NHS Shetland

Meeting:	**Shetland NHS Board**
Meeting date:	**25 June 2026**
Title:	**Annual Delivery Plan 2026-27**
Agenda reference:	**Board Paper 2026/27/13**
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:

- Approval

This report relates to:

- Annual Delivery Plan
- Strategic Delivery Plan

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

- Safe
- Effective
- Person-centred

2. Report summary

2.1. Situation

Board is presented with the **NHS Shetland Annual Delivery Plan 2026–27**, which forms the second full year of delivery for the NHS Shetland Strategic Delivery Plan (SDP) 2024–29. The report outlines the key priorities, alignment with national expectations, and the programme of strategic work for the year ahead.

This paper has been reviewed at NHS Board (Private Session) on 10 February 2026, where a final version was requested for this meeting, this draft has been reviewed at Finance and Performance Committee on 28 May.

2.2. Background

The NHS Shetland Strategic Delivery Plan 2024–29 set a clear five-year direction for improving health and care in Shetland, grounded in existing strategies including the Clinical & Care Strategy, HSCP Joint Strategic Commissioning Plan, and the Shetland Partnership Plan. The Annual Delivery Plan (ADP) translates these longer-term ambitions into a focused single-year plan, tailored to Shetland's unique population, geography, needs and strengths. Previously the Annual Delivery Plan has been prescribed by Scottish Government, but there has been a marked move away from that approach midway through 2025-26 and into 2026-27. No prescriptive guidance is anticipated this year, and this gives NHS Shetland the opportunity to focus more clearly on local needs and priorities, while continuing to engage with national, subnational and existing regional work.

The 2026–27 plan is shaped by the Scottish Government's evolving planning context, particularly the publication of the 'National Products':

- Service Renewal Framework (SRF)
- Population Health Framework (PHF)

And distribution of the draft Annual Operating Priorities (AOP) for 2026-27 in February 2026.
The ADP remains fully aligned to the SDP's three strategic goals:

- Provide excellent services
- Create the conditions for a sustainable organisation
- Support the building blocks of healthy communities

And is closely aligned to the HSCP Strategic Plan and the Shetland Partnership Plan.

2.3. Assessment

Key points:

- The ADP focuses on year three of the SDP implementation timeline – the second full year of delivery.
- Strengthens alignment with national priorities under SRF, PHF and AOP while maintaining strong local context and community focus.
- Reinforces the need for realistic prioritisation, given pressures on workforce, service resilience and financial resources.

- Outlines the intended work programme for 2026–27, demonstrating how local projects and redesign initiatives contribute to the three strategic goals.
- Highlights key risks to delivery of the ADP.
- Outlines how this plan will be managed through usual performance reporting, and through programme delivery.
- Highlights the expectation that NHS Shetland will continue adapting how it works to maintain safe, effective and sustainable services
- Responds to feedback and challenges over the first 2 years of delivery.

2.3.1. Quality / patient care

Providing excellent services is one of three key objectives the ADP is working towards – this relates to timeliness, quality and safety of delivery. The plan also acknowledges the need to sustain service delivery while developing or testing new ways of working.

2.3.2. Workforce

Workforce constraints remain a central risk, requiring redesign, improved recruitment and retention approaches, and strengthened workforce planning.

2.3.3. Financial

The delivery of the plan will require careful management within limited financial resources, recognising the tough choices ahead and the need for recurring savings and improved cost control.

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

A draft integrated impact assessment has been completed in the early stages of plan development and has informed development of both the risks to the plan, and has shaped the contributing workstreams. This will be published alongside the plan.

The impacts identified for the assessment are broadly positive, with particular benefits for older people, people with disabilities, and those with long-term conditions through improved access to proactive, community-based and preventative care (e.g. frailty pathways, LD health checks, ND pathways and mental health support). There is also longer-term potential to reduce inequalities through Fairer Futures, Anchor work and more person-centred system change.

However, there are notable risks that could create or widen inequalities if not mitigated, particularly linked to digital-first approaches, potential centralisation of services, and temporary disruption from service or estate changes. These may disproportionately affect older people, disabled people, those in remote or island communities, and people experiencing poverty or limited access to transport or technology.

Overall, the assessment indicates a mixed position, with significant positive intent and potential, but a need for careful design and mitigation to avoid unintentional exclusion and ensure equitable access.

2.3.6. Other impacts

N/A

2.4. Recommendation

Board is asked to:

- Approve the NHS Shetland Annual Delivery Plan 2026–27
- Note the summary findings of the Integrated Impact Assessment

3. List of appendices

The following appendix is included with this report:

Appendix No 1 NHSS ADP 2026-27

NHS Shetland

Strategic Delivery Plan 2024-29

Annual Delivery Plan 2026-27

1. Executive Summary

The NHS Shetland Annual Delivery Plan 2026–27 sets out our priorities for the second full year year of delivering the NHS Shetland Strategic Delivery Plan 2024–29, maintaining a clear line of sight between local priorities and action and the evolving national and subnational planning environment. Building on the foundations of the Clinical and Care Strategy, the HSCP Joint Strategic Commissioning Plan and the Shetland Partnership Plan, the Delivery Plan focuses on three long-term goals: providing excellent services, creating the conditions for a sustainable organisation, and supporting the building blocks of healthy communities. It recognises Shetland's unique geography, population needs and operational challenges, and outlines how NHS Shetland will continue to deliver safe, effective and person-centred care as close to home as possible.

This year's plan is framed by the publication of the Scottish Government's three key national products - Service Renewal Framework, Population Health Framework, and annual operating priorities – the Public Service Reform Strategy, and by a shift away from prescriptive national annual delivery planning guidance. Against this backdrop, NHS Shetland sets out a pragmatic, realistic programme of work that acknowledges significant pressures on workforce, estate and finances, and the need to reshape how services are delivered to secure long-term sustainability. The plan highlights the difficult choices required in prioritising effort and investment, while maintaining a firm commitment to improving patient access, health outcomes, equity, and organisational resilience. We will increasingly use the concept of failure demand, the avoidable work created when services do not meet people's needs effectively the first time, as a planning and improvement lens. This helps us focus on productive opportunities, redesigning pathways and interfaces so that more of our time and capacity is spent on value-adding care, reducing repeat contacts, avoidable escalation and crises, and improving experience for people and staff.

