

NHS Shetland

Meeting:	Shetland NHS Board
Meeting date:	29 April 2025
Agenda reference:	Board Paper 2025/26/06
Title:	Performance update – Operational Improvement Plan – Urgent Unscheduled Care and the Older Population
Responsible Executive/Non-Executive:	Brian Chittick, Chief Executive
Report Author:	Lucy Flaws, Head of Planning, NHS Shetland

1. Purpose

This is presented to the Board/Committee for:

- Awareness

This report relates to:

- Annual Delivery Plan
- NHS Scotland Operational Improvement Plan

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

- Safe
- Effective
- Person-centred

2. Report summary

2.1. Situation

NHS Scotland published an Operational Improvement Plan on 31 March 2025. The Plan focusses on 4 critical areas:

- improving access to treatment
- shifting the balance of care
- improving access to health and social care services through digital and technological innovation
- prevention – ensuring we work with people to prevent illness and more proactively meet their needs

To support local implementation of the national plan NHS Shetland have been required to complete an enhanced Planned Care Improvement Plan, and an Urgent and Unscheduled Care Plan focussing on “improving flow” through the health and care system, with a significant focus on frailty and the older population.

This report will present a selection of data relating the latter plan, concerning the urgent and unscheduled care and the older population.

2.2. Background

The Operational Improvement Plan is available to read in full online here:

<https://www.gov.scot/publications/nhs-scotland-operational-improvement-plan/pages/1/>

The plan is founded in an understanding that to become sustainable and meet increasing demand the NHS in Scotland requires significant renewal and reform. The parts of the plan relating to urgent and unscheduled care focus on reducing pressure on acute hospitals, shifting the balance of care to community settings, and improving access to first contact services.

Teams across Acute and Community settings are continually working to improve their practice and processes to improve patient outcomes and experiences. There are a number of pieces of work, and business as usual ways of working, underway in NHS Shetland that should have an impact in these areas. This list is far from exhaustive, but a few examples of work are:

- Primary Care Redesign, which is leading to improved management of long term conditions, and improved access to appropriate primary care services;
- multi-disciplinary team management of discharges;
- discharge without delay processes;
- Pharmacy First and Pharmacy First Plus services;
- Hospital at Home service;
- Future Care Planning improvement (ReSPECT pilot);
- Scottish Ambulance Services pathway development work;
- Intermediate Care Team reablement service

Our colleagues in Social Care and Social Work are a key part of a number of these initiatives.

Demand on our health services is increasing, we know a significant amount of healthcare need is driven by age, and our older population in Shetland is growing. This change has happened more quickly than in the rest of Scotland – from 2010 to 2022 the number of people aged 65-74 increased by 26%, while those aged 75+ increased by 46%. In Scotland these respective changes were 25% and 23%. In Shetland this meant supporting an estimated extra 1,300 people over the age of 65 in 2022 compared to in 2010. This means we have to make sure our services are planned and organised in a way that is most helpful for this population – this often means services being better planned and connected, able to deal with multiple conditions, more complexity and to work together with the patient at the centre of our system rather than at the centre of multiple different services.

NHS Shetland and the Shetland Health and Social Care Partnership have recently been accepted to be part of the most recent Healthcare Improvement Scotland “Focus on Frailty” cohort – this opportunity will support us in understanding and planning our services to better meet the needs of our population who are living with, or at risk of, frailty.

2.3. Assessment

A small number of indicators are included for information – these compare the same indicator for all age-groups, and for those aged 75+x. This gives some indication of how our services are used differently by people with different needs; indicators of performance should be considered as part of a broader context and cannot necessarily be used as a proxy for patient outcomes or experience.

