medium (Unlikely/Major)	May 2024

			remote and rural issues are considered in regional service design/redesign		
5 b	We will not be able to sustain Psychiatric emergency care pathways (PEP) (to the current level)	Poorer outcomes for people attending ED in an acute psychiatric crisis attending emergency services. Difficulty in recruiting staff who have generalist skills that include mental health. Potential to over refer patients to specialist services – when needs could be managed locally	Ensure systems are in place to provide shared care pathways with specialist services e.g. NHS Grampian Support staff to develop and maintain skills needed to assess, stabilise and treat people using a PEP Maintain network with regional planning groups to ensure that remote and rural issues are considered in regional service design/redesign	Medium (Unlikely/Major)	May 2024
6	Lack of willingness to accept change and/or redesign	New models do not emerge because staff are not willing to support new ways of working Realistic care principles not embedded e.g. unwarranted variation in care and treatment outcomes for patients	Involvement of team in design and implementation of change. Engagement with the wider community to understand why change is needed and assurance that new models are safe and effective. Communication of changes with relevant stakeholders.	Medium (Unlikely/Moderate)	May 2024
7	System pressures in other areas impact success	Unable to achieve decreased LoS and positive outcomes due to lack of appropriate destination for patient, may be capacity for care package in community, appropriate accommodation or placement driving delayed discharges.	Continue positive regular solution focussed communication between Hospital Based and Community teams to understand urgent/unscheduled care demands across the whole system. Continue input into change work across HSCP system.	High (Possible/Major)	May 2024