

Shetland NHS Board

Meeting:	Shetland NHS Board		
Paper Title:	Strategic Assessment		
Date:	14 December 2021		
Author:	Ann McCarlie	Job Title:	Programme Director for the Strategic Assessment Development Team
Executive Lead:	Kathleen Carolan	Job Title:	Director of Nursing & Acute Services

Decision / Action required by meeting:

The Board is asked to approve the Strategic Assessment (SA) and the strategic intention that it represents, so that it can be submitted to the Capital Investment Group (CIG) for consideration.

High Level Summary:

In October 2019, NHS Shetland Board received a report ‘the Gilbert Bain Hospital – Property Report¹’ and agreed a recommendation that NHS Shetland follows the process of the Scottish Capital Investment Manual (SCIM) and carries out a Strategic Assessment for the Gilbert Bain Hospital; identifying the current arrangements, the need for change and the benefits that could be realised if that change was implemented. Noting that the assessment may consequently identify a “Case for Change” for the only hospital on the island that provides services to the population of Shetland.

The purpose of the Strategic Assessment is to inform Scottish Government and NHS Shetland of the need for investment and to ensure that appropriate stakeholder engagement has taken place. It considers how the proposed investment fits within existing and emerging policy, strategy and overall priorities.

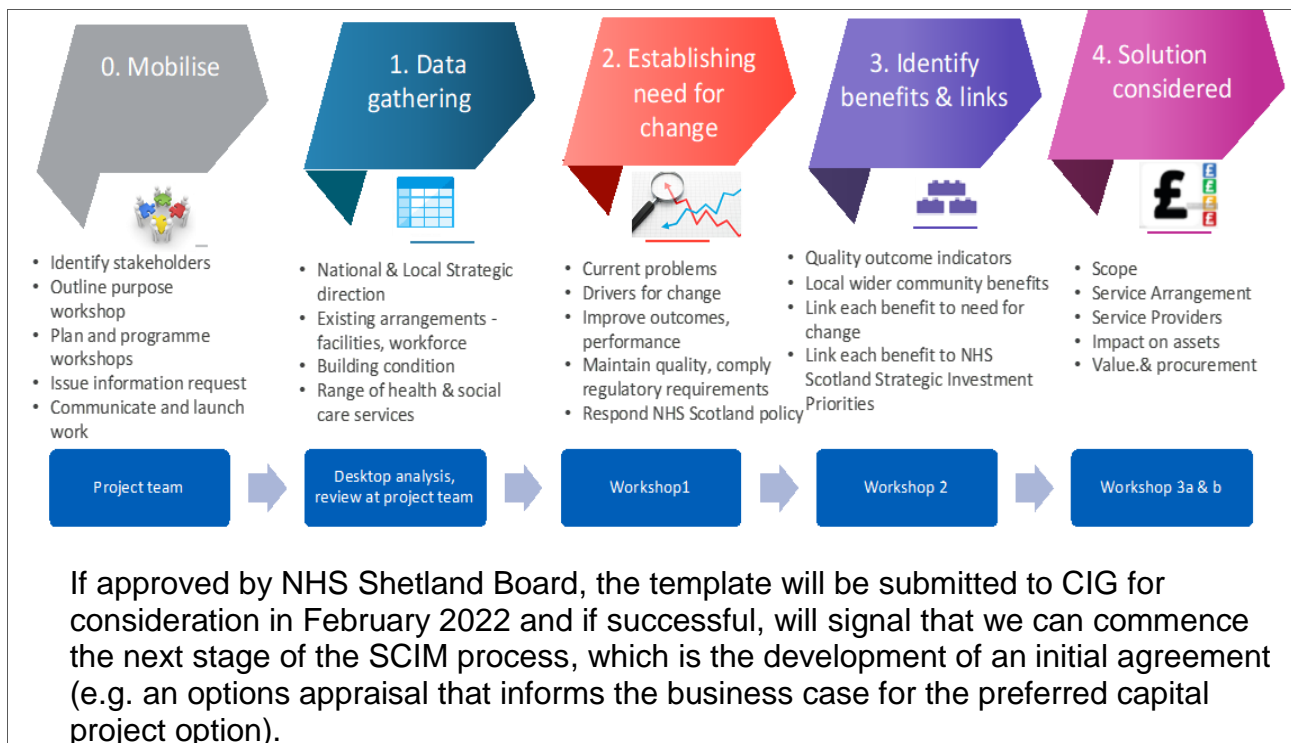
The Strategic Assessment Project Team was established to complete the Strategic Assessment Template for submission to and consideration by the CIG.

The Template sets out the following 5 questions

1. What are the current arrangements?
2. What is the need for change?
3. What benefits will be gained from addressing these needs?
4. How do these benefits link to NHSScotland’s strategic priorities?
5. What solution is being considered to deliver these benefits?

The Project Team agreed the methodology and approach set out below in order to answer these questions and complete the Strategic Assessment template as required by SCIM.