As the second full delivery year of the five-year strategy, the 2026–27 plan consolidates progress to date, aligns local priorities with national expectations, and strengthens governance, clarity of intent, and accountability in delivery. It provides a focused set of actions designed to ensure NHS Shetland continues to meet the needs of its communities now and adapts effectively for the future.

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2. Purpose of the Annual Delivery Plan

The NHS Shetland Strategic Delivery Plan 2024–29 set out a clear direction for how the organisation would improve health and care over the five years of the plan. It builds on existing strategies - including the Clinical and Care Strategy, the HSCP Joint Strategic Commissioning Plan and the Shetland Partnership Plan - to show how NHS Shetland will support people to live well for longer and access high quality, person-centred care as close to home as possible.

The Plan recognises Shetland's unique needs, challenges and strengths, and aims to ensure the Board is consistently doing the right things for our local communities. It focuses on three main goals: providing excellent services, creating the conditions for a sustainable organisation, and supporting the building blocks of healthy communities. The strategy acknowledges the tough choices ahead in managing workforce and finances and emphasises the need to change how NHS Shetland works so that services remain effective, safe and sustainable for the future.

This Annual Delivery Plan represents the second **full year** of the NHSS Strategic Delivery Plan, year 3 in financial year context shared below. In previous years there has been prescriptive guidance and requirements from Scottish Government around Annual Delivery Planning. Over the past 12 months, with publication of the 'National Products' - Operational Improvement Plan, Service Renewal Framework and Population Health Framework - Scottish Government has indicated a move away from prescriptive delivery planning guidance, although the situation around national and subnational planning continues to evolve. At NHS Shetland we have committed to planning against our local priorities, seeking to deliver against our own Strategic Delivery Plan first, while remaining adaptable and prepared to respond to national opportunities.

- Year 1 June 2024-March 2025 - Strategic Delivery Plan finalised with a clear Shetland context, Annual Delivery Plan content heavily mandated by Scottish Government
- Year 2 April 2025-March 2026 - Annual Delivery Plan content mandated by Scottish Government, close monitoring and sign-off process ceased. Release of OIP (end March) SRF and PHF (end June).
- Year 3 April 2026-March 2027 – Local SDP Annual Delivery Plan, 'Draft Annual Operating Priorities' provided from Scottish Government February 2026
- Year 4 April 2027-March 2028
- Year 5 April 2028-March 2029

3. Planning Context

3.1. National Priorities

The NHS national planning context has evolved over the past few years with a number of key publications including the Planning DL (2024) 31 setting out a Renewed Approach to Population Based Planning Across NHS Scotland, the Service Renewal Framework, Population Health Framework, Operational Improvement Plan, and emergence of Subnational Planning expectations with the Implementation of Sub-National Planning: Cooperation and planning Directions 2025, with these have come change in expectations for Annual Delivery Planning.

The Service Renewal Framework (SRF) and Population Health Framework (PHF) were published in June 2025, along with an Operational Improvement Plan (OIP) at the end of March 2025, these documents make up the '3 National Products' referred to in national NHS planning.

Service Renewal Framework

The SRF sets out Scotland's long-term plan to redesign health and social care services by shifting care into communities, strengthening prevention, improving integration, and using digital and population-based planning to drive sustainable transformation. It is built around five core principles - Prevention, People, Community, Population, and Digital - and provides clear early actions and a phased roadmap for change, with a strong focus on person-centred, value-based care and rebalancing resources toward community settings. The changes the SRF envisions over the next 10 years are:

- Services that prevent disease, enable early detection and effectively manage chronic and long term conditions
- Delivering health and social care that is people-led and 'Value-Based'
- Strengthening integration across the system
- Improving access to services and treatments in the community
- Redesigning hospital services as we deliver more care within our communities
- Delivering services which are accessible through digital technologies, with people and our workforce able to access and make use of the right information

Population Health Framework

The PHF complements this by defining a 10-year, prevention-first vision to improve health and reduce inequalities at a whole-population level, emphasising healthy weight, wider determinants, and cross-system collaboration beyond the NHS. The aim of the PHF is to improve Scottish life expectancy whilst reducing the life expectancy gap between the most deprived 20% of local areas and the national average. Shetland currently has one of the highest life expectancies among NHS Boards, and Local Authorities.

In-year Planning

The Operational Improvement Plan was published as an in-year improvement plan for 2025-26, focusing on delivering immediate system stabilisation by reducing long waits and acute pressures, while shifting care to community and preventative models, aligning with national reform frameworks, and integrating workforce, planning and finance to strengthen delivery, assurance and engagement. Further related requirements were communicated throughout the year.

While there has been no Operational Improvement Plan for 2026-27, the principles for in-year improvement remain, and Draft Annual Operating Priorities were issued in February 2026. There is not currently an expectation for national endorsement of plans against these. The 2026-27 Annual Operating Priorities are:

1. Reduce the longest waits for planned care
2. Increase productivity across elective and diagnostic services
3. Improve flow and performance in unscheduled care
4. Expand hospital at home as a mainstream model of care
5. Support safe and high-quality maternity and neonatal services
6. Improve support and services around mental health, neurodiversity and learning disability
7. Accelerate digital access and modernisation
8. Become a population health organisation

Together, these frameworks provide territorial boards with a coherent national direction: reinforce prevention and equity, redesign services for sustainability, and align local delivery plans with a population-based, community-orientated model of care.

Many of these national priorities can be progressed or amplified by reducing failure demand: avoidable activity created by delays, poor coordination, unclear pathways and repeated contacts. Using this lens supports realistic prioritisation and helps ensure change activity releases capacity rather than adding new work on top of existing pressure.

NHS Shetland's existing work programmes address all of these priorities, these are mapped in the table of work on pages 29-31. There are a number of expectations within the '100 days of a new SNP Government' commitment - as expected actions emerge from these, they will be woven into local planning and delivery where appropriate to a Shetland context.

3.2. Subnational priorities

The Scottish Government issued a Ministerial Direction (DL(2025)25) in November 2025 requiring Health Boards to work together more closely on five national priorities and to produce joint plans by 31 March 2026. This marked a significant strengthening of population level planning across NHS Scotland, building on national strategies including the Public Service Reform Strategy and the Service Renewal Framework..