Indicators are presented with a comparison to NHS Scotland performance as a whole, and data from 2022, 2023, and 2024 are included. Where data is complete points for January and February 2025 are included. indicators included are:

- Self Presentation at Emergency Department
 - This tells us about people who come to the emergency department for assessment and treatment as their first point of contact. Around 1/3 have been referred by a healthcare professional, more detail on this will be included in future reports.
 - Shetland has a higher attendance rate overall at ED than the Scottish average.
- Emergency Department Attendances Conveyed by Ambulance
 - Shetland appears to be similar to Scottish rate for over 75s, and generally lower than Scotland for all ages.
 - Shetland generally has excellent Scottish Ambulance Service ‘turnaround times’, and SAS are working together with acute and community teams to avoid conveyance and support people at home when that is best for them.
- Emergency Readmission within 28 days

- This tells us about people who have been discharged after an unplanned admission, and then readmitted as an emergency within 28 days of being discharged.
- For all ages Shetland has a lower rate of re-admission than Scotland, for over-75s the rate is also lower, though less so. The re-admission rate for over 75s is higher than for other ages, this is what we would expect for people who are more likely to be medically complex or vulnerable to complications.
- Emergency Department 4 hour wait target
 - This tells us about the time for someone to be assessed, treated and discharged or admitted. Shetland performs well compared to Scotland for all ages, and particularly well compared to Scotland for over-75s.
 - A slight lowering of performance against the 4-hr target in 2024, which is continuing, should be considered alongside a reduction in admission rate in the same period. Where possible in NHS Shetland patients will be treated and discharged home from the Emergency Department if this is best for them, even when this breaches the 4hr wait target, rather than be admitted to avoid breaching the 4 hr wait target.
- Rate of Admission to Hospital
 - Admission to hospital is essential for some patients, but there are risks to being admitted to hospital and if it is possible to avoid admission by treating a patient at home in their own environment, this generally has better outcomes.
 - Shetland has generally had a slightly lower admission rate than Scotland, and this has further decreased over the past year. This rate looks at the number of admissions as a percentage of the number of attendances at ED.
 - Because we have a high rate of ED attendance compared to other places we would expect a lower rate of admission, but the consistent change over the past year is of interest.

Work over the coming year related to Urgent and Unscheduled Care and Frailty will continue to look at the indicators among others, including data from across the health and social care system. The work will be shared in routine performance reporting for awareness.

2.3.1. Quality / patient care

Safe, quality patient care is being maintained by the use of locum and agency staff at present, in order to maintain safe staffing models in essential services. Long term sustainable staffing models remain a top priority in order to provide more effective and efficient use of resources. This should improve the ability to create our objective of patient centred care through ensuring sufficient organisational capacity and resilience.

2.3.2. Workforce

The urgent and unscheduled care and frailty focus work will consider the configuration of our services, the types of service we provide, and how these can be staffed. The work will

look at integrated teams wherever possible to add resilience, it is not yet clear what the workforce implications will be.

2.3.3. Financial

There is urgent need to redesign services to enable the Board to live within its means. There is work happening nationally, regionally and locally looking at service sustainability, all of which NHS Shetland are engaging with.

2.3.4. Risk assessment/management

Risk is managed via the Executive Management Team as part of the Board's Risk Management Strategy.

2.3.5. Equality and Diversity, including health inequalities

An EQIA has not yet been completed relating to the UUC Frailty Focus work – this will be progressed as changes to service are proposed and developed.

2.3.6. Other impacts

N/A

2.4. Recommendation

- **Awareness** – For Members' information.

