

Borders NHS Board**LOCAL DELIVERY PLAN 2015/16 FEEDBACK LETTER****Aim**

This paper is to update the Board on the receipt of the feedback letter from Scottish Government following the submission of the 2015/16 Local Delivery Plan (LDP).

Background

The Local Delivery Plan 2015/16 was submitted to Scottish Government on 23rd March 2015, with supporting Financial and Efficiency plans submitted a week earlier, subject to NHS Borders Board approval. Board approval was received on 2nd April 2015.

A feedback letter was received from John Connaghan, NHS Scotland Chief Operating Officer, on 7th April 2015 signing off NHS Borders' Local Delivery Plan for 2015/16. This letter highlighted the expectations that NHS Borders is to meet during the financial year, including delivery and regular performance management of the LDP Standards. The LDP this year set out a range of improvement work that will be delivered by the Board and this will also be monitored through local performance arrangements.

The letter asks for further detail in one area. The Primary Care section must cover prioritised actions for all aspects of primary care including General Practice, Pharmacy, Dentistry and Optometry. NHS Borders have been asked to provide a more detailed plan in this area to Scottish Government's Primary Care Development team by the end of July 2015. This is currently being actioned by the Primary, Acute and Community Services Clinical Board.

Summary

The final version of the Local Delivery Plan was submitted on 23rd March 2015, with supporting Financial and Efficiency plans submitted a week earlier, subject to NHS Borders Board approval which it received on 2nd April 2015. A feedback letter has been received from John Connaghan signing off the LDP and detailing Scottish Government's expectations for NHS Borders during 2015/16 further to its receipt. Further detail has been requested on prioritised actions for all aspects of Primary Care by 31st July 2015.

Recommendation

The NHS Borders Board is asked to **note** the Local Delivery Plan 2015/16 feedback letter.

Policy/Strategy Implications	The LDP will be the primary mechanism for monitoring the performance of NHS Boards by the Scottish Government.
Consultation	The LDP 2015/16 has been developed in

	conjunction with the service, the Clinical Executive, Board Executive Team, S&PC and service leads.
Consultation with Professional Committees	See Above
Risk Assessment	The risks for delivery of LDP actions have been factored into the plan. Performance will be monitored proactively throughout 2015/16 through reporting to allow remedial actions to be taken.
Compliance with Board Policy requirements on Equality and Diversity	The LDP has been developed to be fully compliant with NHS Borders' Equality and Diversity requirements.
Resource/Staffing Implications	None

Approved by

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Author(s)

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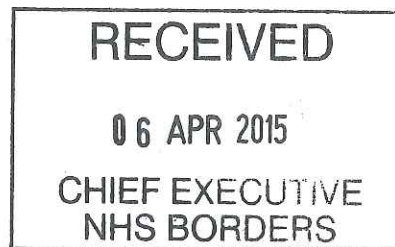
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31 March 2015

Dear Jane

NHS BORDERS: LOCAL DELIVERY PLAN

1. The LDP continues to have a crucial role in our annual planning arrangements for the NHS and will support NHS Boards to make the transformational change required to deliver the 2020 Vision. During 2015-16, as we transition towards integrated health and social care, the LDP will continue to be the 'contract' between the Scottish Government and NHS Boards. It should provide assurance that local plans are in place to deliver Scottish Government priorities. I am grateful to all in your NHS Board who have been involved in preparing and finalising the Plan.

2. This year the LDP has three elements, which are underpinned by finance and workforce planning.

- NHS Board contributions to Community Planning Partnerships.
- Improvement activity around the six key strategic priority areas.
- LDP standards to support delivery of high quality patient services

3. We have looked closely this year at how well your NHS Board LDP covers:

- **joint working** on community planning and resourcing;
- the Board's plans and preparedness to deliver the **2020 Vision** for health and care in Scotland;
- **financial planning** with the emphasis on securing a balanced budget and delivering efficiency savings while maintaining high quality patient services that fully reflect local needs;
- **workforce planning** with the emphasis on integration and planning that has been developed in line with local partnership and governance arrangements.



