

Health and Sport Committee: Health Board Survey 2020

Budget Scrutiny: Health Boards

1. Which Health Board are you responding on behalf of?

NHS Orkney

2. Please state your **revenue** budget as at the start of the financial year

£52.634m

3. Please confirm any revisions to your **revenue** budget, indicating:

(a) Changes due to additional COVID-19 funding (split between health and social care)

(b) Changes for other reasons (please provide details)

	Revenue budget £m
Initial position (as agreed pre-Covid)	52.634
Additional COVID-19 funding – health	(0.066)
Additional COVID-19 funding – social care	0.277
Other changes (please detail)	
Recurring adjustments to baseline	(0.043)
Contribution to funding of the PASS contract	(0.003)
Scottish Living Wage Uplift – to Integration Authorities	0.016
Child Healthy Weight	0.047
Revised budget position	52.862

4. Please provide details of how additional COVID-19 funds have been used. Please include details of funding transferred to local government for

integration authorities and additional health board contributions to integration authorities.

- £16k allocation for Scottish Living Wage uplift recorded via Local Mobilisation Plan finance returns transferred to Local Government.
- £277k allocation for Covid-19 Integration Authority funding due to Orkney Island Council to meet additional Covid-19 costs/ loss of income to date.
- £66k advance for prescribing pressure funding received in 2019-20 returned 2020-21.

5. As a result of the pandemic, please indicate:

a. The main three areas of additional spending

- Ventilation/ surge unit – additional capacity and staffing requirements
- Community Assessment Centre – additional staffing requirements/ estates costs
- Shielding staff locum/ agency cover

b. The main three areas of reduced spending

- Patient travel costs
- Staff travel costs
- UNPACS payments to other Boards

6. Of the areas identified in Q5, do you anticipate that any changes in service delivery will lead to longer-term changes in spending? Please provide brief details, including details of anticipated annual savings or additional costs associated with each change. (200 words max for each change)

The Ventilation and Surge Units will remain an additional feature of our service position until such time as the potential for a surge of COVID-19 cases in the area is at such a level that dedicated inpatient provision is deemed as being no longer required. For the remainder of 20/21 we expect to include this as an ongoing service requirement in line with the ask of Scottish Government accepting that this is likely to remain the case until such time as a vaccine is developed.

With the move to pausing of shielding from 1st August it is anticipated that we will see a reduction in spend associated with providing cover for essential posts as staff members return to the workplace on a risk assessed basis. However, it is recognised there is the potential for a return to previous levels of shielding and associated spend should there be a surge in COVID-19 cases.

7. Which of your performance indicators have been most negatively impacted by the pandemic, and what is the projected effect on their trajectory for the

coming year? Please list **three** indicators, showing their expected performance in 2020-21, compared with pre-Covid plans.

Treatment Time Guarantee

End of quarter 1 20/21 trajectory: 5

Position at 28th July 2020: 125

End of quarter 4 20/21 trajectory pre COVID-19: 0

End of quarter 4 trajectory as at 28th July 2020 (estimate): 40*

New Outpatient Referral Waiting Time Standard

End of quarter 1 20/21 trajectory: 156

Position at 28th July 2020: 523

End of quarter 4 20/21 position pre COVID-19: 45

End of quarter 4 20/21 position as at 28th July 2020 (estimate): 250*

Diagnostics:

End of quarter 1 20/21 trajectory: 0

Position at 30th June 2020: 66

End of quarter 4 20/21 trajectory pre COVID-19: 0

End of quarter 4 trajectory as at 28th July 2020 (estimate): 0*

** Please note this is an estimate based on current planning assumptions for elective activity and may be subject to change as a result of ongoing remobilisation planning.*

8. When would you expect performance in these areas to recover and what action / spending will be required? (Please provide a brief description for each of the indicators listed at Q7.)

In March 2020 NHS Orkney developed a Waiting Times Improvement Action Plan to define how it would meet the access targets set out in the national waiting times improvement plan. This action plan assumed that the Board would receive £500k of Access Support Funding in 2020/21 and a spending plan was created that targeted the use of this funding at the areas where demand and capacity were most imbalanced to generate sustainable improvements in performance and timeliness of care. The COVID-19 pandemic has adversely impacted on elective performance across the consultant led and non-consultant led services within NHS Orkney and whilst the areas outlined for targeted investment and improvement remain extant

other service areas, such as Physiotherapy are now facing considerable backlog with improvement plans in development to ensure this is addressed.

Our key actions to improve against the indicators outlined in question 7. are:

- Increasing the utilisation of NHS NearMe to enable patients to access services without the need to travel locally within Orkney or out with Orkney to access the services of partner Boards. Whilst this action will first a foremost support improved access it will also reduce spend on off island travel and improve the environmental impact of service provision.
- Developing the multi-disciplinary team in Rheumatology – recruitment to a local specialist GP position and the upskilling of one of the Outpatient Nursing team in this speciality will support the visiting consultant service provided by NHS Grampian and ensure we have a more resilient and sustainable model of care.
- Investing in additional consultant capacity in Ophthalmology – this has been secured through the recent appointment of a Global Citizen Consultant Ophthalmologist post in partnership with NHS Highland and NHS Western Isles.
- Maintain and further develop chronic pain service provision to enhance multi disciplinary involvements and appropriately tiered pathways.
- Implement revised Trauma and Orthopaedics model of care aligned to clinical strategy to improve access and increase resilience and sustainability.
- Continue to implement Scottish Access Collaborative guidance as released for locally provided specialties.
- Fully maximise contribution of non medical staff through transforming roles agenda and new ways of working.