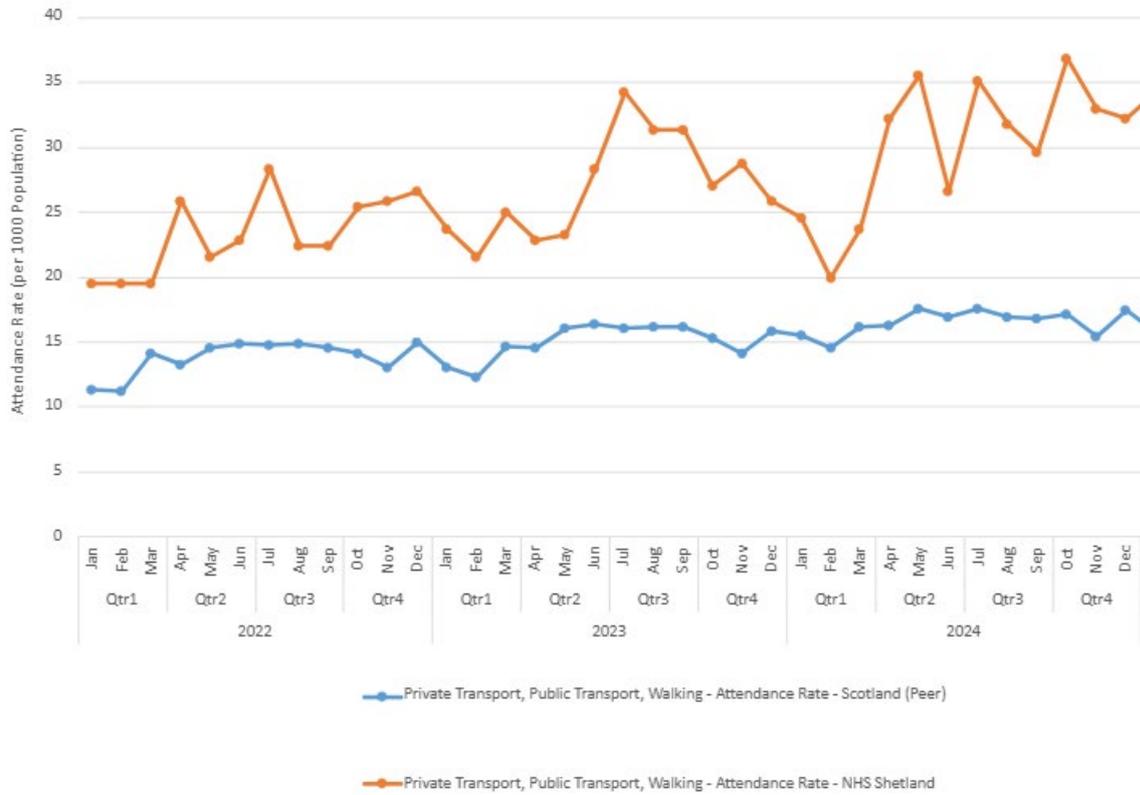
3. List of appendices

The following appendix is included with this report:

