NHSScotland

LOCAL DELIVERY PLAN

GUIDANCE
NHS Scotland Local Delivery
Plan Guidance 2012/13
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Contacts

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Contact details for Scottish Government HEAT target leads will be issued to NHS Board LDP Contacts separately, by 9 December.
1 Introduction

Our 2020 Vision

1.1 Significant progress has been made in recent years through impressive improvements in waiting times for access to high quality healthcare services and treatments. NHSScotland has a world leading patient safety programme which is making a real difference to standards of care and to hospital mortality. Substantial progress has been made on issues as varied as access to GPs and dentistry, support for people with long term conditions, outcomes for cancer, stroke and heart disease. NHSScotland is producing improved outcomes for people in terms of reduced need for hospitalisation, shorter stays, faster recovery and longer life expectancy.

Our ‘2020 Vision’

Our vision is that by 2020 everyone is able to live longer healthier lives at home, or in a homely setting. We will have a healthcare system where we have integrated health and social care, a focus on prevention, anticipation and supported self management. When hospital treatment is required, and cannot be provided in a community setting, day case treatment will be the norm. Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions. There will be a focus on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission.

1.2 Through the Quality Strategy clearly articulated and widely accepted ambitions have been set, based on what people have said that they want from their NHS: care which is person-centered, safe and effective.

- Improvements in care for people with long term conditions have resulted in the avoidance in 2009/10 of over 125,000 bed days for people aged over 65.
- Improvements in safety in our hospitals have resulted in a 7% reduction in hospital standardised mortality rates since 2007.
- A reduction in the rates of Clostridium Difficile of over 70% since 2007.

1.3 The demands for healthcare and the circumstances in which it will be delivered will be radically different in future years.
1.4 Over the next few years NHSScotland must ensure that - in the face of these demands and changing circumstances - it can continue to provide the high quality health service the people of Scotland expect and deserve into the future.

1.5 In order to achieve this, the Scottish Government and NHSScotland must collectively recognise and respond to the most immediate and significant challenges - which include Scotland’s public health record, our changing demography and the economic environment.

1.6 Over the next 10 years the proportion of over 75s in Scotland’s population – who are the highest users of NHS services - will increase by over 25%. By 2033 the number of people over 75 is likely to have increased by almost 60%. There will be a continuing shift in the pattern of disease towards long-term conditions, particularly with growing numbers of older people with multiple conditions and complex needs such as dementia. Over the next 20 years demography alone could increase expenditure on health and social care by over 70%.

1.7 Scottish public expenditure will fall in real terms in the period to 2014/15. The revenue position for the NHS has been relatively protected. However that vital protection needs to be seen in the context of the global pressures on health spending. To meet those pressures, health boards are working this year to release cash savings of £300 million to be retained locally.

1.8 The Scottish Government and NHSScotland must be bold enough to visualise the NHS that will best meet the needs of the future in a way that is sustainable, and then make the changes necessary to turn that vision into reality.

1.9 The Scottish Government remains committed to the values of NHSScotland: the values of collaboration and cooperation partnership working across NHSScotland, with patients and with the voluntary sector; of continued investment in the public sector rather than the private sector; of increased flexibility, provision of local services and of openness and accountability to the public. We oppose the route being considered in NHS England as their response to the global challenges.

1.10 Local Delivery Plans will remain a vital part of the delivery framework and are the ‘performance contract’ between Scottish Government and NHS Boards. This guidance sets out Ministers’ key operational targets and performance measures for NHSScotland.

1.11 The guidance reiterates the purpose of Local Delivery Plans (LDPs), their format and content, timescales for completing them, and
further relevant information to help NHS Boards complete plans for 2012/13.

1.12 The HEAT targets reflect the agreed areas for specific accelerated improvement each year, contributing to progress towards the quality ambitions and quality outcomes. We will continue to review, with stakeholders, the set of HEAT targets on an annual basis.

1.13 The 10 LDP performance management principles which help improve understanding of NHSScotland’s approach to performance management continue to be relevant. These principles, attached at Appendix 1, are set out in the context of sound accountability.
2.1 Local Delivery Plans are expected to be signed-off by NHS Boards and Scottish Government by 31 March 2012, before the start of the 2012/13 financial year.

