

Borders NHS Board



LOCAL DELIVERY PLAN 2016/17 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 Local Delivery Plan 2016/17.

Background

The Local Delivery Plan (LDP) 2016/17 was submitted to Scottish Government on 31st May 2016, with supporting Financial and Efficiency plans, subject to NHS Borders' Board approval. Board approval was received on 23rd June 2016.

A feedback letter was received from John Connaghan, NHS Scotland Chief Operating Officer, on 30th June 2016 (attached) which indicated he was content to sign off the Board's LDP for 2016/17 and its supporting financial plan. The letter also highlighted a number of points for noting as we take these plans forward.

Progress against the LDP plan and the additional points raised will be monitored through our local Performance Management arrangements including monthly Performance Reports to the Board and more detailed updates through the mid-year and full-year Managing our Performance reports.

Summary

The final version of the Local Delivery Plan was submitted on 31st May 2016, with supporting Financial and Efficiency plans, subject to NHS Borders Board approval which it received on 23rd June 2016. A feedback letter has now been received from John Connaghan, NHS Scotland's Chief Operating Officer confirming he is content to sign off the plan for 2016/17.

Recommendation

The Board is asked to **note** the Local Delivery Plan 2016/17 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 2016/17 has been developed in conjunction with the service, the Clinical Executive, Board Executive Team, S&PC, IJB 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 2016/17 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

Name	Designation	Name	Designation
June Smyth	Director of Workforce and Planning		

Author(s)

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Jane Davidson
Chief Executive
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30 June 2016

Dear Jane

NHS BORDERS: LOCAL DELIVERY PLAN 2016-17

1. The nature of the challenges and opportunities facing NHSScotland means that we need to deliver fundamental reform and change to the way that the NHS delivers care. The Scottish Government has reaffirmed its commitment to the 2020 Vision for health and social care and periodically refreshes this strategy to ensure that it continues to reflect the changing needs and expectations of the people of Scotland and the way that services will be delivered within an integrated context.

2. Local Delivery Plans (LDPs) play a crucial role in supporting NHS Boards to deliver the 2020 Vision and wider health and social care policy developments to improve outcomes. These include the national clinical strategy; the integration of health and social care; the national conversation; and a range of service reviews that have recently been completed or are currently underway. The (LDP) continues to be the 'contract' between Scottish Government and NHS Boards, providing assurance that local plans are in place to deliver Scottish Government priorities.

3. We have looked closely at how well your LDP details planned improvement aims, actions and measures around the Strategic Improvement Priority areas set out in the LDP Guidance and re-emphasised in this letter. This includes reference to financial planning, community planning partnerships and workforce planning.

4. While I can confirm that I am content to sign off your NHS Board LDP for 2016-17 and its supporting financial plan, I would be grateful if you would note the following points in taking these plans forward.

Health Inequalities and Prevention

5. Tackling inequalities and prevention continues to be a key role for you and your partner agencies with Health and Social Care Partnerships emerging as a new focus for addressing inequalities and I would expect that your Board will play an important role in supporting this. It is important that your Board maintains a focus on longer term outcomes and not just on short term activity on tackling inequalities and prevention. In addition, it remains important that you focus on the health of you own workforce as well as the wider environment for which you are responsible. The Health Promoting Health Service is a key part of this and we expect you to continue to retain a focus on this programme.

Antenatal and Early Years

6. There is good evidence that early access to antenatal care supports improvements in breast feeding rates and other important health behaviours such as smoking cessation. Boards should continue to work to achieve the Antenatal Access LSP standard that requires that 'At least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation'.

7. The Scottish Government has confirmed funding for a further 3-5 years for the Maternal and Childrens Quality Improvement Programme as part of the Scottish Patient Safety Programme (SPSP). All Boards should continue to contribute to, and support, this important programme that will deliver improved outcomes in maternal, neonatal and paediatric care.

8. Boards should also continue to take cognisance of messages in the annual MBBRACE-UK reports into Maternal Morbidity and Perinatal Surveillance. Those Boards which are flagged red or amber by the Perinatal Surveillance report should undertake an urgent review of their cases of stillbirth and neonatal mortality and ensure lessons are learned. All other Boards should also undertake the same critical process with all perinatal deaths to ensure we continue to reduce perinatal mortality across Scotland.

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 all eligible patients commence IVF treatment within 12 months and take particular notice of the number of patients waiting for treatment. Shorter waiting times across Scotland will lead to improved outcomes for patients. In addition, you will be aware that IVF access criteria is to be expanded, with a sustainable implementation plan to be drawn up in partnership with the four NHS IVF tertiary centres. Boards should continue to achieve waiting time targets when new access criteria are introduced.