To deliver this, two Subnational Planning and Delivery Committees (SPDCs) have been established for the East and West of Scotland. The East Committee (SPDCE) brings together the Chairs and Chief Executives of the Health Boards in Borders, Fife, Grampian, Lothian, Orkney, Shetland and Tayside, along with relevant national Boards. SPDCE's role is to jointly plan and coordinate delivery on the five mandated priorities:

- Orthopaedic waiting times
- Emergency healthcare services
- Digital Front Door / MyCare
- Alignment of business systems
- Consolidated financial planning

The East SPDC has also commissioned work on Rural and Island Healthcare.

The Direction is clear that this collaborative planning does not change the clinical, workforce or financial governance accountabilities of individual Boards. While initial plans were submitted in March 2026 and are awaiting feedback at time of writing, SPDCs are expected to continue through to 2029 to oversee delivery, and it is anticipated that the scope of planning and delivery may evolve.

3.3. Local Priorities

We operate and provide services within a complex system and there are many different factors that impact the health and wellbeing of people in Shetland. Some of these are within our control and some are not. Providing excellent services is a key part of our intent, and to do this we must act locally and engage nationally and subnationally to ensure patients needs are met, but to make a real difference to people's lives in Shetland we need to work together with other organisations and communities locally to make Shetland a place that builds health and wellbeing for people who live here.

We are a key partner driving collaborative work in several different domains in Shetland, including the Shetland Health and Social Care Partnership, Shetland Children's Partnership and the Shetland Partnership – and our teams participate in many areas of collaborative work besides.

Joining up our planning across these domains means we do not waste time and effort, and we make best use of the experience and expertise within our systems to have the biggest possible impact on health outcomes for our inputs.

The Strategic Delivery Plan (SDP) 2024–29 set out NHS Shetland's five-year direction, showing how the organisation will deliver high-quality, sustainable, person-centred care while supporting the wider determinants of health in the community. The three objectives outlined in the Strategic Delivery Plan were developed and selected to address the key areas of challenge and risk facing our organization and service-users today – many of these challenges are wicked issues, also impacting our public sector partners.

Objective 1: We provide excellent services for people		
What are we trying to change/mitigate?		
Some people cannot access what they need	Some people have a poor experience or outcome	We could do more to prevent ill-health
Objective 2: We create the conditions for a sustainable organisation		
What are we trying to change/mitigate?		
Our models of delivery are not within financial resource	We have challenges with finding key workforce roles	We have an ageing estate, in need of modernisation
Objective 3: We support the building blocks of health		
What are we trying to change/mitigate?		
Environmental and socioeconomic factors are impacting outcomes	Changes in the shape and needs of our population are impacting service demand	We must continue to meet our obligations as a responsible employer and local business

The context for all three of these objectives includes a need to continue to deliver, while redesigning for the future. To support the need to balance immediate, ongoing operational pressures, with the need to test and develop new ways of working, with a future sustainable state in mind, NHS Shetland is using a three horizon model to support planning, decision making and phasing of work.

Horizon 1 focuses on stabilising and optimising the current system—maintaining safe statutory services, meeting financial duties, and strengthening core workforce, digital and operational resilience.

Horizon 2 represents the transition zone where emerging innovations, new service models, and digital and AI-enabled approaches are tested and scaled, often requiring double-running of resources and careful governance.

Horizon 3 sets out the long-term destination: a digitally enabled, person-centred organisation that uses advanced analytics, AI, remote diagnostics and strong data governance to deliver care closer to home with a redesigned workforce and modernised infrastructure.

To enable work to progress across horizon 2 and towards horizon 3 there are 3 critical enabling plans:

Digital Delivery Plan

Our Digital Delivery Plan provides the infrastructure, tools and data needed to support service redesign. It improves access and efficiency through modernised systems, digital front-door approaches, clinical information sharing, and automation of administrative work and business processes. This enables productivity gains, supports clinical decision-making and ensures the organisation is ready for future innovation.

Workforce Plan

The Workforce Plan ensures we have the right skills and capacity to deliver the SDP within a constrained labour market. It focuses on sustainable workforce models, role redesign, advanced practice, digital upskilling and proactive recruitment and retention tailored to our island context. It aligns staffing with service changes and supports safer, more resilient care.

Financial Plan

The Financial Plan provides the discipline and sustainability required to deliver change. It strengthens grip and control, prioritises investment, supports the delivery of recurring savings, and ensures transformation can proceed safely within a balanced financial envelope. It aligns financial decisions with workforce and digital requirements to avoid disconnected planning.

Delivery

There is work to be done towards these objectives across almost all parts of NHS Shetland and not all pieces of work will be detailed in this plan – for example Quality Improvement projects

within teams, pieces of redesign work within single services. This work, however small, is vital, and to make the change needed over the coming years it is important that all of our teams are working together towards improvement, and that Quality Improvement and Change work aligns to our organizational objectives.

The programmes and projects detailed here are larger more formal pieces of work taking more resource, requiring more support, or likely to have wider impact. There is also ongoing improvement and business as usual work, which isn't necessarily a change, but requires significant time and capacity investment to progress, these are included for context to support clarity and understanding around available capacity to drive and implement change.

The programmes of work detailed below all relate to at least one of the 'parts of our system', or functions of the organisation, detailed in the Strategic Delivery Plan (2024-2029). While the programmes and priorities will change as pieces of work are progressed and finished, and the next priorities take their place, these functions will remain the same. It is important to balance development across these functions to ensure we are improving the system as a whole, preventing unintended pressures that arise when change progresses in one area faster than others

In earlier versions of our approach, Executive Directors were assigned to organisational functions; however, this structure did not translate into effective delivery or balanced oversight. We are therefore moving to a model where each programme has a named Executive Lead, providing clearer accountability and stronger support for implementation.

4. Strategic Framework (from SDP 2024–29)

4.1. Objective 1: We provide excellent services for people

Outcome 1-1 Everyone who needs our services can access what they need easily, in good time
Outcome 1-2 You have good health outcomes and experiences, no matter who you are
Outcome 1-3 You experience fewer complications or preventable health conditions

We monitor this objective by reviewing waiting times for services, monitoring patient experience of services (including through service monitoring feedback, general feedback and complaints), understanding local inequalities in health outcomes, and reviewing failure demand and instances of preventable ill health. In 2026–27 we will trial a learning approach to explore the concepts of failure demand and applying them to improvement in our system, using data we already hold, for example repeat attendances/unplanned contacts, waiting-related escalation, and themes from feedback/complaints. This will be used to target pathway and interface improvements (within and across services) rather than as a performance target.

