

Budget Scrutiny: Health Boards

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

Shetland

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

Our 2020-21 planning assumption for our baseline core base line funding and other revenue streams from the Scottish Government was £64.8m.

At present our confirmed baseline core budget funding for 2020-21 is £54.1m in-line with our planning assumption. As is traditional the other revenue streams will be confirmed during 2020-21.

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)	£64.8
Additional COVID-19 funding – health	-£0.1m
Additional COVID-19 funding – social care	£0.3m
Other changes (please detail)	£0.0m
Revised budget position	£54.0m

The **-£0.1m** deduction to the Health budget relates to the reversal of an allocation provided in 2019-20 in respect of anticipated increased GP prescribing costs in March 2020.

The £0.3m was in respect of the pass through payment to the Shetland Integration Authority for increased social care costs being borne by Shetland Island Council.

Funding in respect of increased costs incurred by NHS Shetland during quarter 1 is expected in due course based upon submission made in template request that Boards were to submit during August 2020.

No additional funding received at this time to that assumed in the plan.

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:

In respect of the £0.298m for social care funding the IJB use of these funds for social care was follows:

Community Care Resources – overtime beyond established care hours and increased levels of care at home provision to meet new demand, £0.108m.

Intermediate Care – Increase of residential capacity for staff, £0.016m.

Other costs such as deep cleaning, PPE, and equipment, £0.049m.

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

a. The main three areas of additional spending

Increase in medical staffing in both the Gilbert Bain Hospital and community to ensure service reliance and facilitate the development of new services introduced to prepare for the possible impact of Covid-19 in Shetland.

This included the creation of the Resuscitation Care Unit for the provision of intensive oxygen therapy on island for patients requiring an ICU and opening of additional beds to respond to the potential increase in hospital admissions.

Increase in nursing staff in both the Gilbert Bain Hospital and community to ensure service reliance and facilitate the development of new services introduced to prepare for the possible impact of Covid-19 in Shetland. In addition to supporting the services referenced in medical staffing nurses were involved in community testing of patients in their own home.

Information technology to allow remote working by staff to either:

- i. be able to ensure remote connections can be created with patients to ensure continuation of the patient's clinical pathways that remain safe and patient centred care was available whilst supporting the stay at home core message and protecting individual's from community transmission of Covid-19 by reducing physical interactions.
- ii. stay at home were their job could be undertaken from home and was not essential that they were in NHS building in-line with supporting the stay at home core message and protecting individual's from community transmission of Covid-19 by reducing physical interactions.

b. The main three areas of reduced spending

Patient travel due to cessation off elective treatments off island during the lock down.

Community Dental Service due to reduced community service as the service provision was restricted to immediate and essential emergency patients. Staff external training and associated travel as very little off island training occurred during the lock down period.

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)

In respect of service redesign provisions changes that Covid-19 pandemic has seen increased patient participation is the use of e-health technology to access the right clinician to discuss their health and treatment plan.

In Shetland there are now over 40 Near-Me services that are available to local residents to access services.

<https://www.shb.scot.nhs.uk/community/attendanywhere.asp>

Given the geographic location of Shetland and time involved for Shetland residents to attend out-patient attendance on the Scottish mainland a central part of our focus is to reduce the need to travel for elective out-patients through the use of e-technology to enable remote consultations were this is a clinically appropriate option.

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.

Within Orthodontics, then number of patients not seen within 12 week referral to outpatient appointment for Orthodontics has increased significantly from 11 patients to 25 patients awaiting first appointment, some of whom have been waiting over 6 months.

ENT Outpatients. Our forecast for demand, as set out in the operational plan for 2020-21 was that we would receive approximately 200 referrals per quarter. The demand has been lower, but we have 223 patients who have waited greater than 12 weeks (by the end of August 2020) we are working closely with NHS Grampian but we do not yet have a scheduled for remobilisation in place with NHS Grampian.

Orthopaedic Outpatients. Our forecast for demand, as set out in the operational plan for 2020-21 was that we would receive approximately 91 referrals per quarter. The demand has been lower, but we have 158 patients waiting for first appointment and 73 have waited greater than 12 weeks (by the end of August 2020) we are working closely with NHS Grampian and GJNH but we do not yet have a scheduled for remobilisation in place with NHS Grampian.

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.)

Oral Health. We are recovering all services in alignment with the Scottish Government roadmap to recovery with phase 3 now being reached meaning practices can see their own patients for emergency procedures. Full recovery will be dependent on when practices can return to routine AGPs. Within the orthodontic Service, there are plans for the visiting Consultant Orthodontist to recommence visits in September so we would envisage some form of performance recovery in the next 2-3 months. However, there is also some form of dependency on the guidance on AGPs in dentistry changing.

ENT. We have not yet agreed a remobilisation plan, therefore we do not expect to recover our position as per the original operational plan for this specialty during 2020-21. Urgent patients are being triaged to be seen in Aberdeen as required.

Orthopaedics. We have not yet agreed a remobilisation plan, therefore we do not expect to recover our position as per the original operational plan for this specialty during 2020-21. GJNH has informed us that the recovery plan for 2020-21 will be released at the end of September 2020 and we should be able to set a trajectory for the rest of the year when this information becomes available.