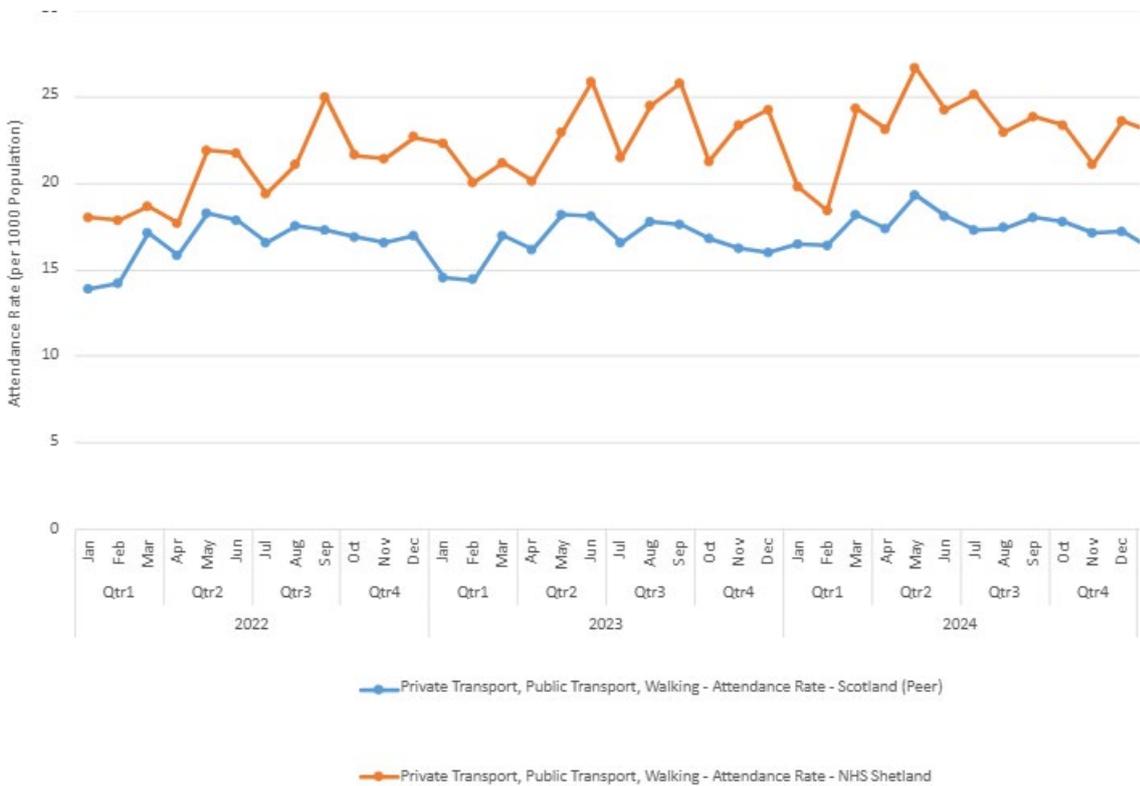
Appendix No 1 NHS Shetland Urgent and Unscheduled Care, focus on older population

