Dear Malcolm

NHS GRAMPIAN: 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.

**Antenatal and Early Years**

8. 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.

9. We note 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**

10. 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

11. 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 are embedded for each programme and that robust data collection and reporting mechanisms are in place to demonstrate these improvements.

12. 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

13. 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.

14. 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 were 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

15. 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 Councils, you have submitted your Integration Schemes for Ministerial approval, and Scottish Government officials are 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.
16. 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

17. It is a legal requirement for all Boards to deliver the 12 week Treatment Time Guarantee. NHS Grampian has had challenges for some time. The Cabinet Secretary has made it very clear that all Boards are required to fully comply with this standard. All Boards are also expected to deliver the standards for diagnostics, outpatients and 18 Weeks Referral To Treatment during 2015-16. We have worked very closely with you over recent months and you have provided a plan for TTG which shows all specialties being fully compliant except two, OMFS and Plastics which are contingent on recruitment. We will continue to engage closely through Access Support with you for all aspects of your elective waiting times through the provision of weekly/monthly trackers and regular review meetings. 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. Continuing support will also be provided to NHS Grampian 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.

18. Over the course of the last year you have come a long way and we have seen the benefit of that in reduced waiting times for dermatology, orthopaedics and better planning. Please convey my personal thanks to all who have been involved.

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 in those sites that have not yet reached a sustainable position. 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 key actions are fundamental to achieving sustainable performance and we would expect full engagement and participation from your Board going forward. The Cabinet Secretary for Health, Sport and Wellbeing formally launched the new approach to improving A&E waiting times earlier this month.

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.

23. NHS Grampian has faced challenges in delivery of the 62 day cancer waiting times standard and the Scottish Government will monitor the agreed recovery plan particularly within the colorectal and urology pathways to enable above 95% performance by Q3 2015.

Mental Health

24. 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 not met the targets for these two access standards and we know that you have faced challenges. The Scottish Government will monitor your performance. A Scottish Diagnosed Dementia Incidence project will report at the end of June 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

25. 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.

26. 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

27. I understand your Board endorsed the financial plan for submission to the Scottish Government at its meeting on 7 May 2015 and that it will formally consider the plan at its meeting on 4 June 2015. I would be grateful to receive a position update immediately following the June Board meeting.
28. 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. Funding for NHS Boards has been confirmed for 2015-16 and on this basis, I am satisfied with the financial plan.

29. 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.

30. 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

31. 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.

32. 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.

33. 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.

34. 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