Ayrshire and Arran NHS Board

Monday 19 May 2014

NHS Ayrshire & Arran Local Delivery Plan 2014/2015

Author: Dr Allan Gunning – Director for Strategic Planning, Policy and Performance

Sponsoring Director: Dr Allan Gunning – Director for Strategic Planning, Policy and Performance

Date: 2 May 2014

Recommendation

The Board is asked to note Scottish Government’s sign off of NHS Ayrshire & Arran’s Local Delivery Plan (LDP) and supporting Financial Plan 2014-15.

Summary

The Local Delivery Plan (LDP) is the delivery contract between the Scottish Government and NHS Boards in Scotland. It provides assurance and underpins NHS Board Annual Reviews. Local Delivery Plans focus on the priorities for the NHS in Scotland and support delivery of the Scottish Government’s national performance framework. To provide coherent structure to the plan this year the Board has clearly linked local programmes of work and their performance to the priority areas set out in the National 2020 Route Map. NHS Ayrshire & Arran is using the 2020 Route Map as a framework to contextualise strategic priorities for the organisation. It is our intention to develop a performance framework from this to support the delivery of the 2020 Vision.

In accordance with the 2014/2015 LDP guidance, the first and final draft plans were submitted to the Scottish Government on the 14 February 2014 and 14 March 2014 respectively. The official sign-off was received on the 31 March 2014 and is attached at Appendix 1. NHS Ayrshire & Arran has now published the LDP on the public website as well as on the Policy, Planning & Performance AthenA site.

http://www.nhsaaa.net/publications#L
http://athena/ppp/Pages/LocalDeliveryPlan(LDP).aspx

Key Messages:

- Scottish Government requirements in terms of new format for the LDP have been met by the Board.
- The 2014-15 plan is transitional and the format will be further developed in future years.
- Performance Management of the plan will be undertaken by the Board’s Performance Governance Committee.
- Scottish Government will consider progress against the LDP at the NHS Board Annual Review and Mid-Year Review.

Glossary of Terms

| LDP      | Local Delivery Plan |
31 March 2014

Dear John

NHS AYRSHIRE AND ARRAN: 2020 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. The LDP forms the ‘contract’ between the Scottish Government and NHS Boards and 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.

   • Improvement & Co-production Plan
   • NHS Board Contribution to Community Planning Partnership Plan
   • HEAT risk management plans and delivery trajectories

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 and Route Map for health and care in Scotland;
   • HEAT targets and standards to support delivery of high quality patient services;
   • 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. This year we have taken steps to align the LDP and 2020 Route Map. This is the first year in which NHS Boards have set out their local planning arrangements for delivery of the 2020 Route Map. We both recognised that this was a transitional year and that work would continue in 2014 and beyond to ensure that the LDP supports delivery of the 2020 Vision. I look forward to that continued engagement. As you know, the LDP will be reviewed on an annual basis over the next 5 years.

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.

**Health Inequalities**

7. Tackling inequalities is a key role of NHS Boards with their partner agencies. The recently published Ministerial Task Force Report on Health Inequalities identified key priority areas for action to tackle health inequalities. These included the need to raise “Social Capital” in communities through asset based approaches to create greater community connectedness, resilience and capacity. Your plans highlighted activity that will contribute to this but you will want to re-assure yourself that this activity is sufficient, coordinated and sustainable. Similarly Prevention is a challenging priority. The stronger Local Delivery Plans cover work, often with communities and partners, on projects that improved the health of the local population. Plans which simply reference the smoking cessation and Alcohol Brief Interventions HEAT work could helpfully be supplemented in future years by consideration of projects that improve the diet, physical activity, mental wellbeing, prevention of alcohol misuse and of falls and other measures that support population wellbeing. As part of that, measures which promote the health of the workforce and environment for which Boards are responsible, including achieving smoke-free grounds by 2015, should be considered.

**Joint working on community planning and resourcing**

8. Effective community planning arrangements are the key to public service reform, and NHS Boards are expected to drive this forward through their role as key partners within the CPPs, ensuring that leadership and cultures are enabling the delivery of better outcomes for communities. The Agreement on Joint Working on Community Planning and Resourcing set out the expectations on Boards to work with their CPP partners to ensure that the Single Outcome Agreement is the focal point for planning and deployment of resources locally. The LDP sets out a summary of contributions that the NHS Board will be making towards delivery of local outcomes including health inequalities, and these will have been agreed with local partners. A ‘learning event’ on NHS Boards’ contribution to CPPs is currently being planned and further information will be provided shortly.
Safe and Person-centred Care

9. This is the first year where LDPs have been required to reflect activity underway to deliver person-centred and safe care. We expect NHS Boards through the Person-Centred Health and Care Collaborative, to test and spread interventions based on the “Five Must Do’s with Me” and further improve how it listens to, and learns from, the voice of people, families and carers. The LDP reflects the range of activity your NHS Board is undertaking to deliver our safe ambition. NHS Boards will now build on this foundation and maintain momentum in delivery of the acute Scottish Patient Safety Programme and HAI improvement activity. It is important that this drive for improvement is extended beyond the acute programme into primary care, maternity, neonates and paediatrics (MCIP) and mental health services as well as the approach to implementation of the stroke care bundle.

