

NHS Board Accounts: 2014-15 questionnaire

NHS Orkney

Service development

1. Please give THREE examples of services that:

(a) you plan to develop in 2014-15 (territorial boards should list local service developments, rather than national programmes)

Service	Expenditure	Planned expenditure
	2013-14 £000	2014-15 £000
Conclude implementation of consultant led medical model for Balfour General Hospital (implementation commenced summer 2013)	£300,000 (revenue)	£700,000 (revenue)
Implementation of local fixed CT Scanning Service (Spring 2014)	£50,000 (capital)	£800,000 (capital)
		£350,000 (revenue)
Conclude implementation of local HDU service (implementation commenced July 2013)	£230,000 (revenue)	£500,000 (revenue)
	£110,000 (capital)	

(b) you would like to develop if you had additional funding i.e. what is next on your list of priorities? (territorial boards should list local service developments, rather than national programmes)

Main priorities centre around utilising skills that are now on island to provide services on island that are currently provided in other mainland Boards. Services currently in the process of being reviewed include:

Cardiology

Obstetrics and Gynaecology

Chemotherapy

(c) you plan to withdraw, restrict or reform in 2014-15 (please provide reason(s) and anticipated savings in 2014-15) (territorial boards should list local service developments, rather than national programmes)

No services will be withdrawn for financial year 2014/2015.

2. During 2014-15, do you plan to consult on the delivery of any specific services i.e. those resulting in significant service change?

There are currently no planned service changes that we believe would result in consultation as identified by major service change. We do include our patient and public representatives in all of our planned changes and service user views are strongly considered on a service by service basis.

Preventative spending

3. What specific preventative health programmes are included in your budget plans for 2014-15? (please give details of planned NHS board expenditure over and above any ring-fenced allocations in 2014-15 compared with 2013-14 within the categories shown)

Programme area	Expenditure 2013-14 £000	Planned expenditure 2014-15 £000
Smoking prevention/cessation	Nil over allocation	Nil over allocation
Weight management (child/adult)	Nil over allocation	Nil over allocation
Childsmile	Nil over allocation	Nil over allocation
Keep Well	Nil over allocation	Nil over allocation
Maternal and infant nutrition	Nil over allocation	Nil over allocation
Blood borne virus prevention	Nil over allocation	Nil over allocation
Immunisation programmes	30,000 (estimate)	60,000
Screening programmes	22,000	22,000
Sexual health programmes	Nil over allocation	Nil over allocation
Drug and alcohol programmes	Nil over allocation	Nil over allocation
Other (please specify)		

4. With regard to assessment of preventative spend programmes:

(a) What savings do you anticipate that these preventative spend programmes will deliver over the next 5-10 years (please provide specific examples)

Specific financial savings have not been calculated as the Board does not have capacity to undertake this work locally on preventative spend. Instead when required, use is made of nationally published guidance e.g. JCVI recommendations on vaccination cost effectiveness and NICE costing templates. The Health Economics Network may provide additional support in the future.

(b) Are the results of any such assessments reflected in your financial planning? (Please give any specific examples of how financial plans have been adjusted to reflect potential savings)

No adjustment has been made to financial planning. The time scales of public health preventative action return on investment may not readily fit with short to medium term financial plans.

Change Fund / Integration Fund

5. With regard to the Change Funds:

(a) Please give examples of THREE services that will be funded using Change Funds in 2014-15? (please include details of Change Fund spending on these services in 2013-14 and 2014-15 and related outcomes)

Programme	Expenditure 2013-14 £000	Planned expenditure 2014-15 £000	Outcome measures	Progress on outcome measures
Reablement Home Care Service	£91,000	£27,000	Number of referrals to home care total Number of total referrals to home care that had re-ablement potential and received a re-ablement programme delivered as a percentage Care Hours required prior to re-	The information is only analysed for April to September 2013 to date. The next half year report for 2013 – 2014 will be available later in 2014. Number of total referrals (half year) 208 Percentage for

