

# NHS Shetland

<b>Meeting:</b>	<b>Shetland NHS Board</b>
<b>Meeting date:</b>	<b>25 April 2023</b>
<b>Title:</b>	<b>Programme Initial Agreement (PIA)</b>
<b>Agenda reference:</b>	<b>Board Paper 2023/24/07</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Kathleen Carolan, Director of Nursing &amp; Acute Services</b>
<b>Report Author:</b>	<b>Kathleen Carolan, Director of Nursing &amp; Acute Services</b>

## 1 Purpose

**This is presented to the Board/Committee for:**

- Awareness

**This report relates to:**

- Government policy/directive
- Legal requirement
- Local policy

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

The PIA governance arrangements are most closely aligned to the need to provide quality, effective and safe services, delivered in the most appropriate setting for the patient. And to redesign services where appropriate, in partnership, to ensure a modern sustainable local health service

## 2 Report summary

### 2.1 Situation

All NHS Boards in Scotland have now been advised that the Scottish Government (SG) is moving away from the consideration of individual capital, infrastructure projects to that of a whole system review process to identify capital requirements for individual Boards as set out in a Programme Initial Agreement (PIA) which will bring together Clinical Strategies with a local Property Strategy.

All NHS Boards have been asked to undertake a PIA, including any existing initial agreement projects that are under development. Once all Boards have submitted their prioritised PIA,

decisions will be made by Scottish Government about which projects will be supported to proceed to the next phase and when that could take place.

## **2.2 Background**

NHS Shetland is well placed to respond to this shift as we recently (June 2021) produced a ten year Clinical and Care Strategy which is a prerequisite of a Programme IA. Additionally the work undertaken in respect of the Strategic Assessment and Initial Agreement for the Gilbert Bain Refurbishment or Replacement (GBRR) Project, will contribute to the overall Programme IA. This work prompted a number of work streams critical to the Programme IA which have already been initiated, including the Residential Accommodation Strategy and Capital Asset (Property) Review. We have also developed a robust Public Engagement and Communications Strategy which will be adapted to support the development of the NHS Shetland Programme IA.

## **2.3 Assessment**

The outline describes the key workstreams that will need to be completed during 2023-24 to bring together a property strategy that reflects the future direction of clinical models as set out in the Clinical and Care Strategy 2021-2031. This in turn will be used to create a prioritised plan of our infrastructure requirements over the next 20 years which will form the PIA document.

The PIA will continue to include a proposal for the refurbishment or replacement of the Gilbert Bain Hospital as a priority for the property strategy to ensure the delivery of hospital based services in a facility that is fit for purpose.

The PIA Programme Board has approved the proposed scope for the PIA work plan, governance arrangements and resource plan.

### **2.3.1 Quality/ Patient Care**

The HAI agenda focuses on reducing avoidable patient harm. Reporting HAI performance is part of the clinical governance arrangements for the Board and the focus is on meeting quality standards.

### **2.3.2 Workforce**

Training in infection control and outbreak management is a key priority in our HAI governance arrangements.

### **2.3.3 Financial**

A resource plan has been developed that reflects the expected cost of developing the PIA and the various clinical and technical experts required in order to undertake this work.

The Board has secured additional allocation of £555,000 from Scottish Government to allow the programme IA to be delivered within financial year 2023-2024. This figure was based on the costs associated with the production of the original IA and extrapolated over the next year with uplift applied. This funding will support the release of internal Project Team members and payment of external contractors as per the attached draft Resource Schedule

#### **2.3.4 Risk Assessment/Management**

A risk register has been developed to assess internal and external risks associated with the delivery of the PIA.

#### **2.3.5 Equality and Diversity, including health inequalities**

EQIA is not required.

#### **2.3.6 Other impacts**

The development of the PIA will take into consideration, some of the wider Shetland Planning Partnership priorities including the ongoing place based discussions with communities.

#### **2.3.7 Communication, involvement, engagement and consultation**

Not applicable

#### **2.3.8 Route to the Meeting**

This report was approved by the Programme Initial Agreement Programme Board on 13/04/2023

### **2.4 Recommendation**

The Board is asked to approve the proposed scope of the PIA and note the methodology, governance arrangements and proposed funding requirements. Noting the revised timeline for the production of the proposal for the options to replace the Gilbert Bain Hospital, which is incorporated into the PIA.