Urgent and Unscheduled Care

Challenges to be addressed:

We recognise waiting times within the Emergency Department locally have been longer for some patients over recent years and, while we are consistently among the top-3 performing boards in Scotland more than 20pp above the national average, we have not consistently met the national 95% compliance target since 2022/23. We also recognise that we have a significant number of older people who are reaching crisis point and accessing our Emergency Department, at greater levels than in other areas.

There have been similarly mounting pressures of people who are delayed in hospital over the same period, this pressure in the acute system is directly mirrored by pressure in our local social care system. Challenges with Social Care capacity to support people is a direct driver of delays in the acute system – we recognize this capacity is very unlikely to change in the short to medium term, with the HSCP having undertaken significant work already to improve attractiveness of local posts in what is recognised as a national workforce supply shortage.

Work to address these challenges:

- **Local - Focus on Frailty** – including Hospital at Home, Front Door Frailty, Community Frailty – Crisis Prevention and Care Release, and Discharge without Delay.

Our local focus will be on releasing pressure on the acute system by reducing the number of people reaching crisis point by routinely identifying frailty and offering intervention (Community Frailty – Crisis Prevention); providing appropriate alternatives to admission (Hospital at Home and Frailty at the Front Door); minimising the risk of hospital-induced dependency, decreasing emergency length of stay and maintaining function while in hospital to reduce delays (Discharge without Delay); and releasing social care capacity wherever possible through targeted reablement, risk assessment and use of technology (Community Frailty –Care Release).

We want to ensure people are supported in the place that best meets their needs and ideally avoid crisis wherever possible. To support improvement in compliance with the 4-hour wait target, as well as a focus on UUC Flow, we will be heavily focusing on reducing unnecessary attendance at ED – both to improve patient outcomes and to reduce pressure on services.

Expected outcomes:

Reduced Delayed Discharges; Reduction in over 75s presenting at ED; Reduction in Emergency Length of Stay; Increased Hospital at Home capacity; Reduction in avoidable admissions through FaFD.

- **Local - Embedding the Psychiatric Emergency Plan,** following development and approval in 2025. We recognize the constraints of our local Urgent and Unscheduled Care and Mental Health Services, and must work together to keep people safe in an emergency – following development of a feasible local plan this must be socialized and tested to ensure it is embedded in practice.

Expected outcomes:

Shared, practical understanding of utilisation of Psychiatric Emergency Plan (PEP) in locally appropriate scenarios. Improved local coordination and management of Psychiatric Emergency situations.

- **Subnational Focus - Emergency Care that meets the needs of local population**

For Shetland the focus will be on frailty, as above. Shetland will engage with subnational emergency care work as it develops, ensuring any proposals are implementable within our local system.

Expected outcomes:

Reduce long waits, meet 4-hour Emergency Department access target, and improve UUC flow.

Planned Care (including Cancer and Diagnostics)

The Elective Care team continue to work closely with regional and national partners to plan and deliver local and visiting activity, and coordinate patients travelling to other boards for procedures. This work is planned and allocated according to local need and national funding available where these align with national priorities. This work is closely monitored nationally, where opportunities for additional funding and capacity arise throughout the year.

There are a number of challenges locally in delivering an effective and sustainable Planned Care model – these include specialist staffing availability; ability of partner boards to deliver capacity required; physical space available to deliver capacity locally; restrictions on additional payments and incentives for local additional delivery.

There are particular concerns around a number of services where patients in Shetland have not had consistent access to what they need for some time. These specialties particularly impact patients with long term conditions who need consistent specialist input to manage treatment and medications, including Dermatology and Rheumatology. These challenges are often hidden in the nationally reported data, which focusses on 'New Patient' activity, rather than return or review activity. To support visibility of the work the team are doing to minimise risk, and improve experience and outcomes for these patients, work is underway to support reporting on return and long term patients.

There are further challenges in other specialties where partial services can be delivered locally, but access to specialist input is limited – for example in Oral and Maxillofacial Surgery; or where services can be delivered locally, but the physical space to deliver these is a constraint – for example cataract surgeries. These can be delivered in high volume, and previously utilised weekend working to deliver optimum capacity to meet demand. Without this capacity available the team is forecasting being able to provide 60-70% of the required capacity to meet demand.

National Priorities

1. Reduce the longest waits for planned care Further increase productivity and efficiency across planned care to create additional capacity, maintain progress, and continue reducing the longest waits while ensuring clinical prioritisation is preserved. Boards should maintain or where, possible, improve activity levels and removals. Boards should maximise all available elective capacity, including National Treatment Centres, sub-national arrangements, local theatres, and community-based options where appropriate, supported by improved scheduling and theatre utilisation tools. Cancer diagnostics and treatment must be prioritised within this, boards should have a clear focus on improving the 62-day standard performance while reducing cancer treatment backlogs.

2. Increase productivity across elective and diagnostic services Optimise the use of national, sub national and Board diagnostic and elective capacity to improve throughput and support timely diagnosis and treatment. This includes strengthening community-based diagnostic access and accelerating interoperable diagnostic and digital infrastructure.

Additional Local Priorities

1. Stabilise access to service, particularly for people with long term conditions and high risk treatments
2. Work towards sustainable delivery within locally provided elective functions

Challenges to be addressed:

A number of people wait longer than they should for elective procedures, they are not systematically supported to stay well while they wait, and there are a number of vulnerabilities in the services provided to Shetland patients, due to workforce supply and availability of visiting or remote service capacity; and local capacity to deliver.

A number of local functions are provided through non-substantive staffing models, and this represents financial and service resilience risks.

Work to address these challenges:

- Local

  Sustain delivery of elective care capacity – including delivery against in-patient and out-patient waiting times, Cancer waiting times targets (protect 31-day, improve 62-day), and diagnostics delivery. Continue to engage with national work around optimising capacity and local productive opportunities.

  Continue to engage with delivery partners to stabilise service provision wherever possible, prioritising those areas where patients with long term conditions are not able to receive adequate care.

