NHS SCOTLAND

NHSScotland 2020
Local Delivery Plan Guidance

The Scottish Government
Riaghaltas na h-Alba

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1. 2020 Local Delivery Plans

Local Delivery Plans are the 'contract' between Scottish Government and NHS Boards

The Local Delivery Plan is the delivery contract between Scottish Government and NHS Boards in Scotland. It provides assurance and underpins NHS Board Annual Reviews. Local Delivery Plans (LDPs) focus on the priorities for the NHS in Scotland and support delivery of the Scottish Government's national performance framework, the Health and Social care outcomes that are being developed in partnership, and the 2020 vision for high quality and sustainable health and social care. LDPs are part of the sophisticated NHS Scotland performance framework that has evolved since 2007 in line with public service reform in Scotland. They have supported NHS Boards to transform waiting times for patients who continue to benefit from on-going improvement; to take decisive action to tackle Healthcare Associated Infections, to prioritise and tackle alcohol abuse and the impact it has on positive outcomes; and to achieve sound financial management.

Local Delivery Plans continue to evolve to support delivery of priorities

Every year the LDP evolves to support the delivery of Scottish Government priorities, for example last year saw the introduction of the NHS Board contribution to CPP Plans. This year is no different. The LDP has to support NHS Boards to embed the performance gains that have been delivered over the last five years. It also has to support NHS Boards achieve the transformational change required to deliver NHSScotland's ambition to be world leader in quality care and its 2020 Vision described through the Route Map. Integrating Health & Social Care to put patients, their families and carers at the centre is fundamental. These changes all require the NHS in Scotland to be an exemplar in partnership working and NHS Boards will work with CPPs to identify and deploy resources in accordance with the expectations of the Agreement on Joint Working on Community Planning and Resourcing. This year the LDP will have 3 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

Improvement and Co-production Plans will set out the actions being taken locally to deliver 2020

The Route Map was designed to retain focus on improving quality and to make measureable progress to the 2020 Vision. This year the LDP integrates the Route Map. NHS Boards are required to develop with staff, patients, public and partners an Improvement & Co-production Plan that will set out the priority actions the NHS Board is taking to deliver the 2020 Vision. NHS Boards will be engaging in national discussion on all the priorities set out in the Route Map. It is recognised that this is a transitional year and work will continue to ensure that the LDP continues to complement and align with other local and national planning requirements.

NHS Boards play a vital role in delivering Community Planning outcomes

NHS Boards are key partners within Community Planning Partnerships and have a crucial role to play in delivering improvements on a local and national basis. Last year the LDP included the key tangible contributions that the NHS Board will make towards improved outcomes in economic recovery and growth; employment; early years and early intervention; safer and stronger communities, and offending; health inequalities and physical activity; and older people. The LDP will continue to focus on the engagement approach and key actions being taken by NHS Boards.

Delivery of existing HEAT targets and standards

NHS Boards are expected to implement the delivery plans for the existing HEAT targets and standards. The Scottish Government's NHSScotland Performance Management Principles continue to hold. The Scottish Government plans to review the future role for HEAT targets and standards within its performance framework for the NHS in Scotland. This would take stock of the maturity of NHS Boards improvement methodologies, the role of targets in driving improvement, and the role of standards for providing assurance. The aim will be to simplify the performance framework and to avoid having separate HEAT targets and standards.

Timeline for LDP Submission

The Scottish Government plans to hold an LDP workshop for NHS Boards in December which will consider the depth required in the LDP in order to provide the required level of delivery assurance. NHS Boards are required to develop plans with their partners with draft plans to be submitted to Scottish Government by 14 February 2014. Final plans are required by 14 March with LDP sign-off by 31 March 2014. NHS Boards should ensure that the final Local Delivery Plans are published on their local websites by end of June 2014.

Transparent national and local arrangements for monitoring progress and accountability

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. National progress will be reported through the NHS Scotland Chief Executive's Annual Report and Scotland Performs.