Self-Presentation at Emergency Department

People aged 75+



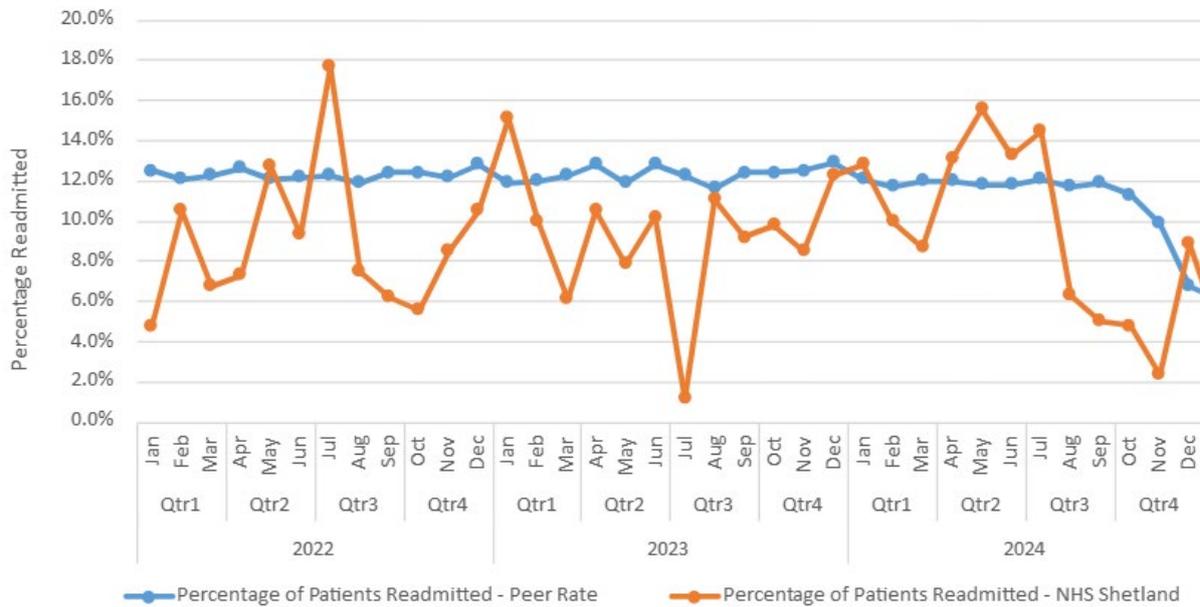
All ages



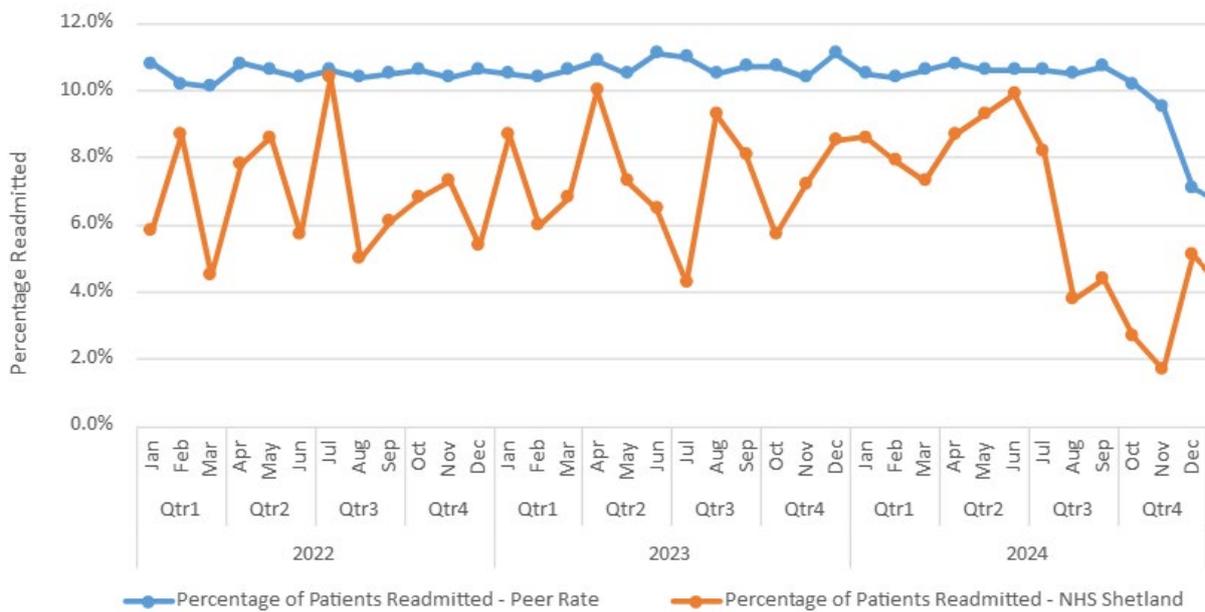
Emergency Readmission within 28-days (as % of all admissions)

People aged 75+

Percentage of Patients Readmitted- NHS Shetland vs Scotland (Peer)