## **3 List of appendices**

The following appendices are included with this report:

Appendix No1: Whole System Planning and the production of a Programme Initial Agreement for NHS Shetland

Appendix 2: Programme Initial Agreement Indicative Programme

Appendix 3: Programme Resource Schedule

## **Whole System Planning and the production of a Programme Initial Agreement for NHS Shetland**

### **1. Introduction**

All NHS Boards in Scotland have now been advised that the Scottish Government is moving away from the consideration of individual capital, infrastructure projects to that of a whole system review process to identify capital requirements for individual Boards as set out in a Programme Initial Agreement (PIA) which will bring together Clinical Strategies with a local Property Strategy.

All NHS Boards have been asked to undertake a PIA, including any existing initial agreement projects that are under development. Once all Boards have submitted their prioritised PIA, decisions will be made by Scottish Government about which projects will be supported to proceed to the next phase and when that could take place.

NHS Shetland is well placed to respond to this shift as we recently (June 2021) produced a ten year Clinical and Care Strategy which is a prerequisite of a Programme IA. Additionally the work undertaken in respect of the Strategic Assessment and Initial Agreement for the Gilbert Bain Refurbishment or Replacement (GBRR) Project, will contribute to the overall Programme IA. This work prompted a number of work streams critical to the Programme IA which have already been initiated, including the Residential Accommodation Strategy and Capital Asset (Property) Review. We have also developed a robust Public Engagement and Communications Strategy which will be adapted to support the development of the NHS Shetland Programme IA.

NHS Shetland further benefits from being a single system, co-terminus with Shetland Islands Council.

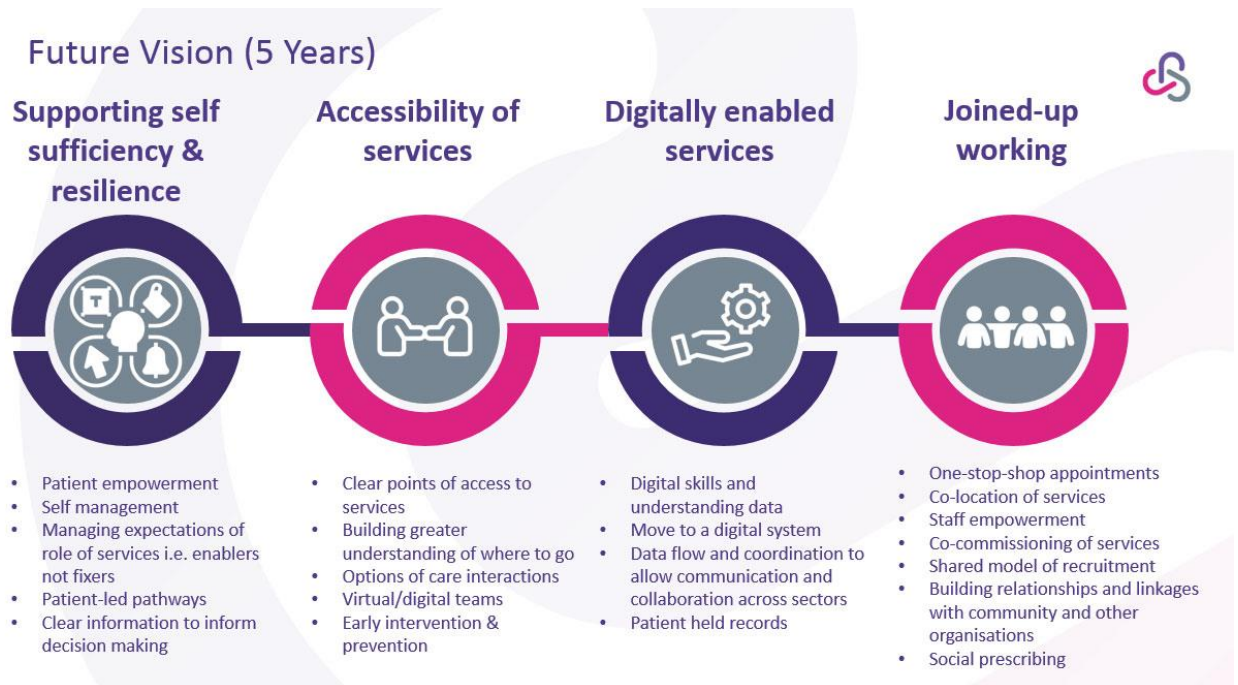
### **2. Approach to Developing the Programme IA**