4. Last year's LDP saw an increased focus on delivering outcomes for the people of Scotland, and this year's LDP will build on that. The Scottish Government has reaffirmed its commitment to the 2020 Vision and will refresh the strategy to ensure that it reflects the changing needs and expectations of the people of Scotland. The LDP for 2016-17 will reflect the refreshed strategy and work will continue in 2015 to ensure that the LDP supports delivery of the 2020 Vision. I look forward to that continued engagement.

5. I can now confirm I am content to sign off your NHS Board LDP and the supporting financial plan. I would be grateful if you would note the following points in taking the plans forward.

Monitoring LDP progress

6. The LDP sets out a range of improvement work within your NHS Board. Your NHS Board will need to ensure that progress is monitored against the full LDP. Your NHS Board will also need to ensure that appropriate local performance management arrangements are in place.

Community Planning Partnerships

7. The National Community Planning Group has placed an emphasis on strong leadership in the community planning arena. Your LDP has described some of the leadership roles within the CPP and a range of actions that your board is pursuing to support delivery of local priorities. During 2015/16 we expect your board to monitor the local impact that the NHS is making in community planning and the role senior leaders are playing, particularly in the shift towards prevention, early intervention and tackling inequalities. We will discuss progress with you throughout the year.

Health Inequalities and Prevention

8. Your LDP reflected the range of actions that you are taking to tackle health inequalities and improve health. This was expressed in relation to existing or planned local strategies. A key component of the work to tackle inequalities is the partnership working through Community Planning Partnerships. It is important for NHS Boards to have structures in place to provide confidence that the planned activities are joined up and coordinated with an appropriate degree of oversight and that milestones are in place that allow you to judge whether or not you are progressing towards your goals in the coming year in relation to tackling inequalities and improving health.

Antenatal and Early Years

9. With regard to the IVF Standard related to this priority, the four NHS IVF tertiary centres in NHS Grampian, NHS Greater Glasgow and Clyde, NHS Lothian and NHS Tayside should continue to work with non-provider Boards to ensure that eligible patients commence IVF treatment within 12 months (90%). Shorter waiting times across Scotland will lead to improved outcomes for patients.

10. You have set out your planning and development work for the duties in Parts 4 and 5 of the Children and Young People (Scotland) Act 2014 (Named Person and Child's Plan).

Person-centred Care

11. We expect NHS Boards to continue to work on developing positive care experiences with a strong focus on the outcomes that matter to people using services, guided by the five “must do with me” principles of care. We expect your Board to support staff and the public to be open and confident in giving and receiving feedback; to widely publicise the information people need to give feedback and make complaints and the support available for them to do so; and to learn from feedback and communicate with patients, families and carers about the changes and improvements that have been made as a result.

Safe care

12. The LDP reflects actions your NHS Board is taking across these programmes of work to deliver our safe ambition. You have set out how your Board will now spread and sustain these improvements to maintain momentum in delivery of the acute adult SPS Programme and to build upon the progress being made in the safety programmes for primary care, maternity, neonates and paediatrics (MCQIC) and mental health services as well as ensuring that work around HAI improvement activity continues to be treated as a priority within NHS Boards. It is important that in 2015-16, governance and leadership across managerial and clinical staff is embedded for each programme and that robust data collection and reporting mechanisms are in place to demonstrate these improvements.

13. Scottish Ministers have accepted all the recommendations contained in the Vale of Leven Hospital Inquiry report. It is important to build on the improvements made in the care provided to patients since the Vale of Leven Hospital C. difficile outbreak. The Vale of Leven Hospital Inquiry Implementation Group will be developing national and local plans to implement those recommendations and the NHS Board will work with this Group, Scottish Government, Special Boards and other stakeholders to ensure they play their part in the implementation process. This will guarantee there is a clear link locally and nationally on how the recommendations are being implemented and how we monitor their implementation.

Primary Care

14. Last year’s strategic assessment of primary care identified four key themes to focus and build on as part of this year’s improvement priorities. These are leadership & workforce, planning & interfaces, technology & data, contracts & resources. We expect NHS Boards to prioritise local actions being progressed and pursued to increase capacity in primary care and the resources identified to achieve this across the four key themes. Prioritised actions must cover all aspects of primary care including General Practice, Pharmacy, Dentistry and Optometry. Your Board did not adequately cover this and you should ensure that our Primary Care Development team have sight of a more detailed plan for primary care by the end of July 2015.