Programme	Expenditure 2013-14 £000	Planned expenditure 2014-15 £000	Outcome measures	Progress on outcome measures
			<p>ablement</p> <p>Care hours required after reablement</p> <p>% change</p>	<p>re-ablement – 8% (not counting ongoing programmes at the half year point)</p> <p>Care hours prior – 47</p> <p>Care hours post – 28</p> <p>This equates to a 60% reduction in ongoing care hours required following a re-ablement input.</p> <p>This shift has enabled the home care reablement service to become largely base line funded from 2014 – 2015 onwards (hence reduction in change fund allocated budget for the year) with a view to achieving a full shift to base line funding by 2015 – 2016</p>
<p>Befriending Service <i>(Voluntary Action Orkney)</i></p> <p>To develop an adult befriending service in Orkney.</p>	21,000	21,000	<p>Increased number of people befriended reporting improved social inclusion through participation in the service.</p> <p>Questionnaire or survey of volunteers.</p> <p>Organisational training and</p>	<p>Service formally commenced in November 2013 as a two year project, following a commissioning process. There will now be staged progress reported every three months. Outcome measures will be evaluated after the first year of</p>

Programme	Expenditure 2013-14 £000	Planned expenditure 2014-15 £000	Outcome measures	Progress on outcome measures
			<p>development plans and records of training delivered.</p> <p>Number of people befriended and hours delivered split by area.</p> <p>Number of groups, intergenerational groups and peer to peer relationships developed.</p> <p>Number of short term/intensive hours delivered.</p> <p>Number of referrals received.</p> <p>Clear action plan with timeline for exit strategy.</p>	the completed service (November 2014).
<p>Step Down Service (<i>British Red Cross</i>)</p> <p>Provision of flexible, accessible accommodation services that enables earlier discharge from hospital, with flexible volunteer support.</p>	24,000	24,000	<p>Number of people accessing the service.</p> <p>Number of volunteer hours provided.</p> <p>Number of day's property occupied.</p> <p>Clear action plan with timeline for exit strategy.</p>	<p>In the Change Fund funded period to date the service has supported 17 residents saving a total of 243 direct hospital bed days, and it has provided a further 130 nights of accommodation to family members who, for reasons of geography, had to travel and seek alternative accommodation to support people accessing hospital or rehabilitation services</p> <p>The next round of</p>

Programme	Expenditure 2013-14 £000	Planned expenditure 2014-15 £000	Outcome measures	Progress on outcome measures
				commissioning for the service formally commenced in November 2013 with staged progress reported every three months using an expanded reporting framework to capture additional items noted in the column to the left. Outcome measures for this stage will be evaluated after the first year of the completed service (November 2014).

(b) Have these programmes/services been evaluated? (If so, please provide details)

All projects have been ongoing since the beginning of the Change Fund and have been providing performance reports however the process of refining the approach to this has been developing over time. As a result, although all Change Fund funded services have been reporting, the extent to which the reported information is informative and robust for service planning has been variable over time. The most recent round of Change Fund planning, with formal commissioning of services, has included a performance reporting framework. This has improved the data and performance analysis as applicable to the services commissioned from the 3rd Sector. The home care reablement service had been providing regular performance report since the outset.

The befriending services has been undertaking service user satisfaction surveys with all people accessing the service and the Step Down service has been developing towards using a Talking Points approach to evaluation. Both

services have provided case study examples to the JIT for addition to their web site in the section on building community capacity.

<http://www.jitscotland.org.uk/action-areas/reshaping-care-for-older-people/community-capacity-building/community-capacity-building-case-studies/>

The satisfaction surveys showed a high level of service user satisfaction with the service.

The home care reablement service has been provided additional hours of direct care and support through reablement programmes since the outset of the Change Fund and the impact of this service is evaluated using the Talking Points approach through service user and carer assessments and reviews carried out as part of community care service provision alongside the quantitative data.

For both of the three funded services that formally commenced in November 2013, which have staged progress reported every three months, the final outcome measures will be evaluated after the first year of the completed service (November 2014).

(c) Do you plan to continue to fund these services in 2015-16 through the Integration Fund?