2.2 The proposed timetable for the next 12 months is:

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
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<tr>
<td>30 November 2011</td>
<td>HEAT Targets &amp; LDP guidance issued.</td>
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<tr>
<td>...</td>
<td>NHS Boards prepare draft LDPs; informal discussion with DG Health Directorates.</td>
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<tr>
<td>17 February 2012</td>
<td>NHS Boards submit draft LDPs to John Connaghan, Director for Health Workforce &amp; Performance.</td>
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<td>...</td>
<td>Health Directorates review draft LDPs and discuss any outstanding issues with NHS Boards.</td>
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<tr>
<td>16 March 2012</td>
<td>NHS Boards submit final LDPs.</td>
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<td><strong>31 March 2012</strong></td>
<td><strong>DG Health &amp; Social Care signs-off LDPs.</strong></td>
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<tr>
<td>End June 2012</td>
<td>Scottish Government and Health Boards resolve any outstanding issues</td>
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<tr>
<td>Summer 2012</td>
<td>NHS Boards’ Annual Review. NHS Boards publish workforce plans.</td>
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<tr>
<td>Throughout 2012</td>
<td>Review period for HEAT/LDPs. Mid-year Stock takes.</td>
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<tr>
<td>Autumn 2012</td>
<td>DG Health &amp; Social Care issues revised LDP guidance for 2013/14.</td>
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2.3 NHS Boards will develop their LDPs in consultation with stakeholders and will seek board sign-off during March 2012. LDPs will cover a three year period, with the opportunity to review and adjust future years' plans each year.
3.1 The health budget has received the full health revenue Barnett consequentials over this period - £249 million towards its resource budget in 2012-13, £293 million in 2013-14 and £284 million in 2014-15. This has lifted the resource budget to more than £11.0 billion in 2012-13. NHS and Special Health Boards revenue funding will increase overall by 2.9 per cent in 2012-13, 3.3 per cent in 2013-14 and 3.1 per cent in 2014-15 which represents a real terms increase in each year. Notwithstanding the increase in NHS funding, issues such as the ageing population, new technology and the cost of drugs means that the NHS will still face considerable budget pressures. These pressures mean that the NHS will need to deliver maximum value from our investment through a focus on improving the quality of care by prioritising changes which also deliver greater efficiencies. Even after recognising the resource Barnett Consequentials arising from the Department of Health's 2010 UK Spending Review settlement, there will require to be an ongoing focus on delivering efficiency savings and increasing productivity building on past success. These savings will continue to be retained by NHS Boards for reinvestment in frontline services.

3.2 Building on the firm foundation established over recent years, the Scottish Budget sets our key priorities for health:

- to continue to protect the most vulnerable people in our society through early intervention, by ensuring our children get the best start in life and by promoting equality;
- to achieve sustainable, world-leading quality in healthcare, ensuring that people are able to be in their own homes and communities when possible and appropriate, and that they have a safe and good experience of healthcare services; and
- to maximise value by supporting the people delivering health and care services; and through increased efficiency.


3.4 Where targets can help support delivery of these priorities, then they are underpinned directly by HEAT targets. For example there are HEAT targets on delayed discharge; healthcare associated infections; and financial breakeven.
4.1 There has been wide engagement on HEAT target development. This has been welcomed and there is a belief that wider engagement has assisted in the ongoing process of developing integrated approaches to outcome-based performance management.

4.2 The new targets provide increasing alignment with the quality outcomes, and focus on prevention.

4.3 For 2012/13 there are 15 targets which set out the ‘performance contract’ between Scottish Government and NHS Boards. The key HEAT themes this year are:

- Increasing the proportion of people diagnosed and treated in the first stage of breast, colorectal and lung cancer to improve cancer survival.

- Introducing a new target so that 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.

- Taking action to address Scotland’s major public health challenges with an increased emphasis on disadvantaged groups and ensuring children get the best start in life.

- Supporting NHSScotland to maintain financial balance and tackling climate change through carbon emissions & energy consumption targets.

- Delivery of the maximum waiting time access targets for alcohol misuse and mental health, which will help tackle some of Scotland’s biggest economic and social problems.

- Improving patient safety through further reductions in healthcare associated infections (including MRSA and C.diff). Improving access to stroke unit care and reducing the risk of disability as well as death.