¹ https://www.shb.scot.nhs.uk/board/meetings/2019/1015/20191015-2019_20_44.pdf



Key Issues for attention of meeting:

- This is the first stage in a multi-phase project to develop a business case for the replacement of the Gilbert Bain Hospital, which if successful at each stage, will take 5-7 years to complete i.e. from Strategic Assessment to the provision of a new facility.
- The Strategic Assessment has been developed in partnership, with stakeholders across the NHS and the Health & Social Care Partnership.
- The scope of the Strategic Assessment is to consider a capital project that includes capital assets and property that are owned by NHS Shetland.
- It builds on the work already undertaken to develop the clinical and care strategy in setting out how a capital project could support in principle, the delivery of new models of health and care in Shetland.
- A community and service user engagement exercise was undertaken as part of the development of the clinical and care strategy and further engagement will take place as part of the SCIM process.

Corporate Priorities and Strategic Aims:

The development of the strategic assessment most closely aligns to our corporate objectives to improve and protect the health of the people of Shetland and to provide high quality, effective and safe services.

Implications : *Identify any issues or aspects of the report that have implications under the following headings*

Service Users, Patients and Communities:

Patient and community engagement has been undertaken to develop the clinical and care strategy and has also informed the completion of the strategic assessment (SA) template

Human Resources and Organisational Development:

The strategic direction for workforce and training is referenced in the clinical and care strategy, on which the SA is based

Equality, Diversity and Human Rights:	The SA considered ways in which the proposal would reduce health inequalities and improve equity of access	
Partnership Working	A Programme Board has overseen the development of the SA, which includes members of NHS Shetland Board, the IJB, Third Sector, Health Care Improvement Scotland Community Engagement, Joint Staff Forum and lay representatives.	
Legal:	The development of the SA has followed the SCIM process	
Finance:	The indicative cost outline is shown in the SA and is based on similar remote and rural, public sector projects	
Assets and Property:	Ultimately if successful, the SA would signal an intent to review our capital assets and property assets	
Environmental:	Environmental impacts will be considered explicitly in the future stages of the SCIM process with an aim that any capital project is net zero carbon and clinical pathways reduce the need for unnecessary travel.	
Risk Management:	A risk register has been put in place to support the development of the SA and will remain in place for other stages of the project if CIG grant funding to proceed.	
Policy and Delegated Authority:	Delegated authority for the governance arrangements that underpin the SA sit with the Strategic Assessment Programme Board, the Capital Management Group on behalf of the Board.	
Previously considered by:	Clinical Strategy & Strategic Assessment Programme Board	11/11/2021

“Exempt / private” item	<i>Public document</i>
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What are the Current Arrangements: A island acute hospital; 49 funded beds for emergency, medical, surgical, maternity, mental health, outpatients, diagnostics, AHP and support services. Supported by range of health & care facilities from 29 other sites including 10 health centres, 8 Care homes (114 care home beds) and Montfield providing 10 places for slow stream rehabilitation & respite care, board HQ & dental services. Providing care to 23,000 living within 16 inhabited islands from a workforce of around 1,000 staff; including number of rotational staff requiring a range of staff accommodation. Tertiary (and some secondary care) provided from mainland Scotland, on average 8,100 trips/year.

PROJECT:

What is the need for change?	What benefits will be gained from addressing these needs?	How do these benefits link to NHSScotland's Strategic Investment Priorities?		What solution is being considered
		Identify Links	Prioritisation	Service Scope / Size
Address health inequalities including access to health & care services and delivery; prevention focused with citizens at centre of coordinated health and care needs.	Reduced patient travel: from island; on island and within the hospital; increase in range of services on island leading to improved health outcomes	Person Centred	Score 5	Acute hospital, rehabilitation, mental health, maternity, children's, sexual health services, dental, flexible residential accommodation, HQ, staff education & support services, primary & community care & 3 rd sector, emergency transport including heli-pad, ambulance station & drone landing.
Ability to meet current and future demand: address current shortfalls; meet aging population and changing patterns of illness in all ages	Easier to recruit, develop and retain staff and support rotational posts. Improving the quality & choice of staff accommodation.	Safe	5	<p>Service Arrangement</p> Increase in ambulatory care 1-stop interventions with in-reach from specialist where required. More care delivered in Shetland where safe, clinically possible and sustainable including at home/community setting supported through hub & spoke models by robust technology & digital solutions.
Ability to sustain, grow, retain and recruit to future flexible remote and rural workforce. Address shortfall in staff accommodation required for non-permanent staff	Increase in multi-use flexible adaptable spaces used by a range of health & care services across care pathways	Effective Quality of Care	5	<p>Service Providers</p> Self care; Primary, Secondary & Tertiary care; Emerg services; Shetland Islands Council; Carers; 3 rd sector; Independent contractors
Support implementation of future service delivery models including IT infrastructure to support digitally delivered healthcare.	Improved environment, person centred fit for purpose compliant accommodation meeting, privacy and dignity requirements	Health of Population	5	<p>Impact on Assets</p> Integrated, co-located flexible health & care campus facilities. New build within a location to enable access from population centres to ensure ease of access to the campus and travel on/off islands. Potential for intermediate care facilities. Good digital technologies, net zero carbon. Maximising open spaces, views with areas for patient and staff "downtime".
Areas of non-compliant infrastructure, address patient privacy/dignity, need for sustainable, adaptable facilities responsive to future needs and green agenda. Current dispersed estate with diseconomies of scale.	Reduction in backlog maintenance, improve building sustainability; ability to deliver net zero carbon obligation	Value & Sustainability	5	<p>Value & Procurement</p> Hub Framework Design & Build. Potential for rented residential accommodation £119 m to £125.6m
	Modern fit for purpose facilities & IT systems reducing duplication which allow digitally delivered care and support innovation	TOTAL SCORE	25	