During the development of GBRR IA project, a number of workshops were undertaken to review models of care in that are supported by facilities in Lerwick (e.g. mental health, dental, primary care and services delivered via the Gilbert Bain Hospital).

This work now needs to be expanded to encompass the remit of the Programme IA which will also include consideration of NHS facilities out with Lerwick, including the Non Doctor Islands. The proposed approach to this expanded the remit in line with the work streams shown in section 4. There is no set guidance on what should be included within a Programme IA or how it should be developed. Boards are encouraged to develop a process that works for their individual circumstances based upon local needs and priorities. The Scottish Government Infrastructure Team is keen to work closely with individual Boards to help develop each step of the process.

### 3. Driving Forward the Clinical Model

The Clinical and Care Strategy sets out the future vision for health and care over the next five years as summarised in the chart below.

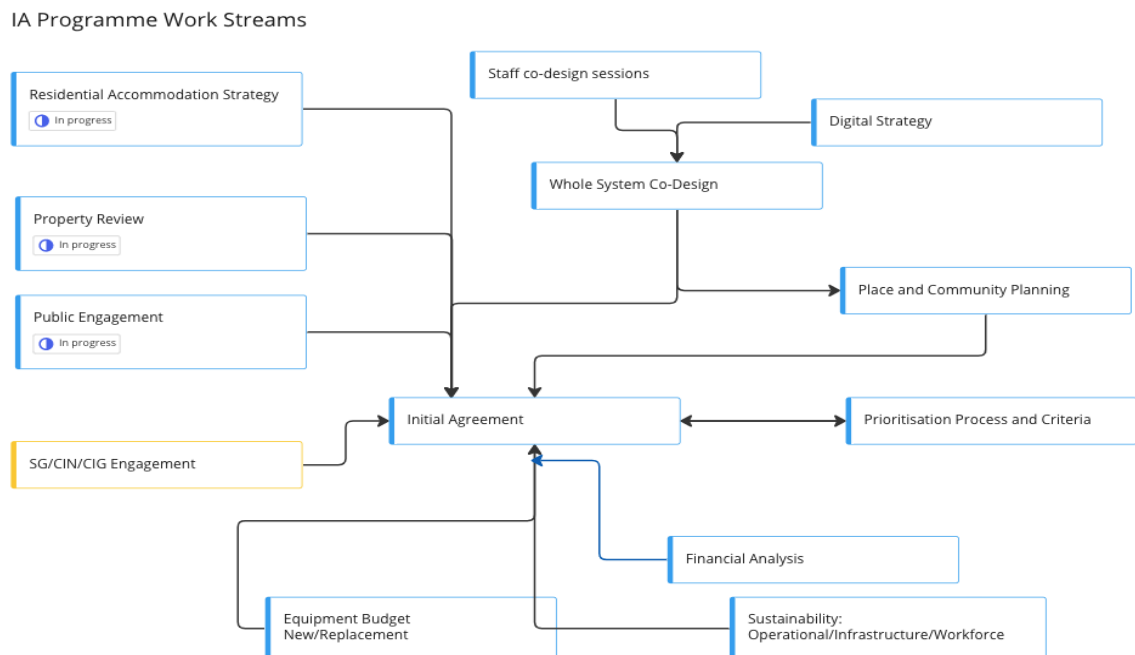


In order to achieve the best outcomes, access and transition should be as seamless as possible via an integrated system to ensure, as far as possible, equity of access to care and treatment, irrespective of location within Shetland. In expanding the scope of the original IA options, we will consider the original project requirements i.e. the replacement of the Gilbert Bain Hospital and the impact of changes to the models of care across the whole system and what that might mean for our property strategy over the next 20 years.