Special Health Boards (SHBs)

The LDP process applies to all NHS Boards, including SHB. While the exact nature of the LDP content will vary depending on the particular role of individual Boards, all SHBs are expected to complete the Financial Templates and workforce summaries. LDPs for SHBs should also include an Improvement and Co-production plan which reflects their specific contribution to delivery of the 2020 Route Map and where applicable a plan on existing HEAT targets and standards. For those SHBs who currently have a suite of annually agreed targets and quality indictors specific to their responsibilities this process will continue as in previous years.

2. Improvement and Co-Production Plans

Five year transformational Improvement & Co-production Plans

NHS Boards are required to assure themselves that their LDP Improvement & Co-production (I & C) Plans are developed with staff, patients, public and partners. The 2020 Route Map provides the basis for the I & C Plan. The I &C plans will be transformational in nature and will be reviewed through the Local Delivery Plan on an annual basis over the next 5 years. The I & C plans will make references to more detailed local plans and monitoring approaches as required, including the NHS Contribution to CPP plan, and the HEAT standards and targets, the financial and workforce plans. NHS Boards will continue to apply existing guidance in respect of major service redesign. The 2020 Route Map also sets out the importance of increased investment in new innovations. NHS Boards are in the process of developing innovation plans and these will support delivery of the I & C Plan.

Valuing the workforce and treating people well by delivering Everyone Matters

The I & C Plan will provide assurance from NHS Boards that the 5 priorities for action: Healthy organisational culture, sustainable workforce, capable workforce, integrated workforce, effective Leadership and Management, as set out in *Everyone Matters: 2020 Workforce Vision Implementation Framework*, and the LDP will be taken forward in a planned way. In particular, NHS Boards are expected to set out their approach to engaging with staff and partners on the implementation of Everyone Matters; and the action they have taken in relation to embedding the NHSScotland core values as an early priority.

Delivering safe care at all times

NHS Boards have made significant progress in providing safe care within their hospitals. Along with a range of HAI improvement activity, the Scottish Patient Safety Programme continues to drive improvement in clinical care and has been extended beyond the acute programme into primary care, maternity, neonates and paediatrics and mental health services. A broader Scottish Patient safety Indicator is also being developed. The I &C plan will set out the priority actions the NHS Board is taking across these programmes of work, the plans for spread and sustainability and the impact they are having on patient care. The plan is also expected to include the actions the NHS Board will take forward on a stroke care bundle approach.

Person-centred care that learns from feedback

The I & C Plans will set out the action being taken to improve person-centred care by testing and spreading interventions which improve care experience, together with action to learn from and spread best practice in coproduction. The plan is expected to include the approach being taken to ensure that feedback on compliments, concerns, complaints and comments from patients, their families and carers is being actively sought and used to improve services.

Hospitals working with GPs, Community Teams, SAS and NHS 24 to transform care

The I &C plan is expected to include actions to improve whole system unscheduled care flow, personalised and anticipatory care planning, support to help people manage their conditions and medicines and access well-coordinated, integrated and technology enabled care. Support should be provided across the whole pathway. NHS Boards are expected to set out the local plans for accelerating improvements, including senior decision making capacity available for assessment; care planning and hospital discharge; anticipatory care plans; key information summaries; telehealthcare; chronic pain services; and rapid access to redesigned AHP MSK services as outlined in the AHP National Delivery Plan. NHS Boards will set out planned levels of improvement, the approach being taken to both prioritise improvement areas and agree how hospitals, GPs community teams, SAS and NHS 24 will work together.

Preparing for integrated health and social care

The I & C Plan will set out the actions the NHS Board is progressing with its partners to prepare for health and social care integration. The plan will set out the key actions the NHS Board is taking in 2014/15 to prepare for the agreement with Council partners on the integration model; extension of joint strategic commissioning for all adults and resourcing to plan services on a locality basis to meet changing population needs. This is expected to include plans for engaging professionals and all partners, building on individual and community assets to improve outcomes and reduce health inequalities, and strengthening improvement and analytical capacity and capability.