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<p>Address health inequalities including access to health & care services and delivery; prevention focused with citizens at centre of coordinated health and care needs.</p> <p>Ability to meet current and future demand: address current shortfalls; meet aging population and changing patterns of illness in all ages</p> <p>Ability to sustain, grow, retain and recruit to future flexible remote and rural workforce. Address shortfall in staff accommodation required for non-permanent staff</p> <p>Support implementation of future service delivery models including IT infrastructure to support digitally delivered healthcare.</p> <p>Areas of non-compliant infrastructure, address patient privacy/dignity, need for sustainable, adaptable facilities responsive to future needs and green agenda. Current dispersed estate with diseconomies of scale.</p>	<p>Identify Links</p> <p>Reduced patient travel: from island; on island and within the hospital; increase in range of services on island leading to improved health outcomes</p> <p>Easier to recruit, develop and retain staff and support rotational posts. Improving the quality & choice of staff accommodation.</p> <p>Increase in multi-use flexible adaptable spaces used by a range of health & care services across care pathways</p> <p>Improved environment, person centred fit for purpose compliant accommodation meeting, privacy and dignity requirements</p> <p>Reduction in backlog maintenance, improve building sustainability; ability to deliver net zero carbon obligation</p> <p>Modern fit for purpose facilities & IT systems reducing duplication which allow digitally delivered care and support innovation</p>	<p>Identify Links</p> <p>Prioritisation</p> <p>Score</p> <p>Person Centred 5</p> <p>Safe 5</p> <p>Effective Quality of Care 5</p> <p>Health of Population 5</p> <p>Value & Sustainability 5</p> <p>TOTAL SCORE 25</p>	<p>Service Scope / Size</p> <p>Acute hospital, rehabilitation, mental health, maternity, children's, sexual health services, dental, flexible residential accommodation, HQ, staff education & support services, primary & community care & 3rd sector, emergency transport including heli-pad, ambulance station & drone landing.</p> <p>Service Arrangement</p> <p>Increase in ambulatory care 1-stop interventions with in-reach from specialist where required. More care delivered in Shetland where safe, clinically possible and sustainable including at home/community setting supported through hub & spoke models by robust technology & digital solutions.</p> <p>Service Providers</p> <p>Self care; Primary, Secondary & Tertiary care; Emerg services; Shetland Islands Council; Carers; 3rd sector; Independent contractors</p> <p>Impact on Assets</p> <p>Integrated, co-located flexible health & care campus facilities. New build within a location to enable access from population centres to ensure ease of access to the campus and travel on/off islands. Potential for intermediate care facilities. Good digital technologies, net zero carbon. Maximising open spaces, views with areas for patient and staff "downtime".</p> <p>Value & Procurement</p> <p>Hub Framework Design & Build. Potential for rented residential accommodation £119 m to £125.6m</p>

Value basis

C	Cost basis	Value
<ul style="list-style-type: none"> Acute island hospital 2019 	<ul style="list-style-type: none"> Rural General Hospital estimated build cost in 2019. Assumes includes 25% location adjustment 	£65m
<ul style="list-style-type: none"> Shetland adjustment 	<ul style="list-style-type: none"> Update Health Campus build cost with Shetland location adjustment from 35% to 46% 	£70m-£76m
<ul style="list-style-type: none"> Add cost of Helipad 	<ul style="list-style-type: none"> Cost based on relocation estimate at 2015 price base 	£60k
<ul style="list-style-type: none"> Add Residential accommodation 	<ul style="list-style-type: none"> Assumed requirement for up to 100 units (circa 85 required currently) with mixed delivery model from 1,2,3 bedroom flats, bedsits and student accommodation. Cost based on public sector Halls of Residence capital project at 2015 prices plus estimate of rural social housing capital project for 27 one-bedroom flats at 2021 prices 	£13.74m £3.5m
<ul style="list-style-type: none"> Update all costs above to Quarter 4 2021 	<ul style="list-style-type: none"> Uplift to agreed time period using movement in BCIS to Q4 2021 	£94m - £100m
<ul style="list-style-type: none"> Net Carbon Requirement 	<ul style="list-style-type: none"> 10% based on project at OBC and estimate impact 	£103.5m-£110m
<ul style="list-style-type: none"> Contingency 	<ul style="list-style-type: none"> Assumed 15% 	£119m-£126.6m