4.4 For 2012/13 there will be new HEAT standards for cancer waiting times and 18 weeks RTT, both of which are existing HEAT targets that are due for delivery at December 2011. A new standard will help embed Alcohol Brief Interventions.
<table>
<thead>
<tr>
<th>HEAT 2012/13 Target</th>
<th>Policy Aim</th>
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<tr>
<td>To increase the proportion of people diagnosed and treated in the first stage of breast, colorectal and lung cancer by 25% by 2014/2015.</td>
<td>To improve Scottish cancer survival outcomes. Late-stage diagnosis accounts for most of the European variation in survival and elderly people and less affluent groups are particularly affected by late diagnosis and a survival deficit. The high rate of avoidable deaths from cancer is due to people being diagnosed with cancer when their tumour is at a stage when life saving treatment will not contain its impact and spread. There is a cancer treatment waiting times HEAT standard.</td>
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<tr>
<td>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.</td>
<td>To improve early access to antenatal services to support mothers-to-be to breastfeed, improving maternal and infant nutrition, reduce harm from smoking, alcohol and drugs, and improve healthy birth weight. These health behaviours will be monitored through the Maternity care quality indicators.</td>
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<tr>
<td>At least 60% of 3 and 4 year olds in each SIMD quintile to have fluoride varnishing twice a year by March 2014.</td>
<td>To increase the number of children who are decay free at age 5 years, particularly addressing inequalities. Dental decay is almost totally preventable but is the most common reason to admit children to hospital and accounts for significant pain and discomfort to the child and to absence from school.</td>
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<td>To achieve 14,910 completed child healthy weight interventions over the three years ending March 2014.</td>
<td>Maintaining a healthy weight during childhood is important for both physical health and mental wellbeing. The best start in maintaining a healthy weight is through breastfeeding. Being overweight or obese during childhood is a health concern in itself, but when it continues into adulthood it can lead to physical and mental health problems, such as heart disease, diabetes, osteoarthritis, increased risk of certain cancers, low self-esteem and depression.</td>
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<tr>
<td>NHSScotland to deliver universal smoking cessation services to achieve at least 80,000 successful quits (at one month post quit) including 48,000 in the 40% most-deprived within-Board SIMD areas over the three years ending March 2014.</td>
<td>The Scottish Government remains committed to driving down smoking levels further. NHS Boards will continue to deliver a universal smoking cessation service, and there is an emphasis on helping people in deprived areas and pregnant mothers to stop smoking. All pregnant women will have smoking status recorded on attendance at antenatal clinic and will be offered smoking cessation support.</td>
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<td>HEAT 2012/13 Target</td>
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<td>Reduce suicide rate between 2002 and 2013 by 20%</td>
<td>Evidence indicates that open discussion about suicide reduces its risk. Therefore, the more people who feel confident and willing to explore possible signs of suicide risk and provide support and help, the more lives could be saved.</td>
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<td>NHS Boards to operate within their agreed revenue resource limit; operate within their capital resource limit; meet their cash requirement.</td>
<td>NHS Boards have an obligation to operate within their allocated funds and ensure value for money.</td>
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<tr>
<td>NHSScotland to reduce energy-based carbon 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.</td>
<td>Both the carbon emissions reduction target and efficiency target are designed to not only achieve the Climate Change (Scotland) Act 2009 target, but also ensure that NHSScotland continues to lead by example within the Public sector. This will secure NHSScotland contribution to the Scottish Government’s national Outcome to “reduce the local and global environmental impact of our consumption and production”.</td>
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<td>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 by December 2014; and 18 weeks referral to treatment for Psychological Therapies from December 2014.</td>
<td>Timely access to healthcare is a key measure of quality in mental health and other services. Early action is more likely to result in full recovery and in the case of children and young people will also minimise the impact on other aspects of their development such as their education, so improving their wider social development outcomes. Psychological therapies have an important role in helping people with mental health problems, who should have access to effective treatment, both physical and psychological. These therapies can have demonstrable benefit in reducing distress, risk of harm to self or others, health related quality of life and return to work.</td>
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<td>By March 2013, 90% of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery.</td>
<td>To ensure more people recover from drug and alcohol problems so that they can live longer, healthier lives, realising their potential and making a positive contribution to society and the economy. The first stage in helping people to recover from drug and alcohol problems is to support action across the country to provide a wide range of services for individuals and their families that are recovery focused, good quality and that can be accessed where and when they are needed.</td>