3. NHS Board Contribution to Community Planning Partnerships

NHS Boards are key partners within Community Planning Partnerships

Last year the Local Delivery Plan included a new section on the contribution NHS Boards make to Community Planning Partnerships. There is a consensus in Scotland that effective community planning arrangements will be key strategic building blocks at the core of public service reform. The importance of removing barriers to effective partnership working and the need to ensure that leadership and cultures, systems and structures, and accountability arrangements across the public sector fully enable the delivery of better outcomes for communities are fundamental. NHS Boards are key partners within Community Planning Partnerships and have a crucial role to play in delivering improvements on a local and national basis. Community Planning Partnerships focus on a small number of key priorities: economic recovery and growth; employment; early years and early intervention; safer and stronger communities, and offending; health inequalities and physical activity; and older people. Like all public bodies, there is an expectation that NHS Boards as CPP partners have an evidence based understanding of local needs and opportunities which is translated in to prioritised plans and delivery of improved outcomes.

NHS Boards targeting CPP contributions where health is poorest

NHS Boards are expected to include in their LDP a concise summary of the key tangible contributions that the NHS Board will make during 2014/15 towards improved outcomes in economic recovery and growth; employment; early years and early intervention; safer and stronger communities, and offending; health inequalities and physical activity; and older people. NHS Scotland is pursuing a preventative agenda including a focus on immunisation, tackling Scotland's relationship with alcohol, smoking and smoking cessation, levels of physical activity and measures which help prevent suicide and detect cancer early.

Clearly national improvements through HEAT and other programmes play an important role in supporting CPP delivery. This part of the LDP is expected to focus on locally developed improvements with a strong emphasis on changes to NHS services which reduce future demand by preventing problems arising or dealing with them early on. Targeting those communities where health is poorest is key. Helping people understand why this is the right thing to do, the choices it implies as well as the benefits it can bring will be crucial. These contributions are expected to be developed through the SOA and NHS Boards will be developing the planned contributions through local Community Planning Partnership and NHS Board structures.

Where appropriate current performance and planned improvements in performance should be included. CPP contribution plans are required for each CPP and will mutually reinforce the I & C Plans which are at NHS Board level. The Scottish Government will discuss progress against these commitments at mid-year stock takes and Annual Reviews.

Tackling the inequalities faced by people with a learning disability

The *Keys to Life Learning Disability Strategy* highlights the stark inequalities faced by people with a learning disability. The invisibility of people with learning disabilities in Scotland's health information prevents the existing inequalities from being addressed. It is essential that the I & C Plan identifies priorities for action and drives improvement work at service level. Each NHS Board needs to identify its population with a learning disability using primary and secondary care NHS services.

4. HEAT Risk Management Plans and Delivery Trajectories

Sustaining performance gains

Last year's Local Delivery Plans included HEAT Risk Management Plans providing contextual information on key risks to the delivery of each existing HEAT target and how these risks are being managed. NHS Boards should continue to manage their risks and have on-going dialogue with the Scottish Government as appropriate.

NHS Boards have also set out planned performance against each existing HEAT target which enables NHS Boards and DG Health & Social Care to track actual operational performance against Boards' plans. The delivery trajectories therefore

provide an objective, factual basis to discuss with Boards any operational performance issues that may arise during the plan period and to offer support to achieve improvement as required. The Directorate for Health Workforce & Performance will continue to support Boards in benchmarking their performance, and will work on spreading good practice associated with improving performance.

NHS Boards are required to re-submit only the delivery trajectories for existing HEAT targets which have proposed changes from last year. NHS Boards are not required to submit Risk Management Plans, but should continue to maintain these locally and continue the dialogue with Scottish Government target leads. The Scottish Government will continue to monitor the HEAT standards, NHS Boards are not required to provide delivery trajectories and risk narratives. Performance against HEAT standards is reported through Scotland Performs. For 2014/15 there are no changes to the HEAT standards.