We aim to use the existing themes as set out in the clinical and care strategy to explore how models of care might change and what that means for the delivery of unscheduled care, elective care and how we can place more emphasis on proactive support and prevention.

## 4. IA Programme Workstreams

This diagram outlines the proposed workstreams to develop the Programme IA.



The work streams are shown as an indicative programme (Appendix1) alongside a programme timeline.

In order to develop the whole system co-design approach, the extended scope of the PIA will include an exploration of the needs of a number of localities/communities that were not part of the original initial agreement remit.

The focus will be on understanding the needs of particular communities from the perspective of the clinical models that are being developed as per the 10 year vision of the Clinical and Care Strategy, as well as the infrastructure requirements in order to support the delivery of those models of care for the next 10-20 years. The infrastructure requirements will focus on NHS buildings, but also take into account the place and community planning work that is being undertaken across Shetland to work with communities to develop shared decision making and community resilience.

There are four components to the whole system co-design work stream which include:

- The completion of an options appraisal for the replacement of the Gilbert Bain Hospital;
- A review of the needs of remote island communities including the North Isles and Non Doctor Islands (NDIs);
- A review of the confederation of community based services across central mainland (e.g. Lerwick, Scalloway and South mainland) to understand how we can use the 'network enabled care' principle to develop the right hub and spoke arrangements for those communities and also provide more specialist input for people across Shetland;

- A review of the confederation of community based services in the north mainland, to understand how the principle of 'network enabled care' can support the communities in this locality and its role in supporting hub and spoke models of care.

In respect of the review of community based models of care, this will include where relevant, consideration of the opportunities to develop blended models of care across the whole system, e.g. network enabled care in a locality being developed potentially by practitioners who sit in either a hospital setting or a community setting. And what that then means in terms of the infrastructure requirements to deliver this model of care.

We will work with Public Health Scotland (PHS), Healthcare Improvement Scotland (HIS) and academic partners to develop the methodology for exploring the themes at a locality/community level. The facilitation will be led by our Engagement Consultant, who intends to build discovery workshops and utilise themes from the engagement work that has taken place to date, to build a strategic plan to show the relationship between our existing and emergent models of care and how they relate to the infrastructure needed to support them.

Human Learning Systems (HLS)<sup>1</sup> theory may be used as the underpinning framework and we are exploring if this would be a good degree of fit for the PIA, as there is support available from HIS and academic partners to support some facilitated sessions.

It also provides an opportunity to consider some of the findings from this work alongside the discovery data need to develop a digital maturity plan.

Public engagement will be a workstream, running through the PIA, building on the work already undertaken.

The Head of Estates has commissioned an extended scope for the property review in line with the PIA requirements. The first phase of the review will report to the Programme Board in Q1 of 2023-24 to inform the current and new phases of the PIA.

## **5. Indicative Programme**

The indicative programme is based on completion of the Programme IA by the end of the calendar year (December 2023) with submission to Scottish Government thereafter, to allow for internal governance. This timescale ties in with that set-out by the Capital Investment Network presentation, of 12 to 18 months for Boards to submit Programme IA's.

Given the short timeframe that there is to undertake the work to complete the PIA, we have appointed an in house Project Director on secondment, to support the programme and ensure we can deliver the requirements within the nationally agreed timescales.

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<sup>1</sup> [Human Learning Systems](#)

## 6. Governance

The governance arrangements currently in place for the GBRR Project have been revisited to ensure that they reflect the requirements for the extended PIA. The Programme Board already has a very broad stakeholder group and so it is not proposed that PB membership needs to be revised in order to successfully deliver the programme requirements.

In addition to this, the membership and remit of the IA Project Team will be revisited to ensure that we have the necessary expertise and stakeholder involvement.

We will also explore the arrangements needed to build the executive team to support the delivery of the programme to ensure there is joint working and endorsement of proposals prior to submission to the Programme IA Programme Board. This is already an explicit requirement for joint working, but the detail of how that would be undertaken was not incorporated into the terms of reference for the IA project previously and this will now be proposed formally within the governance arrangements.

The Project Director and Clinical Lead have already made contact with PHS to support some of the modelling work that will be required to support the new work streams. They are considering the need for a more streamlined approach in the commissioning of external contractors for this phase of the programme, given that much of the technical work to develop the options appraisal for the replacement of the Gilbert Bain Hospital has been completed.