15. Every GP practice in Scotland is undertaking a three step review of access as part of the GMS contract negotiated with Scottish General Practitioners Committee (SGPC) of the BMA last year. GP practices are required to submit a Practice Access Action Report to their Board during March 2015, with the Boards submitting a report to Scottish Government thereafter. The development of Practice Access Action Reports has been included in the GP contract agreement between Scottish Government and SGPC given the importance placed on gaining a better understanding of patient demand across Scotland and then supporting GP practices in managing that demand. Scottish Government understand that there is no ‘one size fits all’ solution, which is why each GP practice is being asked to take steps to understand its own demand and pressures, and develop local actions to address their patient demand. Boards are asked to work with practices in support of this.

Integration

16. With the legislative framework now complete, and most of the statutory guidance issued, integration is now moving into its implementation phase. With your colleagues in the Council, you have submitted your Integration Scheme for Ministerial approval, and Scottish Government officials will be in touch regarding any amendments that are required. During 2015-16, the focus will be on implementation and transition, supported by the Integrated Care Fund. It will be important to maintain momentum during the transition year, particularly in terms of securing and maintaining meaningful engagement of clinicians in integrated strategic planning and locality arrangements.

17. NHS Boards are expected to continue working with their local authority partners, Integration Joint Boards and Chief Officers (or in shadow form, until established), to reduce delayed discharges, and to ensure there are no delays over two weeks during 2015-16. More challenging integration indicators have been agreed for the new Integration Authorities to reduce the proportion of people delayed for more than 72 hours and to reduce the overall bed days associated with delays. That reflects Ministerial expectations about reducing the overall number of people delayed and the length of time they are delayed.

Elective Waiting Times

18. It is a legal requirement for all Boards to deliver the 12 week Treatment Time Guarantee. All Boards are required to fully comply with this in 2015/16. All Boards are also expected to deliver the standards for diagnostics and 18 Weeks Referral To Treatment during 2015/16. We will continue to monitor your improvement trajectories for 12 weeks access to outpatients. NHS Boards are expected to deliver the access standards set out within the 2015-16 LDP planning guidance from within their core Scottish Government funding - £76m was transferred to recurring baseline funding in 2011/12. Though the National Access Unit retains a small central fund, and will have embarked on discussion with NHS Boards on how best to utilise these additional funds in 2015/16. We hope to conclude these discussions in April 2015. Where required, support will be available to NHS Boards to develop and implement demand/capacity plans at appropriate speciality or sub-speciality level that demonstrate plan and actual performance against the required activity levels to meet demand and ensure that queue size and scheduling are commensurate with the targets to be delivered.

Unscheduled Care

19. Unscheduled care is a key priority for Scottish Government and we expect all Health Boards across Scotland to sustainably achieve 95% of all patients attending A&E to be seen, treated and discharged or admitted with four hours, as a milestone towards returning to 98% performance. In line with current LUCAP guidance and the new Unscheduled Care - six essentials approach going forward, we would expect your NHS Board to put in place or enhance key measures that will support improvement and on-going sustainable performance, including empowered site based management teams that have responsibility for all services and targets within the hospital.

20. We also expect you to work collaboratively with the national team to identify key actions and opportunities that would support short/medium term improvements, particularly where a sustainable position has not yet been reached. Escalation and recovery plans should exist at site and board level and should be continually monitored and reviewed to provide the necessary assurance that peaks in demand can be managed with minimum disruption to patients. The six essential actions underpin the requirement to continually review demand and capacity issues at site level, aligning processes to demand and pro-actively managing the discharge process. This new approach will work to minimise long

waits in A&E as well as look to ensure best practice is installed throughout the hospital system, supporting joined up work across health boards and addressing wider issues of patient flow through hospital, ensuring the whole NHS system works together effectively.

21. These actions are fundamental to achieving sustainable performance and we expect full engagement and participation from your Board going forward. The new collaborative - six essentials approach will be formally launched at a ministerial event on 13 May.