We await details of the criteria and targets associated with the Integration Fund but anticipate that we will seek to continue some elements of the services above, based on measurement of outcomes and direct impact on hospital bed days but will also seek to continue to explore what other innovative areas might contribute.

We anticipate that the home care reablement service will be fully self funding from savings released through its delivery by 2015 – 2016 and therefore will be continued with no additional funding required.

As a partnership group, it is also anticipated that elements of the 3rd sector services will become embedded in core business without the need for additional funding.

6. Can you give examples of any specific services that you are developing with local authority and/or third sector parties as a result of the planned Integration Fund (please provide details of the service, along with planned investment by each partner)?

We have been developing a Single Point of Referral (SPOR) approach for all services linked to hospital discharge (although as the project progresses we will seek to draw in services that support avoidance of admission as well). We

have been undertaking this work as a co-produced development with local authority and third sector partners. The work has also been informed by patient and service user input drawing on case studies, mapped patient journeys, and complaints and compliments received. Two workshops have been held to date with a third planned, and an action plan is under development. The goal is to develop a virtual SPOR Hub that links key services together to enable prompt collective triage of cases and co-ordination of discharge planning, with the lead discharge case worker role clearly allocated to one worker, from the most appropriate agency (including 3rd Sector), and that worker enabled and empowered to draw on the collective resources of all agencies involved (NHS, LA and 3rd Sector) to assemble a responsive and tailored package of post hospital care. The service will be focussed on the part of the patient's journey that is the hospital stay (working in collaboration with the Named Nurse), discharge planning (working as part of the Multi-Disciplinary Team) and the period of time six weeks post discharge. After that time, the lead worker role will move on to the staff member from the most appropriate long term service and the service user's case will be managed through usual case management procedures. Key strands of the project

- the development of clear and robust information sharing protocols to enable the service to deliver on its goals,
- progress in mobile working and remote working practice, to enable the required SPOR Hub team to work quickly, responsively, and virtually (recognising that there is not capacity and it is not efficient, for this model to be based on daily physical attendance of all required staff at meeting etc),
- the development of a core assessment and triage tool that meets the initial information needs of all involved services and can be led by any worker,
- the development of a revised discharge pack giving the new key links,
- up skilling of staff to ensure embedded awareness of the full range and potential of the suite of available service that can be drawn on,
- data and admin support needs to ensure effective delivery of the service.

Partners are investing staff time on the development stages and on the development of the required supporting documentation. Partners will also invest staff time contributing staff to the SPOR Hub team as far as possible. The funding that will be sought will be to ensure staff time is sufficient, ie

additional time required, and to support the technical aspects of the development.

Reducing inequalities

7. What specific programmes are aimed at reducing inequalities? (please include details of THREE services in the format shown below)

Programme	Expenditure 2013-14 £000	Planned expenditure 2014-15 £000	Outcome measures	Progress on outcome measures
Keep Well	£99,000	£60,000	Identified ill-health as per Keep Well programme	Achievement of Keep Well checks
Smoking quits	As per allocation	As per allocation	Quit rate at 3 months	New target
Antenatal early booking			H target	H target being met

Backlog maintenance

8. Please provide details of the THREE main actions in 2014-15 that will address backlog maintenance, providing:

(a) details of the action (investment/disposal etc.);

- Continuation of planned improvements in statutory compliance i.e. fire, asbestos, electrical safety. This ensures that buildings are safe. We have a targeted programme driven by annual inspections.
- Replacement healthcare facilities on the island of Eday.
- Continuation of the disposal of those properties when there is no need for the Board to own a property.

(b) planned expenditure/receipts from this action in 2014-15; and

- Continuation of planned improvements in statutory compliance i.e. fire, asbestos, electrical safety. Planned expenditure £200,000
- Replacement healthcare facilities on the island of Eday. Planned expenditure £400,000
- Continuation of the disposal of those properties when there is no need for the Board to own a property. Planned disposal receipts £200,000

(c) the impact this will have on your overall level of backlog maintenance (high/medium/low risk)

NHS Orkney has a backlog maintenance programme currently estimated at £9.421m. £8.513m of this is associated with the Balfour Hospital. An OBC for the replacement of this facility has been submitted to the Capital Investment Group, and subject to the necessary approvals the planned replacement should come on line in Summer 2018. In this context the expenditure in the intervening period will be targeted towards those properties that will remain in use beyond 2018.