Expected outcomes:

Decreased waiting for in-patient and out-patient appointments; improved cancer waiting times for 62-day target; improved diagnostics waiting times against 8 key tests.

Work towards a sustainable, consistent model of delivery for specialist care for patients requiring long term input.

- Subnational

Deliver against Treatment Time Guarantee for Elective Orthopaedic Services

Expected outcomes:

Meet Treatment Time Guarantee for Orthopaedic elective services (scope as agreed nationally and plan as developed at subnational level, awaiting feedback and publication).

Mental Health

Challenges to be addressed:

Patients wait longer than they should to access appropriate mental health services to meet their needs. This disproportionately affects some people within our communities and also results in 'failure demand' or increased pressure on other services or functions within the health and care system when we do not appropriately meet people's needs. It is likely that many of these people experience poorer overall health outcomes due to their core needs not being met – this is an unfair difference in health outcomes.

Work to address these challenges:

- **Neurodevelopmental Pathway development work**

  Develop clear, sustainable pathways to make best use of resources available and meet the needs of people requiring neurodevelopmental assessment, diagnosis, support or treatment.

- **Increasing capacity and managing waiting lists for Neurodevelopmental conditions**

  Manage current waiting list by engaging with opportunities for increased capacity as they arise, using learning from these to inform our sustainable service model moving forward – current engagement includes dedicated diagnostic capacity, trialling digital triage, short term internal capacity, and embedding Neurodevelopmental Practitioner role.

Expected outcome:

Scope to be refined for in-year work which will be focused on children's pathway initially. Decreased waits for neurodevelopmental assessment, diagnosis and support, with improved patient and family experience of the process.

- **Adult ADHD pathway Tests of Change**

Tests of change within the Mental Health Team, working with Primary Care to ensure people are more easily able to access support and/or assessment and diagnosis for ADHD, this support is provided by the most appropriate person, allowing best use of resource across the whole range of services provided by the team. People are followed up appropriately in a way that works for them. This reduces demand on other aligned services (failure demand) as people are receiving the support they need.

Expected outcome:

Adults on medication for ADHD are able to access an annual long-term condition health check to support their broader health outcomes. People awaiting ADHD assessment and support are seen sooner. There is a better understanding of what a sustainable ADHD service for Shetland looks like.

- **Learning Disability Health Checks**

  People with a learning disability receive an annual health check, so they experience fewer preventable or avoidable health conditions or complications.

Expected outcome:

People diagnosed with a Learning Disability are offered and are able to access a long-term condition health check. Their experience of the health check is positive. People with Learning Disabilities experience fewer preventable conditions or complications due to improved management of ill health.

- **Psychological Therapies – Waiting Well and Service Stabilisation**

  People waiting to access Psychological Therapies are provided with appropriate support or access to appropriate resources while they wait. There is a better understanding of appropriate capacity required to provide a sustainable service for the levels of need in Shetland. Capacity is better matched to demand, so people do not wait as long for support.

Expected outcome:

Decrease Psychological Therapies waiting times – improvement against national access target. Improved patient experience through access to Waiting Well support and resources.

Dental Access

Challenges to be addressed:

Access to the Public Dental Service in Shetland, for those most likely to experience inequalities and poorer outcomes, is impacted by the need to provide a service to people unable to access the General Dental Service in Shetland. This means preventative and proactive dentistry care is limited both for those requiring PDS and GDS support and dental health is at risk in Shetland.

- **Public Dental Service Access**

  Protect Public Dental Service access by supporting strong GDS access and delivery. Maintain strong oral health improvement and prevention activities to mitigate risk of diminished access.

Expected outcome:

Maintain Childsmile coverage and NDIP results; improve dentist:patient ratio in Shetland wide GDS; improve dentistry participation rates for adults in Shetland; improve quantity of routine activity delivered to PDS patients.

Children and Young People

Maternity and Neonatal Services

Challenges to be addressed:

Delivering safe and sustainable, high-quality maternity services in a remote, rural, island setting. Local services work hard to align to national expectations and improvements, in a way that supports best outcomes for families and babies in Shetland. Shetland deliver high quality local Maternity Services, and are awaiting inspection in line with the national programme. Teams work closely with partner boards to ensure babies are delivered in the safest place, and when this means travelling off-island, that families are supported on their return to Shetland. Ongoing changes to how neonatal care is provided in Scotland has meant Shetland families having to travel further, to unknown hospitals, to receive the care their baby needs. The Shetland team are working closely with families, and national and regional partners, to minimise the impact of this on Shetland families.

- **HIS Maternity Standards Self-Assessment**

  Review services in line with recently published Healthcare Improvement Scotland Maternity Standards (March 2026) and implement improvement plan based on outcomes, incorporating any locally specific inspection actions when they arise.

  Expected outcome:

Shetland Maternity Services can evidence that they meet all applicable HIS standards, through appropriate self assessment, and develop appropriate action plan to support improvement against any areas required.

Bairns' Hoose

Challenges to be addressed:

The need for a coordinated local multi-agency, child-friendly response for local children who have experienced or witnessed trauma, violence or abuse. There is a need for a local approach that upholds the rights of children, and is centred on their needs, to ensure they have the best possible outcome while mitigating the negative impact of their experiences.

- **Shetland Bairns' Hoose Multiagency Development**

  Engage fully in local Bairns' Hoose improvement programme, testing changes and improvements to NHS services wherever appropriate.

  Expected outcome:

  Achievement of local Bairns' Hoose programme outcomes and timelines (programme run by Shetland Islands' Council) - with evaluation of relevant NHS components.

4.2. Objective 2: We create the conditions for a sustainable organisation

Outcome 2-1 Services are delivered within the financial resources we have
Outcome 2-2 We have the right workforce to deliver the functions we need
Outcome 2-3 Our buildings and spaces help us to deliver good health and care

We monitor this objective by reviewing our financial position and performance, particularly considering spend on supplementary staffing and any savings made (both recurring and non-recurring). We monitor workforce data including vacancies, safe staffing levels, turnover, and training compliance. We inspect our property and estate and engage in Whole System Infrastructure Planning to understand the developing requirements of our estate.

Redesigning Service Delivery to be fit for the future

Challenges to be addressed:

Many of our functions or services are unable to be delivered within their current financial envelope – this can result in capacity pressures, risks to function delivery, and can result in overspend or failure to meet savings targets.