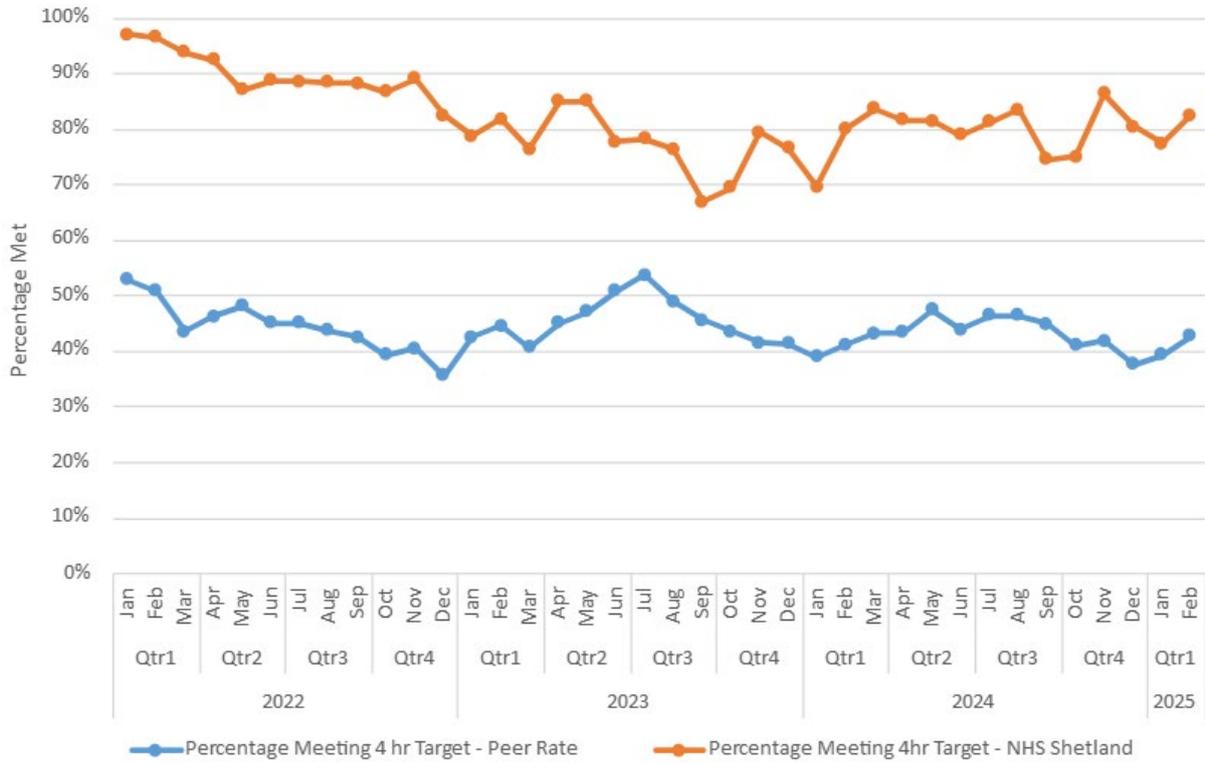


All ages

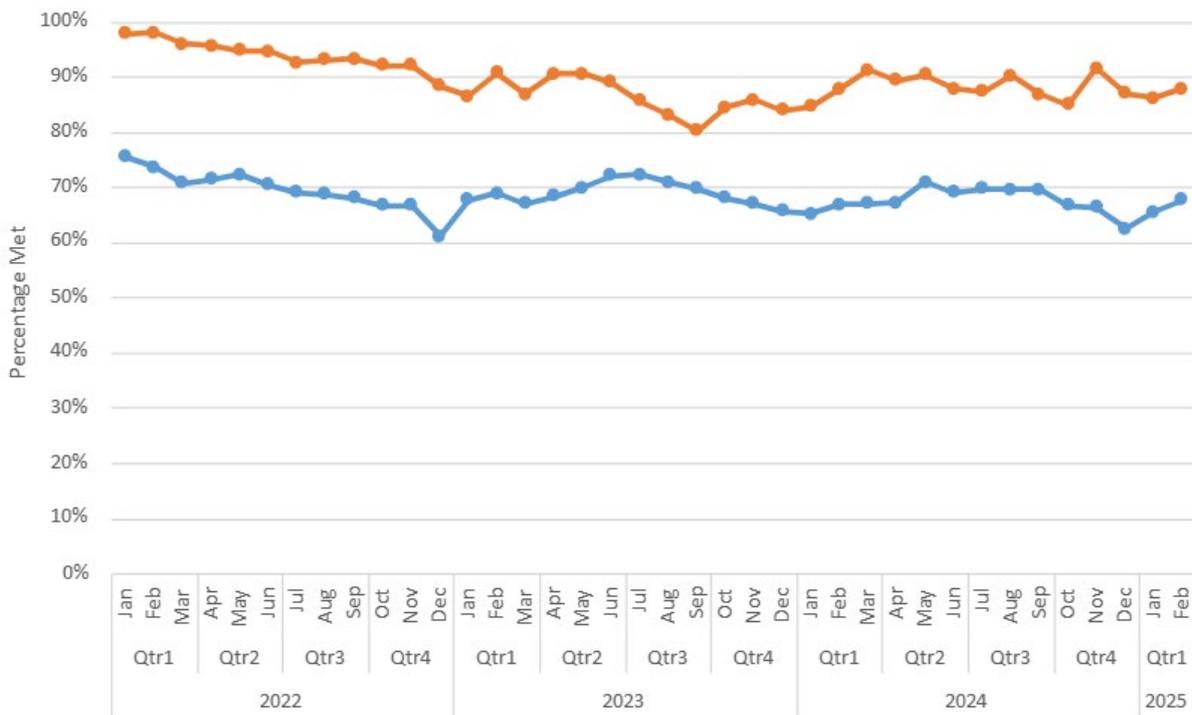


Emergency Department Attendances within 4hr target

People aged 75+