In respect of finance, Scottish Government has confirmed that we will receive support to undertake the PIA as a variation from the original IA process.

## 7. Risks

At this point the following risks have been identified in respect of the development of the NHS Shetland Programme IA:-

- Financial – as noted above, Scottish Government has confirmed that we will receive funding as part of our capital allocation to fund the extended IA process. It is important therefore that we stay within the programme timescales to ensure we have the necessary resources to deliver the required outputs.
- Programme – Scottish Government require all Programme IA's to be completed and submitted within 12 to 18 months i.e. by mid -year 2024.
- Resource - identifying the appropriate additional internal and external resource required and its allocation to the Programme IA.
- Communication and Engagement - agreeing and disseminating the message to the wider community/public in respect of the change in overall remit and programme.
- Place / Community engagement - achieving the right level of engagement with partners via the Shetland Community Planning Partnership.



- The Gilbert Bain Hospital - backlog maintenance investment required due to the potential extended timelines for replacement. We will need to consider the investment/disinvestment strategy for the Hospital alongside the PIA development process

A Programme IA Risk Register has been developed to manage and mitigate these risks and any others identified during the course of the Programme IA development.

## **8. Next Steps**

Subject to the approval by NHS Shetland Board, the following next steps will be undertaken by the IA Project Team.

- Set out a programme plan and agree a process to make the necessary changes to the governance structure as outlined

**Kathleen Carolan**  
**Executive Lead for the PIA**

**David Wagstaff**  
**Project Director (PIA)**

**April 2023**



										2024		
April	May	June	July	August	September	October	November	December	January	February	March	
<b>Programme Initial Agreement - Activities</b>												
<b>IA Project Management Team</b>												
<b>Programme Strategies</b>												
<b>Prioritisation Process</b>												
<b>Programme IA</b>												
<b>Governance</b>												

<b>Community Engagement</b>		
Community Engagement Lead / PFPI Lead	<u>Edna Mary Watson</u>	Community Engagement
Engagement Consultant (external)	Elizabeth Brooks	Community Engagement
Communications Lead	Amy Gallivan	Community Engagement
Public Representative		Community Engagement
<b>Health Intelligence</b>		
<u>Clinical Lead</u>	<u>Dawn Smith</u>	Health Intelligence
Public Health Planning, Performance and Projects Officer	Lucy Flaws	Health Intelligence
PHS (external)		Health Intelligence
Public Health Analyst	Fiona Hall	Health Intelligence
Informatics	Monique Hunter	Health Intelligence
Project Director	David Wagstaff	Health Intelligence
Healthcare Planner (external) - Role / input TBC	Buchan Associates	Health Intelligence
<b>Locality Based Models - Visioning futures (Lerwick, Brae &amp; North Isles, NDI)</b>		
Health Improvement Manager	Nicola Balfour	Locality Based Models - Visioning futures (Lerwick, Brae & North Isles, NDI)
Primary Care Manager	Lisa Watt	Locality Based Models - Visioning futures (Lerwick, Brae & North Isles, NDI)
Chief Nurse - Community	Kim Anderson	Locality Based Models - Visioning futures (Lerwick, Brae & North Isles, NDI)
Chief Nurse - Acute	Amanda McDermott	Locality Based Models - Visioning futures (Lerwick, Brae & North Isles, NDI)
Health & Social Care Partnership /IJB	Jo Robinson	Locality Based Models - Visioning futures (Lerwick, Brae & North Isles, NDI)
Public Health Planning, Performance and Projects Officer	Lucy Flaws	Locality Based Models - Visioning futures (Lerwick, Brae & North Isles, NDI)
Informatics	Monique Hunter	Locality Based Models - Visioning futures (Lerwick, Brae & North Isles, NDI)
Mental Health Lead	Karen Smith	Locality Based Models - Visioning futures (Lerwick, Brae & North Isles, NDI)
Children's Services	Kerri Ratter	Locality Based Models - Visioning futures (Lerwick, Brae & North Isles, NDI)
Womens Health	Jacqueline Whittaker	Locality Based Models - Visioning futures (Lerwick, Brae & North Isles, NDI)
AHP Service Leads	Cathrine Coutts	Locality Based Models - Visioning futures (Lerwick, Brae & North Isles, NDI)
Dental	Antony Visocchi/ Gwen Farmer	Locality Based Models - Visioning futures (Lerwick, Brae & North Isles, NDI)