To improve this, we want to look at alternative ways of working, including:

- Improving efficiency in business processes
    - Primary Care Workflow Optimisation; use of M365 and existing system optimisation
- Testing alternative means of delivery to make best use of resource
    - Pathway redesign – chronic pain, cardiovascular
    - Network Enabled Care – Bixter-Walls Merger
    - GP Walk-in clinics tester
    - Point of Care Testing scope exploration
- Understanding what future delivery looks like for Shetland, optimising local outcomes of national innovation
    - CYP2C19 Pharmacogenetics Testing
    - Project CAIRN – Collaborative Assessment of Innovation for Remote Monitoring in the North
    - Point of Care Testing (POCT)
    - Digital Diabetes
- Delivery of the NHS Shetland Integrated Workforce Plan (2025-28) to ensure we have the capability and capacity required for current and future delivery; focus is on key board-wide priorities:

- Maintaining a continuous, integrated workforce planning approach aligned to service and financial planning, supporting prioritisation and adaptability in a constrained environment
- Aligning workforce models to service redesign and remobilisation, enabling delivery of new care pathways and improved system flow
- Strengthening workforce data and planning capability, supporting evidence based decision-making and local ownership of workforce plans aligned to national priorities.
- Reducing reliance on supplementary staffing through targeted stabilisation, recruitment and succession planning, contributing to financial sustainability.
- Developing sustainable workforce supply, including youth and early careers pathways, to support longer-term resilience
- Strengthening leadership and delivery capacity, enabling services to deliver change alongside operational pressures
- Embedding partnership governance and monitoring arrangements, supporting coordinated action across the Health and Social Care Partnership.

Expected outcomes:

Deliver the 2026–27 Financial and Sustainability plan with a higher proportion of recurring savings; reduce high-cost supplementary staffing; strengthen grip & control; maintain statutory breakeven.

Move towards increased automation and efficiency of processes. Minimise risk of paper-based systems through implementation and optimisation of digital systems.

Delivery against Integrated Workforce Plan, including improved service and workforce planning approach throughout organization.

Ways of Working – digital implementation and readiness for change

Challenges to be addressed:

Many of the efficiencies and improvement opportunities open to health and care services are reliant on digital infrastructure, capacity and capability. These functions and capabilities have not kept pace with the change in digital context and environment over recent years, leaving services and the organization open to risk, as detailed in the Digital Strategy.

Local needs and national and subnational expectations of implementation, adoption and delivery require challenging prioritization to ensure best use of resource.

Work underway:

- **Implementation of local Digital Strategy and Delivery Plan:** including planned system implementation, integration and upgrades; better understanding the digital infrastructure and staffing required to sustain, maintain and optimise our digital systems, and engage in productive opportunities; mitigation of risks associated with current digital systems.
- **Development and optimisation of digital enablers of efficiency:** including M365 optimisation; integration of systems; improved understanding of capability gap for systems optimisation; development of health intelligence function

Subnational programme implementation:

- **Digital Front Door development:** Local engagement with national roll-out, supporting engagement of services and patients as directed nationally/subnationally.
- **Once for Scotland Business Systems:** Engagement with this work as it develops ensuring adequate Shetland representation.

Expected Outcomes:

Local readiness and alignment with subnational and national DFD and Business Systems developments, supporting improved and coordinated patient access to information and care

Ageing Estate – Whole System Infrastructure Planning

Our estate is ageing and often does not meet the needs of the functions or services it houses. There are significant risks to delivery within some of our estate.

- **Whole System Infrastructure Planning (WSIP)**
    - Immediate remedial works to minimise risk and sustain delivery within the GBH
    - National WSIP requirement for the medium to long term sustainability of service delivery in Shetland

Expected Outcomes:

Risk based investment across NHS Shetland to sustain contemporary services; optimisation of clinical/office/residential space; delivery of Whole System Infrastructure Planning by 2027.

4.3. Objective 3: We support the building blocks of healthy communities

Outcome 3-1 Our services respond to meet the needs of our changing population
Outcome 3-2 We understand our communities and influence decisions that impact them
Outcome 3-3 Our staff are supported to stay well and connected; we are a good employer and a strong part of our community.

We monitor this objective through longer term monitoring of inequalities in Shetland – this is showcased in the Shetland Partnership outcomes dashboard and the Public Health Scotland Child Poverty Prevention Dashboard.

We also consider our employee survey results, workforce data, procurement and Anchor Organisation datasets. We aim to be a strong partner in local partnerships – we do not yet have an agreed way of measuring or monitoring our impact as a partner.

Challenges to be addressed:

Some people in Shetland experience unfair differences in health outcomes because of their circumstances or who they are. Our population has changed, and our services must adapt to effectively meet the changing needs of communities in Shetland. Health outcomes are shaped and influenced far beyond where health services can have an impact – we know some decisions around non-health provision, availability of services and supports, and economic, development and social changes impact our patients and service users. We must advocate for the best possible impact on their health from any changes in Shetland.

We are a large and influential employer in Shetland, we have an impact on the health and wellbeing of our staff, and we want this impact to be positive; we also have an impact on our community and our environment, we also want this to be as positive as possible.

NHS Shetland as a partner organisation

NHS Shetland is more than a service delivery body and employer – we are an important part of our local community, and a key partner in local work that crosses organisational boundaries. Many of these partnerships are tackling the challenges we recognise in our strategic risk profile – including workforce availability, service sustainability in remote, rural, island settings, managing public services to meet changing demographics and demand. We are driving work to improve the strategic alignment of these partnerships, to ensure input and partnership has the greatest possible local impact.

Shetland Partnership Plan

- Continue to deliver against existing priorities – Person Centred Shetland; Compassionate Shetland; Climate Conscious Shetland and EmPowering Shetland.

- Be an active and influential partner in development of next local outcomes improvement plan (the Shetland Partnership Plan) through Shetland Partnership work - use opportunity to influence socioeconomic influences on health outcomes.

Expected outcomes:

Development of a meaningful Local Outcome Improvement Plan which is supportive of our long term aims – while this is still in development it is likely to include reducing child poverty and increasing the working-age population in Shetland, which will support both health outcomes, and workforce supply/sustainability challenges within and directly impacting our system.