Cancer

22. The Scottish Government maintains cancer as a priority and has in place a Detect Cancer Early Programme and two cancer waiting times standards. We expect NHS Boards to deliver these standards in order to reduce premature deaths and to ensure timely diagnosis and treatment which is a particularly distressing and anxious time for both the patient and their family.

Mental Health

23. We expect all boards to deliver CAMHS and psychological therapies access standards - prompt, evidence-based treatment makes a significant difference to longer term life outcomes. Your NHS Board has faced challenges in delivery of psychological therapies and the Scottish Government will monitor performance to deliver improvement. A Scottish Diagnosed Dementia Incidence project will report later in the Spring and will inform planning for the LDP Standard on dementia post diagnostic support. Please ensure also that the physical health needs of people with a mental illness are addressed - this is particularly crucial given the significant differences in mortality rates for those with a mental illness.

Workforce

24. As part of the implementation of Everyone Matters, we expect Boards to deliver 2015-16 actions across the 5 priorities for action: healthy organisational culture, sustainable workforce, capable workforce, integrated workforce and effective leadership and management.

25. Strengthening workforce planning continues to be the focus in 2015-16 for delivering a sustainable workforce and we expect to see evidence of this in your NHS Board workforce plan (to be published on your NHS Board website by end of August 2015) and in your NHS Board's detailed workforce projections which are due to be completed and returned to Scottish Government by the end June 2015. We will work with Boards to achieve tangible outcomes on workforce planning within the 2015-16 financial year. Progress at Board level will be monitored through the HR Executive Forum. We expect this year's workforce plans and projections to reflect the Boards approach to delivering the 2020 vision and LDP standards. Similarly, we expect to see evidence regarding the application of the Nursing and Midwifery Workload and Workforce Planning Tools in order to ensure that our hospitals have the right numbers and mix of nursing and midwifery staff.

Financial Plan

26. I understand that your financial plan will be considered by your Board on 2 April 2015. I would expect that, in considering your financial plan for approval, the Board will seek assurance that the key risks associated with the delivery of the financial plan have been identified and that the necessary action is in hand to ensure that these risks are managed over the lifetime of the LDP. As you are aware, funding for NHS Boards has been confirmed for 2015-16. On this basis, I am satisfied with the financial plan.

27. Your financial plan for future years reflects current planning assumptions. We will contact you when we have clarification on any changes to those assumptions for 2016-17 and beyond. I note that the majority of your savings plans for future years are in the early stages of development which we both acknowledge is a key risk. I expect you to take the necessary steps to develop and secure these savings as soon as possible, meanwhile keeping the Health Finance Directorate fully updated on your progress.

28. You should ensure that your Director of Finance continues to keep appropriate contact with the Health and Social Care Directorates, particularly in relation to your management of new and emerging risks and the overall achievement of targets as outlined in the plan. A robust and sustainable financial framework is essential for delivering overall targets and I look to the Board to ensure the highest standards of financial management, planning and governance and to discharge its responsibility for the use of public funds in a way that delivers best value.

Next steps

29. NHS Boards are expected to report progress against the LDP to their Boards. The Scottish Government will consider progress against the plans at the NHS Board Annual Review and Mid-Year Reviews. Scotland Performs and the new NHS Performs site should provide assurances that NHS Boards are delivering on the 2020 Vision and key performance measures.

30. It is clear that there is a wealth of planning and improvement work underway across your Board. The NHS must also ensure that, in the face of significant challenges and changing demands, it can continue to provide the high quality health service the people of Scotland expect and deserve into the future. I look forward to working with you in the coming months as we further develop our detailed plans to deliver our 2020 Vision.

31. As we transition towards integrated health and social care, the LDP for 2015-16 will be mutually supportive of the new Strategic Commissioning planning arrangements that the new Integrated partnerships will develop to deliver the improved outcomes for the people of Scotland.

32. If you have any questions about this letter, please contact Yvonne Summers or Jim May in the East Region Performance Management Team. May I take this opportunity to offer my thanks to you and your team for all of the hard work in 2014-15.

Yours sincerely



JOHN CONNAGHAN