Providing assurance to the Board, its Clinical Governance Committee (or equivalent) and the public about the quality of healthcare services continues to be a vital task for each Board. Local monitoring of quality will continue to be augmented at the national level by Healthcare Improvement Scotland and their Healthcare Scrutiny Model.

Once an LDP has been agreed and signed off by DG Health & Social Care and the NHS Board, any midyear alterations to trajectories need to be agreed between the Directorate of Health Workforce & Performance and the NHS Board. The trajectory change control process to alter trajectories will be operated by the performance management teams in the Directorate for Health Workforce & Performance.

5. LDP Financial Plans

Financial planning to underpin improvement

The Draft Budget 2014-15 sets out NHS Board allocations. Final NHS Board allocations will be agreed through the Scottish Budget. Financial planning is an integral component of LDPs. To ensure that Boards plan over the longer term, financial plans are generally required for a three year period. However, a five year plan is required where any of the following apply: major infrastructure development, brokerage arrangements are in place, underlying deficit of over 1% of baseline resource funding, major service redesign. In terms of capital, a five year plan is required from all Boards. Boards are notified individually regarding the period of their financial plan.

NHS Boards must include draft financial plans as part of their LDP submission, in line with the timetable presented. In particular, NHS Boards are asked to complete the financial templates and provide a supporting narrative. Particular emphasis should be placed on workforce planning and NHS Boards should provide assurances that their proposed workforce requirements are driven by and reflect service change and are affordable. The detailed financial information included in the templates will be used to assess each Board's financial projections, including key risks/assumptions, to ensure achievement of financial targets. Monthly performance assessment of the agreed financial plan/trajectories will continue to be based on the monthly Financial Performance Returns.

Delivering efficiency savings and increasing the pace on shared services

The Scottish Government is supporting NHS Boards to improve the quality of services, and to eliminate waste and variation. As part of the Financial Plans efficiency savings are required to be categorised by seven themes: Service Productivity, Drugs and Prescribing, Procurement, Workforce, Shared Services, Support Services, and Estates and Facilities. In addition, boards are expected to increase the pace of delivery on shared services and continue to make progress in energy efficiencies.

6. Workforce Planning

Strengthening workforce planning

Everyone Matters: 2020 Workforce Vision has been developed in response to the challenges faced by our health service. It sets out what the workforce needs to do to deliver the 2020 Vision and how it will do that. There are 5 priorities for action which will take the workforce forward including one on sustainability. The focus on this priority in the first year of the implementation plan is on strengthening workforce planning to ensure the right people, in the right numbers, are in the right place, at the right time. This priority along with the other 4 is covered in the Improvement and Co production plan. Key themes and activities which will strengthen workforce planning are improved data quality, better workforce information and intelligence and increased identification, assessment and mitigation of workforce risks.

CEL 32(2011) Revised Workforce Planning Guidance 2011 reflects the 6 Step Methodology to Integrated Workforce Planning and is applied across the whole NHSScotland Workforce. The guidance and six steps methodology makes reference to workforce projections as part of the wider workforce planning process, NHS Boards are required to submit projections annually. The Scottish Government template for these projections, includes specific guidance on coverage and completion, and requires detailed projections for most staff groups for a 3 year period. This timeframe aligns the projections exercise with the normal Spending Review period, but consideration of longer term future workforce planning continues to be important to support decisions on undergraduate training numbers for the "controlled" staff groups of medical, dental and nursing and midwifery, and the wider education agenda across all staff groups to allow for preparation time and effective succession planning.

NHS Boards will be required to publish their wider workforce plan during 2013. Further guidance on the timings and process for submitting these, and workforce projections to the Scottish Government will follow in due course. The Scottish Government has developed a series of Nursing & Midwifery Workload & Workforce Planning Tools. The application of these tools is mandatory to support evidence based decisions in relation to Nursing & Midwifery establishments. The tools use rigorous statistical analysis to calculate the whole time equivalent for current workload. These tools should form part of a triangulated approach to incorporate professional judgement and quality measures which will enable flexibility in decision making on staffing needs at local level. The Workload Tools are available on the IT

Platform via SSTS. The Scottish Government is working closely with Boards to refresh and continue to develop these workload tools to ensure they capture and reflect the changing case mix and modes of health care delivery and to support application locally.