Fairer Futures Partnership – GIRFEC, GIRFE and Child Poverty

- Progress local system change through Fairer Futures Partnership, learning from previous local work and other national pathfinder sites. Aim to deliver improvement against GIRFEC and GIRFE principles, and improve outcomes and reduce inequalities by moving from person-centred services towards a person-centred system. Focus on people-facing staff, and leadership throughout organisations. This is a key mechanism for delivery of Realistic Medicine value-based care, and Trauma Informed Practice.

Expected outcomes:

More connected system resulting in improved outcomes for people under pressure or experiencing inequalities. Improved understanding within and across the system of roles and functions/services available. Coordinated, aligned leadership around shared challenges -working towards public sector reform. Reduction in child poverty, and improvement of evidence of Shetland context around poverty and inequalities.

Health Intelligence Function

- Build an effective Health Intelligence function within NSH Shetland, building on existing skills and capacity
- Shetland Health Intelligence Platform – continue to improve utilization of data we hold to improve outcomes, access and decrease missingness in Primary Care. Utilise data to identify those at risk of frailty, deliver on Frailty and CV DES and support Long Term Condition Care.
- Use Health Intelligence function to realise an effective operational escalation to support management of acute pressure; and support development of a similar approach for social care colleagues through HSCP

Expected outcomes:

Maintain LTC annual check rate, consequential decrease in missingness and failure demand elsewhere in system. Support delivery of LD Health Checks. Improve health outcomes of people who find it more

difficult to access primary care services. Improve long term health outcomes of people with early risk factors. Develop an effective operational escalation dashboard.

Deliver as a Population Health Organisation

- Establishment of Population Health Group to drive coordinated oversight and governance of prevention activity to support best use of resources.
- Continue delivery against the Anchor Strategy.

Expected outcome:

Improved long term healthy life expectancy in Shetland. Delivery against Anchor parameters where possible for Shetland.

Obesity

- Improve governance of local weight management services to optimise access and delivery by reporting through Population Health Group, Finance and Performance Committee and to NHS Board to provide assurance of action against the Population Health Framework priorities.
- Review local Adult Weight Management Referral Pathway
- Integrate national Digital Diabetes developments with local service delivery so Shetland patients have access to the best service to meet their needs.
- Manage Cardiovascular risk proactively through effective use of ASSIGN scoring with local population

Expected outcomes:

Improved access to healthy weight services and support for anyone who needs them. Improved recording, assessment and treatment of hypertension in Primary Care and target groups. Improved targeting of services and resources related to cardiovascular risk.

5. Risks to Delivery

The delivery of the 2026–27 Annual Delivery Plan is dependent on successfully managing a number of high-impact, system-wide risks, particularly:

- Workforce Capacity and Sustainability
- Financial Sustainability and Affordability of Services
- Service Capacity, Access and Flow (Demand Pressures)
- Dependence on External Capacity and Fragile Service Models
- Social Care Capacity and Whole-System Dependence
- Estate and Infrastructure Constraints
- Delivery Capacity and Competing Priorities
- System Fragmentation and Interface Failures

Addressing these risks will require clear prioritisation of activity and focus, including de-prioritising work; effective governance and oversight to allow work between services and across functions; strong partnership working across the health and social care partnership and beyond; focus on opportunities that visualise and improve system flow, reduce avoidable demand and release capacity where it counts.

1. Workforce Capacity and Sustainability

Risk:

The organisation may be unable to recruit or retain sufficient workforce capacity and capability to deliver core services and planned transformation – this will lead to service and/or financial risk, and risk to change management and leadership capacity.

Implications for ADP delivery:

- Limits the pace of transformation and redesign
- Increases reliance on supplementary staffing and associated cost pressures
- Creates risk to quality, safety and staff wellbeing

Context:

Workforce risk is a core strategic risk across the organisation and is reflected in both service pressures, financial challenges and transformation constraints.

2. Financial Sustainability and Affordability of Services

Risk:

The organisation may be unable to deliver services within its financial envelope while progressing required transformation – this is relevant within core services as an ongoing challenge, and within change work receiving fixed term additional funding.

Implications for ADP delivery:

- Limits ability to invest in priority areas (e.g. digital, workforce redesign, service stabilisation)
- Creates tension between maintaining services and redesigning them
- Risk of focusing on short-term balance rather than long-term sustainability

Context:

Delivery of the ADP requires prioritisation and productivity improvements to remain achievable within available resources, to some degree available resources is uncertain where additionality opportunities arise through the year.

3. Service Capacity, Access and Flow (Demand Pressures)

Risk:

Demand for services exceeds the system's capacity to respond effectively in a number of areas – some on an ongoing basis, and some with physical capacity constraints on a 'surge' basis.

Implications for ADP delivery:

- Continued pressure on urgent and unscheduled care and patient flow
- Delays in planned care and increased clinical risk
- Increased "failure demand" (repeat contacts, escalation, avoidable activity)
- Reduced ability to shift care upstream into prevention and community settings

Context:

System pressures are compounded by interface issues across services and partners, consistent with wider NHS pressures on urgent care and waiting times.

4. Dependence on External Capacity and Fragile Service Models

Risk:

Reliance on visiting services, external providers and subnational capacity reduces local control and resilience; and options for local delivery leave the organisation at risk of fragility of small services or single-handed providers.

Implications for ADP delivery:

- Risk of disruption to planned care delivery and specialist services

- Inconsistent access for patients, particularly those with long-term conditions
- Limited ability to scale or redesign services locally

Context:
This reflects Shetland's remote and rural context and is a persistent structural risk affecting sustainability.

5. Social Care Capacity and Whole-System Dependence

Risk:
Insufficient capacity within social care and community support systems may limit the effectiveness of NHS interventions.

Implications for ADP delivery:

- Delayed discharges and reduced flow through acute services
- Increased admissions and avoidable escalation
- Reduced impact of frailty, prevention and community-based programmes

Context:
There is a need for effective partnership working and whole-system mitigation, where challenges with workforce supply have not been possible to overcome.

6. Estate and Infrastructure Constraints

Risk:
Ageing or unsuitable estate and infrastructure may limit the organisation's ability to deliver modern, efficient services.