Primary Care

10. Thank you for your Strategic Assessment of Primary Care which notes current service strengths and areas where you will be targeting improvement. We will closely monitor your NHS Board’s progress on primary care planning, improvement and investment in 2014/15. My letter and additional guidance of 13 December focussed on our expectation for NHS Boards to set out the actual resource shift that will be made to deliver the objectives of the Strategic Assessment of Primary Care.

Integration

11. The Public Bodies (Joint Working) (Scotland) Bill will shortly receive Royal Assent, establishing the legislative framework for integration of health and social care. Formal integrated arrangements between NHS Boards and Local Authorities will be put in place from April 2015, with 2014-15 providing a “shadow period” in which local partnerships are setting up shadow integrated arrangements. Regulations and statutory guidance will be developed, with stakeholders and partners, during 2014, to support formal integration from April 2015. During this year, it will be important to maintain momentum on integration, and to make best use of the transitional funding and support available to partnerships.

Elective Waiting Times

12. Waiting times for elective patients have been transformed in recent years through the 18 week Referral To Treatment standard and the 12 week Treatment Time Guarantee. We expect your NHS Board to sustain performance through robust Demand Capacity Activity Queue planning.

Unscheduled Care

13. Last year all NHS Boards agreed improvement trajectories for 4 hour A&E in their LUCAP to improve patient care. We consider that your NHS Board needs to make further progress in order to deliver the agreed trajectory. Whilst delayed discharges are a factor across Scotland, we believe that within your Board there are performance gains to be made from improved internal hospital site and capacity management and patient “flow” design. The LUCAP for 2014/15 will also focus on whole-system improvement.
Financial Plan

14. I understand that your financial plan was approved by your Board on 31 March 2014. I would expect that, in approving your financial plan, the Board sought and received 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 2014-15 and to support planning for 2015-16 we have also provided indicative allocations. On this basis, I am satisfied with the financial plan.

15. 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 2015-16 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, and keep the Health Finance Directorate fully updated on your progress. Your plan includes an assumption on the impact on employer contribution rates of the valuation exercise on the NHS Pension Scheme which will take effect from 2015-16. I do not expect this process to conclude before summer 2014 and will confirm the position once known.

16. 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.

Workforce Planning

17. As part of the implementation of Everyone Matters, we expect to see progress across all 5 priorities for action - healthy organisational culture, sustainable workforce, capable workforce, integrated workforce and effective leadership and management - within a planned approach, to deliver against the 2014-15 actions set out in Everyone Matters: 2020 Workforce Vision Implementation Framework and Plan 2014-15.

18. Strengthening workforce planning is the focus in 2014-15 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 2014) and in your NHS Board’s detailed workforce projections which are due to be completed and returned to Scottish Government by the end June 2014. Similarly, we expect to see evidence regarding the application of the Nursing and Midwifery Workload and Workforce Planning Tools which NHS Scotland was mandated to apply from April 2013 in order to ensure that our hospitals have the right numbers and mix of nursing and midwifery staff.

Next steps

19. 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 Review.
20. It is clear that there is a wealth of planning and improvement work 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. The LDP will have a key part to play in responding to them. I look forward to working with you in the coming months as we further develop our detailed plans to deliver our 2020 Vision.

21. If you have any questions about this letter, please contact Carmel Sheriff or Dan House in the West Region Performance Management Team.

Yours sincerely

JOHN CONNAGHAN
Director for Health Workforce & Performance
## Monitoring Form

<table>
<thead>
<tr>
<th>Policy/Strategy Implications</th>
<th>Explicit links have been made to Our Health 2020 (the Health and Wellbeing Framework for Ayrshire and Arran).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workforce Implications</td>
<td>Plan is consistent with workforce and financial plans and there are no additional workforce implications. Plan has been considered by Area Partnership Forum</td>
</tr>
<tr>
<td>Financial Implications</td>
<td>Supporting financial plan is part of the LDP.</td>
</tr>
<tr>
<td>Consultation (including Professional Committees)</td>
<td>LDP is prepared in accordance with Scottish Government Guidance and has been considered by the Corporate Management Team, Performance Governance Committee and Area Clinical and Area Partnership Forums.</td>
</tr>
<tr>
<td>Risk Assessment</td>
<td>Risk Assessments are an integral part of the plan and failure to meet the performance measures set out within the Local Delivery Plan will be addressed by Scottish Government at Mid Year and Annual Reviews.</td>
</tr>
<tr>
<td>Best Value</td>
<td>All best value themes are addressed throughout the LDP and Our Health 2020.</td>
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<tr>
<td>Complaince with Corporate Objectives</td>
<td>All Corporate Objectives are addressed throughout the LDP.</td>
</tr>
<tr>
<td>Single Outcome Agreement (SOA)</td>
<td>Partnership working with Local Authorities and other partners is woven throughout the plan.</td>
</tr>
<tr>
<td>Impact Assessment</td>
<td>The LDP is based on existing policies, strategies and plans which have been subject to Quality Impact Assessments where appropriate.</td>
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