Local Delivery Plans should set out the approach that the board is taking to ensure the mandatory application of the nursing and midwifery workload and workforce planning tools, how this process is informing workforce planning and how the board is communicating information to key stakeholders.

NHS Boards are required to include in their LDPs, existing and planned new service areas that have particular workforce pressures and risks, which could affect the delivery of quality services. This should include a description of how these risks will be managed.

7. Current Heat Targets and Standards

HEAT Targets

- To increase the proportion of people diagnosed and treated in the first stage of breast, colorectal and lung cancer by 25% by 2014/2015.
- At least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation by March 2015 so as to ensure improvements in breast feeding rates and other important health behaviours.
- NHS Boards to operate within their agreed revenue resource limit; operate within their capital resource limit; meet their cash requirement.
- NHSScotland to reduce energy-based carbon dioxide emissions and to continue a reduction in energy consumption to contribute to the greenhouse gas emissions reduction targets set in the Climate Change (Scotland) Act 2009.
- Deliver faster access to mental health services by delivering 26 weeks referral to treatment for specialist Child and Adolescent Mental Health Services (CAMHS) services from March 2013, reducing to 18 weeks from December 2014; and 18 weeks referral to treatment for Psychological Therapies from December 2014.
- Reduce the rate of emergency inpatient bed days for people aged 75 and over per 1,000 population, by at least 12% between 2009/10 and 2014/15.
- No people will wait more than 28 days to be discharged from hospital into a more appropriate care setting, once treatment is complete from April 2013; followed by a 14 day maximum wait from April 2015.
- To deliver expected rates of dementia diagnosis and by 2015/16, all people newly diagnosed with dementia will have a minimum of a year's worth of post-diagnostic support coordinated by a link worker, including the building of a person-centred support plan
- Eligible patients will commence IVF treatment within 12 months by 31 March 2015.
- Further reduce healthcare associated infections so that by March 2014/15 NHS Boards' staphylococcus aureus bacteraemia (including MRSA) cases are 0.24 or less per 1000 acute occupied bed days; and the rate of Clostridium difficile infections in patients aged 15 and over is 0.32 cases or less per 1000 total occupied bed days.

- 95% of patients will wait less than 4 hours from arrival to admission, discharge or transfer for accident and emergency treatment by year ending September 2014.
- NHSScotland to deliver universal smoking cessation services to achieve at least 12,000 successful quits, at 12 weeks post quit, in the 40% most deprived within-board SIMD areas (60% for island health boards) over the one year ending March 2015.

HEAT Standards

- 95% of all patients diagnosed with cancer to begin treatment within 31 days of decision to treat, and 95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral
- 90% of planned / elective patients to commence treatment within 18 weeks of referral
- No patient will wait longer than 12 weeks from referral (all sources) to a first outpatient appointment (measured on month end Census)
- Provide 48 hour access or advance booking to an appropriate member of the GP Practice Team
- To respond to 75% of Category A calls within 8 minutes across Scotland (Scottish Ambulance Service)
- 98% of patients will wait less than 4 hours from arrival to admission, discharge or transfer for accident and emergency treatment
- 90% of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery.
- NHS Boards to achieve a sickness absence rate of 4%
- NHS Boards and Alcohol and Drug Partnerships (ADPs) will sustain and embed alcohol brief interventions (ABI) in the three priority settings (primary care, A&E, antenatal), in accordance with the SIGN74 Guideline. In addition, they will continue to develop delivery of alcohol brief interventions in wider settings. It is anticipated that 2014-15 will be the final year of the HEAT standard. NHS Boards and ADPs should use this year to fully embed ABI delivery into routine practice.

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