Implications for ADP delivery:

- Constrains expansion of local capacity (e.g. elective care)
- Limits redesign of pathways and models of care
- Increases operational risk to service continuity and safety

Context:
Infrastructure limitations are a recognised barrier to productivity and service redesign across the NHS, there is uncertainty in the planned management nationally of estate and infrastructure challenges, and significant public interest in the NHS estate locally.

7. Delivery Capacity and Competing Priorities

Risk:
The scale and breadth of change required, combined with ongoing operational pressures, may exceed organisational capacity to deliver.

Implications for ADP delivery:

- Slower progress across programmes
- Risk of dilution of focus and impact
- Increased likelihood of partial rather than full delivery of intended change

Context:
The ADP must balance operational stability with transformation, requiring clear prioritisation and governance.

8. System Fragmentation and Interface Failures

Risk:
Lack of coordination across and within services and organisational boundaries may result in inefficiencies and unintended consequences.

Implications for ADP delivery:

- Increased failure demand and avoidable activity
- Poor patient experience and fragmentation of care
- Benefits of transformation not realised at system level

Context:
The Strategic Risk Register highlights the importance of robust governance and coordinated risk management across the system.

6. Delivery Priorities for 2026–27

Each project outlined will have an associated action plan. These programmes and projects will be reported through the newly established Strategic Change Oversight Group (SCOG).

Programme	Project	SDP Obj 1	SDP Obj 2	SDP Obj 3	SRF Aligned	PHF Aligned	AOP Aligned	Delivery
UUC – Focus on Frailty	H@H							Focus on Frailty
	Front Door Frailty							Focus on Frailty
	Community Frailty							Focus on Frailty
	Discharge without Delay							Focus on Frailty
	Emergency Care							Subnational East
Primary Care Redesign	Network Enabled Care – Bixter and Walls							Primary Care Redesign
	SHIP							Primary Care Redesign
	Business Change and Workflow Optimisation							Primary Care Redesign
	Walk in Clinic Pilot							Primary Care Redesign
Prevention	Fairer Futures							Pop Health Group
	Popn Health Org							Pop Health Group
	Obesity							Pop Health Group
	Hypertension							Pop Health Group
	Shetland Partnership Plan							Pop Health Group

Programme	Project	SDP Obj 1	SDP Obj 2	SDP Obj 3	SRF Aligned	PHF Aligned	AOP Aligned	Delivery
Mental Health	Waiting Well - PT							Pop Health Group
	ADHD Pathway TOC							Mental Health Delivery
	Neurodevelopmental Pathway							Mental Health Delivery
	LD Health Checks							Mental Health Delivery
	Psychological Therapies Access							Mental Health Delivery
Innovation	ANIA ECG Patch Monitor							Research and Innovation Group
	ANIA Digital Diabetes							Research and Innovation Group
	ANIA Pre-Diabetes							Research and Innovation Group
	ANIA Pharmacogenetics CYP2C19 Testing							Research and Innovation Group
	NoS – Point of Care testing							Research and Innovation Group
	NoS Feebris Remote Monitoring							Research and Innovation Group
	NoS Pharmacy Challenge							Research and Innovation Group
Support Services	M365							DGG > Digital Board
	Paperlite - Initiation and Scoping phase							Paperlite – scope will inform

Programme	Project	SDP Obj 1	SDP Obj 2	SDP Obj 3	SRF Aligned	PHF Aligned	AOP Aligned	Delivery
Elective and Specialist	Planned Care Delivery							Subnational East CfSD Planned Care Performance Planned Care Programme
	Chronic Pain Pathway							Planned Care Programme
	Planned Care Productive Opportunities							Planned Care Programme
Estate Modernisation	Remedial Works							WSIP Programme
	WSIP							WSIP Programme

7. Performance Framework

Each programme or project will have its own evaluation criteria and measurement plan – these will be used by their respective programme boards or governance group to understand and monitor progress and escalate any challenges. Progress and performance of these projects will be reported through SCOG to Finance and Performance Committee. Service and organisational performance will continue to be reported to Finance and Performance Committee and the Board through usual quarterly reporting – content of reports will be responsive to need and incorporate new KPIs and qualitative reports on performance and change as needed.

Indicative indicators are outlined below – these will be incorporated in performance reporting from Q1 2026-27.

- Providing excellent services:

Waiting Times Performance: % of patients seen within national and local waiting time standards across all key services; for new patients and review patients where appropriate.

Patient Experience: Trends in service level feedback, general feedback, compliments and complaints (quantitative and qualitative).

Health Inequalities Monitoring: Variation in access, outcomes and experience across population groups, as far as appropriate for Shetland (e.g., geography, protected characteristics), improved recording and coding of demographic data to support baseline understanding.

Failure Demand Indicators: Volume and themes of unplanned contacts, repeat attendances

Preventable Ill Health Signals: Proxy indicators drawn from available data sources (e.g., screening uptake, LTC management, LTC complications, avoidable admissions) pending development of a formal measurement approach.

Self-Assessment against service standards: where available, e.g. MAT Standards, Weight Management Service Standards, Maternity Service standards.

- Creating the conditions for a sustainable organisation:

Financial Performance: Delivery against financial plan; level of recurring and non-recurring savings achieved; spend on supplementary staffing.

Workforce Sustainability: Vacancy rates; turnover; mandatory training compliance; safe staffing metrics; sickness absence.

Workforce Supply & Skill Mix: Progress on recruitment to hard-to-fill posts; development of advanced practice and digital capability.

Asset & Estate Condition: Compliance and condition assessments; progress against Whole System Infrastructure Planning milestones.

Digital & Infrastructure Readiness: Delivery of priority digital programmes; digital maturity assessment progress.

- Supporting the building blocks of health:

Health Inequalities Outcomes: Long-term trends in inequalities as reported in the Shetland Partnership Outcomes Dashboard and PHS Child Poverty Prevention Dashboard.

Workforce Wellbeing & Engagement: Employee survey results, including themes relating to culture, wellbeing and organisational support.

Anchor Organisation Metrics: Procurement spend with local suppliers; recruitment and training pathways for local people; carbon reduction impacts; community benefit outcomes.

Partnership Effectiveness: Qualitative assessment of NHS Shetland's contribution to multi-agency groups (measurement approach to be developed).

Community Impact Indicators: Contributions to wider determinants of health (e.g., employability, community capacity, preventative programmes).