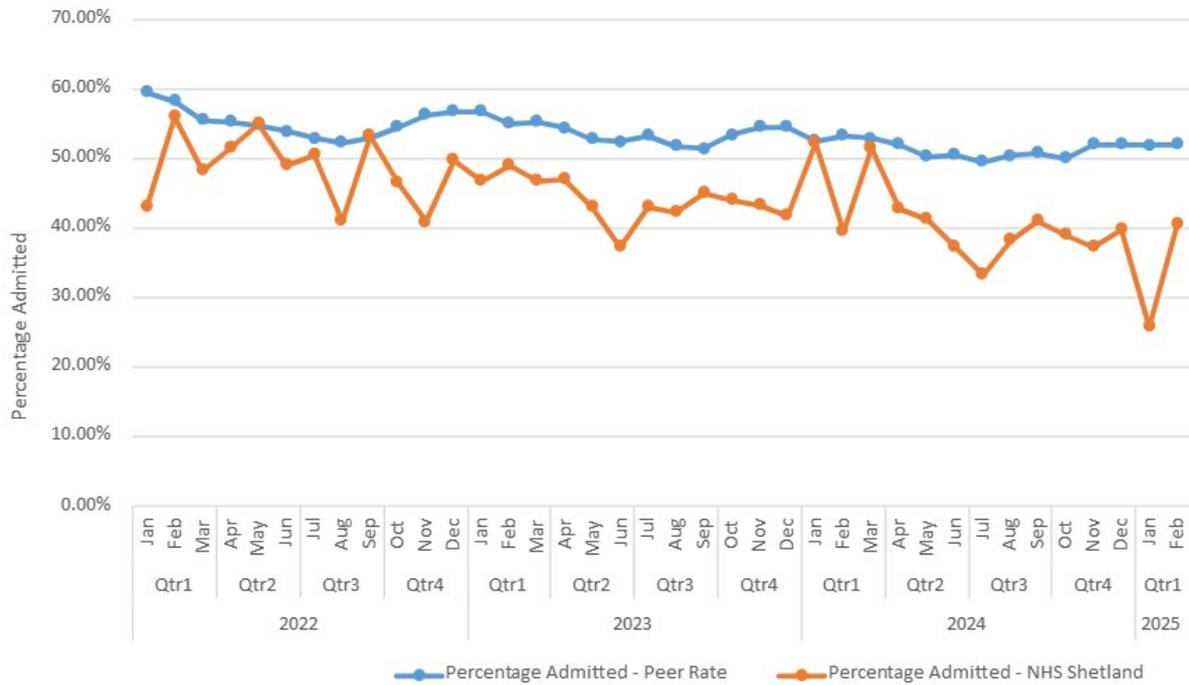


All ages



Admission Rate – Percentage of People attending Emergency Department who are Admitted to Hospital

People aged 75+



All ages