Safe care

10. 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 SPSP 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 AMR/HAI improvement activity continues to be treated as a priority within NHS Boards. It is important that in 2016-17, 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.

11. Work will continue in 2016-17 to fully implement any outstanding Vale of Leven Hospital Inquiry recommendations that are relevant for your Board, building on the good work that has already taken place. The Board should continue to implement the recommendations based on the feedback provided in your returns of January and Summer 2015. At a national level, the Implementation Group has agreed an overarching Monitoring Plan tracking progress of recommendations. This is updated on a thematic approach and can be viewed on the Scottish Government's website. In addition, the Implementation Group has tasked Healthcare Improvement Scotland to develop, over the course of this year, an assurance system to demonstrate all 65 health board recommendations are fully implemented. This will take cognisance of existing assurance systems already in place.

Person-centred

12. 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. This extends to your efforts to implement the Strategic Framework on Palliative and End Of Life Care. As the Complaints Standards Authority's review of the NHS complaints procedure concludes over the course of the year, we expect your Board to prepare to implement the revised procedure. We expect the Board to support staff and the public to be open and confident in giving and receiving feedback, and to learn from feedback and communicate with patients, families and carers about the changes and improvements that have been made as a result.

Primary Care

13. Last year, NHS Boards set out their prioritised actions to increase capacity in primary care, covering General Practice, Dentistry, Optometry, Pharmacy and Out of Hours reflecting these under four key themes: leadership & workforce, planning & interfaces, technology & data and contracts & resources. Progress was sought on those already identified prioritised actions and any new actions being pursued to manage as much care 'out of hospital' as possible and the resources identified to achieve this aim. Boards are in the process of developing their final plans of new models of care / test of change initiatives, multi-disciplinary team working including working across sectors and actions being pursued to implement Sir Lewis Ritchie's review of out of hours primary care services. There will be ongoing monitoring and evaluation throughout with a focus on sharing and spreading the impact of these initiatives. It is expected that formal reporting will be on a quarterly or bi-annual basis in addition to participation from boards at quarterly informal events. A clear focus and understanding on planning for health and social care integration is also key.

14. Every General Practice should continue to take action to support the introduction of the post QOF (Transitional Quality Arrangements) revisions to the GMS contract in 2016-17. In particular, Boards are asked to consider what measures are being pursued in respect of developing productive GP Cluster arrangements, underpinned by strong local relationships.

Integration

15. This is the first year in which all the new Health and Social Care Partnerships have become fully operational. The integration of health and social care is one of the most significant reforms since the establishment of the NHS and the impact of these changes are covered in the Board's LDP. Health and Social Care Partnerships now assume

responsibility for adult primary care, adult mental health care, community addiction and dependency services, most of adult unscheduled care, some elective care and aspects of workforce, person centred & safe care and inequalities and prevention from what was previously the remit of NHS Boards. Going forward, Partnerships' Strategic Plans will include these services and we would expect to see NHS Board LDPs reflect plans to shift the balance of care and support Health and Social Care Partnerships in achieving the national health and wellbeing outcomes for Integration.

Scheduled Care

16. It is a legal requirement for all Boards to deliver the 12 weeks Treatment Time Guarantee. All Boards are expected to deliver the LDP standard of a maximum 12 weeks wait for first outpatient appointment (95% with stretch 100%). Boards will continue to be monitored against their compliance with the 18 weeks Referral to Treatment standard during 2016-17 (90%).

17. The Access Support Team will continue to work closely with you throughout the year to support delivery of agreed trajectories for each of these standards.

18. The '*Getting Ahead*' Programme has been established to support sustainable whole systems management for elective services, built on a foundation of sufficient well-utilised capacity to treat patients safely and effectively within waiting time standards. It is a requirement that the 2016-17 LDP includes, "assessments of activity requirements to ensure the best possible performance against elective waiting times during 2016-17 as well as the local work that will be carried out on the longer term objective of ensuring the optimal design, configuration and availability of services in the context of an ageing and growing population".

19. During 2016-17 you are asked to share your monitoring of actual activity against your 2016-17 planned activity, as a basis for action and development in line with the National Clinical Strategy.

20. There will be increased dialogue during 2016-17 around the co-design of the planned additional elective capacity to meet the growing needs of the population. We will encourage your Board to play a full part in the discussion about how best to tackle local, regional and national pressures as we bring this programme forward.

Cancer

21. The Scottish Government maintains diagnosis and treatment of cancer as a priority. NHS Boards are expected to deliver the cancer access standards in order to ensure timely diagnosis and treatment for cancer, which is a particularly distressing and anxious time for both the patient and their family. We will continue to monitor cancer improvement plans and expect cancer patients to be prioritised wherever clinically possible. I have asked the Cancer Delivery Team to work with Boards on a national basis to produce improvement plans for key cancer pathways. We will want to engage with your Board on this over the Summer.