<b>Community Engagement</b>											
<b>Health Intelligence</b>											
<b>Locality Based Models - Visioning futures (Lerwick, Brae &amp; North Isles, NDI)</b>											



			2024											
			April	May	June	July	August	September	October	November	December	January	February	March
<b><u>Strategic Case - Replacement of Gilbert Bain Hospital Analysis</u></b>														
<u>Clinical Lead</u>	<u>Dawn Smith</u>	Strategic Case - Replacement of Gilbert Bain Hospital Analysis												
Project Director	David Wagstaff	Strategic Case - Replacement of Gilbert Bain Hospital Analysis												
Public Health Planning, Performance and Projects Officer	Lucy Flaws	Strategic Case - Replacement of Gilbert Bain Hospital Analysis												
Informatics	Monique Hunter	Strategic Case - Replacement of Gilbert Bain Hospital Analysis												
Chief Nurse Acute	Amanda McDermott	Strategic Case - Replacement of Gilbert Bain Hospital Analysis												
Chief Midwife	Jacqueline Whittaker	Strategic Case - Replacement of Gilbert Bain Hospital Analysis												
SCN Outpatients/ Excellence in Care Lead	Christina McDavitt	Strategic Case - Replacement of Gilbert Bain Hospital Analysis												
AHP Executive Manager	Cathrine Coutts	Strategic Case - Replacement of Gilbert Bain Hospital Analysis												
Hospital Pharmacy	Mary McFarlane	Strategic Case - Replacement of Gilbert Bain Hospital Analysis												
Public Rep	<b>TBC</b>	Strategic Case - Replacement of Gilbert Bain Hospital Analysis												
Healthcare Planner (external) - Role / input TBC	Buchan Associates	Strategic Case - Replacement of Gilbert Bain Hospital Analysis												
Associate Medical Director - Acute	Pauline Wilson	Strategic Case - Replacement of Gilbert Bain Hospital Analysis												
Associate Medical Director - Primary Care	<b>TBC</b>	Strategic Case - Replacement of Gilbert Bain Hospital Analysis												
Consultant Surgeon Rep	<b>TBC</b>	Strategic Case - Replacement of Gilbert Bain Hospital Analysis												
Consultant Physician Rep	<b>TBC</b>	Strategic Case - Replacement of Gilbert Bain Hospital Analysis												
Consultant Anaesthetist Rep	<b>TBC</b>	Strategic Case - Replacement of Gilbert Bain Hospital Analysis												
Emergency Physician	<b>TBC</b>	Strategic Case - Replacement of Gilbert Bain Hospital Analysis												
<b><u>Financial Analysis</u></b>														
Capital Management Group - membership TBC	<b>TBC</b>	Financial Analysis												
<u>Project Director</u>	<u>David Wagstaff</u>	Financial Analysis												
Clinical Lead	Dawn Smith	Financial Analysis												
Staffside Representative	<b>TBC</b>	Financial Analysis												
HR Lead	<b>TBC</b>	Financial Analysis												
Finance Lead	Karl Williamson	Financial Analysis												
<b>NHS Shetland Board / Non-Exec / Public Rep / Exec / SLT</b>	<b>TBC</b>	Financial Analysis												
<b>Clinical Leads</b>	<b>TBC</b>	Financial Analysis												
<b><u>Place &amp; Community Development</u></b>														
<u>Senior Responsible Officer</u>	<u>Kathleen Carolan</u>	Place & Community Development												
Project Director	David Wagstaff	Place & Community Development												
Community Engagement Lead / PFPI Lead	Edna Mary Watson	Place & Community Development												
Health Improvement Manager	Nicola Balfour	Place & Community Development												
TBC		Place & Community Development												
<b><u>IA Project Management Team</u></b>														
Project Director	David Wagstaff	IA Project Management Team												