In terms of actual reduction of the headline figure of £9.421m, the impact will be marginal but when considered against the impact on a property by property basis the impact will be significant.

The following provides a summary of the financial burden associated with outstanding backlog maintenance:

NHS Orkney Estate	Backlog Maintenance Cost (£)	Area (sq.m)	Backlog Cost per sq.m
Balfour Hospital	8,513,000	7,871	1,082
Primary Care (health centres, GP surgeries & dental)	815,900	5,948	137
Offices	15,000	488	31
Residential	77,100	1,575	49
TOTAL	9,421,000	15,882	593

The table clearly identifies that the major burden of backlog maintenance is associated with Balfour Hospital which will need to be carefully addressed in the future.

Each item of backlog maintenance has been risk assessed in order to understand the priority and financial implications of rectifying the associated works. The following table provides an overall risk profile of backlog as currently reported in the Health Facilities Scotland's EAMS property database:

Risk Profile:	Low	Moderate	Significant	High
Backlog Maintenance (percentage of cost):	39%	47%	14%	0%

(d) what proportion does your planned spending on backlog maintenance in 2014-15 represent of your total capital budget?

It is planned that approximately 35% of our gross capital expenditure will impact directly or indirectly on backlog maintenance.

Brokerage

9. (a) Did you have any brokerage in 2013-14?

NHS Orkney repaid £738,000 of brokerage in 2013/2014 as part of our agreed repayment schedule with SGHSCD. We will also be in receipt of £750,000 of brokerage (max) to be repaid in 2016/2017 when £3,800,000 of NRAC funding is due to the Board.

(b) If YES, was this brokerage anticipated at the start of the accounting period or did the requirement emerge during the year?

The requirement for brokerage emerged in year. Recruitment difficulties, in medical and nursing posts, necessitated the use of expensive short term locums both in the Balfour Hospital and in primary care in the Northern Isles.

10.(a) Do you anticipate the need for any brokerage in 2014-15?

Recently submitted financial plan does not identify any need for brokerage over the five years of the plan. Local modeling, to financial year 2022, shows no requirement for brokerage in that period.

(b) If YES, how much would you anticipate requiring and for what purpose?

NRAC formula

11.What are your views on progress towards achieving NRAC parity?

As a Board that is under parity, we would support any possibility of moving towards parity at a greater pace. However, we are very mindful of a fixed funding pot and are content with the current three year plans advised by SGHSCD colleagues recently. The key issue is knowing the timeline and knowing the amount to be phased in; this allows the Board to plan with a much greater degree of certainty.

Equalities

12.Please provide up to THREE specific examples of how the use of an equality and diversity impact assessment has influenced budget decisions.

It is difficult to be certain that an equality and diversity assessment has impacted on a particular course of action but equality considerations are certainly prime in a number of areas:

Alcohol and Drugs Partnership needs assessment identified a number of age related service requirements, particularly in relation to older people, this is significant in Orkney where alcohol abuse is often seen in the context of young people and adults rather than older people.

Development of on island services, CT Scanning, Gynecology, Chemotherapy, as well as considering the clinical arguments and the inconvenience factor of having to travel to Aberdeen, the equality factor of no direct access on island is always considered.

Sustainable development

13. Please provide up to THREE specific examples of how the NHSScotland sustainable development strategy has influenced budget decisions.

Development of concept of support accommodation for new healthcare facilities. Addressing long term Board needs for purpose built support facilities.

Shared support services with partner Boards, principally NHS Grampian and NHS Shetland. NHS Grampian provide the following services for the Board:

- Estates advisory support;
- Human Resources services;
- Consultant Microbiology services;
- Health and Safety support; and
- Patient Management System (system and support)

In addition the Board has recently entered into arrangements with NHS Shetland for the provision of:

- Joint Laboratory Management;
- Joint Laboratory Quality Management; and
- Shared Pharmacy services.