Unscheduled Care

22. The Scottish Government remains committed to the six essential actions for A&E, which has already seen a significant improvement in unscheduled care nationally over the last year. Given the national priority, additional funding has been allocated to the six essential actions improvement programme for 2016-17 in order to progress a stronger set of

objectives for Boards this year to deliver sustainable improvements. We also expect NHS Boards to focus on embedding all improvement initiatives and other measures implemented going forward over the next year (2016-17) into routine systems to ensure delivery and sustainability of performance.

23. Boards are required to focus on key themes in the year ahead, these objectives were outlined in your funding letter, dated 4 May. Delivering these objectives will require collaborative working with all partners across the health and social care system and the national unscheduled care team, who will work with local dedicated unscheduled care teams across Scotland 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 also 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. Boards should have in place adequate senior clinical and non clinical management/support, on site in and out of hours, to deliver the required improvements.

Mental Health

24. The LDP process for this year has included a particular focus on mental health services, following the funding announcement by the First Minister in January of additional funding for mental health services. Many NHS Boards have already put a lot of effort into reducing waiting times for access to psychological therapies and to Child and Adolescent Mental Health Services (CAMHS) and we want to continue to improve access to mental health services. We have provided feedback on the draft LDPs in relation to the use of this funding and are grateful for the response and updates we have received. Officials from the Mental Health unit will be in contact with Boards as required to follow up where there are instances of further feedback or clarification required. We have also noted performance against CAMHS and psychological therapies LDP standard and will be working closely with Boards over the coming months to improve performance and outcomes.

Financial Planning

25. I note that the Board's plan for 2016-17 requires efficiency savings of £11.451m; equivalent to 5.9% of baseline funding. Plans are in place to deliver these savings.

26. This level of financial risk will require a strategic approach that ensures that performance is delivered within the resources available. I expect all Boards to take full cognisance of the potential for national savings opportunities from our Once for Scotland approach and that the necessary steps are taken to deliver and secure these savings in year. Health and Social Care Partnerships will play a key part in planning service redesign to help deliver these efficiencies. I expect Health Boards to work closely with their partners in Health and Social Care Partnerships and local government, and to keep Scottish Government up to date with progress and any new and emerging risks.

27. 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.

Community Planning Partnerships

28. NHS Boards, along with partners in Local Authorities and Health and Social Care Partnerships, have a statutory duty to be involved in Community Planning Partnerships and should continue to take an active and effective role in these. Your LDP has described a range of actions that your board is pursuing to support delivery of local priorities relating to community planning. During 2016-17 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.

Workforce

29. As part of the implementation of Everyone Matters, we expect Boards to deliver 2016-17 actions across the 5 priorities for action: healthy organisational culture, sustainable workforce, capable workforce, a workforce to deliver integrated services and effective leadership and management.

30. Strengthening workforce planning continues to be the focus in 2016-17 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 2016) and in your NHS Board's detailed workforce projections which are due to be completed and returned to Scottish Government by the end June 2016. We will work with Boards to achieve tangible outcomes on workforce planning within the 2016-17 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 remind Boards that the application of the Nursing and Midwifery Workload and Workforce Planning Tools are mandatory and should be used and documented in the development of Workforce Plans and workforce projections.

Monitoring and Reporting LDP Progress

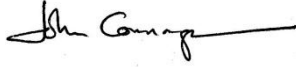
31. Your NHS Board should ensure that progress is actively monitored across all areas of the LDP and that appropriate local performance management arrangements are in place around each of the Strategic Improvement Priorities.

32. NHS Boards are expected to report progress against the LDP at their Board meetings. The Scottish Government will also consider LDP progress during Annual and Mid-Year Reviews. The performance reporting platforms *Scotland Performs* and *NHS Performs* should provide assurances that NHS Boards are delivering against the Strategic Improvement Priorities and LDP Standards to help realise the 2020 Vision for Health & Social Care.

33. In order to ensure high quality, continuously improving health and social care in Scotland it is important that we strike the right balance between improvement, performance management and scrutiny. We recognise that there is a wealth of planning and improvement work underway across your Board and your LDP should continue to reflect the standards that NHS Boards are pursuing to improve services for patients with a focus on demand and capacity planning.

34. If you have any questions about this letter, please contact the NHS Board performance management teams as detailed at Appendix A. I am grateful to all in your NHS Board who have been involved in preparing and finalising this year's Local Delivery Plan.

Yours sincerely

A handwritten signature in black ink, appearing to read 'John Connaghan', with a long horizontal flourish extending to the right.

JOHN CONNAGHAN CBE
NHSScotland Chief Operating Officer

Appendix A

SG - NHS Board Performance Management Team Contacts:

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