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<tr>
<td>HEAT 2012/13 Target</td>
<td>Policy Aim</td>
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<td>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.</td>
<td>NHS Boards and their Local Authority and Third Sector partners' change fund is helping to address avoidable hospital admissions and bed days in older age groups, primarily through the provision of upstream support. Over 75s have longer hospital stays and a higher risk of Hospital Acquired Infections, delayed discharge and institutional care.</td>
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<td>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.</td>
<td>To enable and support people to remain in their own home, as independently as possible, for as long as possible. When this is not possible then people should be cared for in as homely a setting as possible. This will seldom be a hospital bed. The norm should be to discharge in hours and days.</td>
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<tr>
<td>To improve stroke care, 90% of all patients admitted with a diagnosis of stroke will be admitted to a stroke unit on the day of admission, or the day following presentation by March 2013.</td>
<td>Access to stroke unit care is associated with a reduced risk of disability as well as death. The Quality Strategy commits us to having informed, caring and compassionate staff, delivering clinical excellence and ensuring continuity of care. If we are increasingly able to get people who have experienced a stroke into a stroke unit promptly, we can deliver this commitment, improving the quality of care and outcomes, by ensuring access to specialist stroke care.</td>
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<td>Further reduce healthcare associated infections so that by March 2013 NHS Boards' staphylococcus aureus bacteraemia (including MRSA) cases are 0.26 or less per 1000 acute occupied bed days; and the rate of Clostridium difficile infections in patients aged 65 and over is 0.39 cases or less per 1000 total occupied bed days.</td>
<td>To provide professional and clinical leadership in reducing HAI in hospitals and other settings ensuring safe and effective care and systems as well as maximising healthcare outcomes for patients.</td>
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<td>To support shifting the balance of care, NHS Boards will achieve agreed reductions in the rates of attendance at A&amp;E between 2009/10 and 2013/14.</td>
<td>A&amp;E attendances across all age groups should decrease with better provision and use of primary care services, better preventative and continuous care in the home, and improved self care.</td>
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<tr>
<td>HEAT 2012/13 Standard</td>
<td>Policy Aim</td>
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<td>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</td>
<td>Timeliness and access are integral to a quality service and can contribute to improved survival outcomes.</td>
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<td>90% of planned / elective patients to commence treatment within 18 weeks of referral</td>
<td>Access is a key measure of quality and faster access to diagnosis and treatment services reduces patients’ uncertainty and stress and improves their quality of life.</td>
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<tr>
<td>No patient will wait longer than 12 weeks from referral (all sources) to a first outpatient appointment (measured on month end Census)</td>
<td>Often a patient's first contact with the NHS is through their GP practice. It is vital, therefore, that every member of the public has fast and convenient access to their local primary medical services to ensure better outcomes and experiences for patients.</td>
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<tr>
<td>Provide 48 hour access or advance booking to an appropriate member of the GP Practice Team</td>
<td>Early diagnosis and management of dementia can improve outcomes.</td>
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<td>To respond to 75% of Category A calls within 8 minutes across mainland Scotland (Scottish Ambulance Service)</td>
<td>Patients in situations categorised as potentially immediately life threatening need the ambulance service to respond as quickly and safely as possible in order to maximise the outcome for the patient.</td>
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<tr>
<td>98% of patients will wait less than 4 hours from arrival to admission, discharge or transfer for accident and emergency treatment</td>
<td>Medical evidence shows that long waits impact on patient experience and the quality of care.</td>
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<tr>
<td>Maintain the proportion of people with a diagnosis of dementia on the Quality and Outcomes Framework (QOF) dementia register and other equivalent sources</td>
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<tr>
<td>NHS Boards to achieve a sickness absence rate of 4%</td>
<td>Sickness absence can result in cancelled appointments and procedures, increased pressure of staff, and increased cost.</td>
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<tr>
<td>NHS Boards and Alcohol and Drug Partnerships (ADPs) will sustain and embed alcohol brief interventions (ABI) in the three established settings (primary care, A&amp;E, antenatal). In addition, they will continue to develop delivery of alcohol brief interventions in wider settings.</td>
<td>ABIs are a highly effective early intervention to help individuals to reduce hazardous or harmful alcohol use, thereby reducing their chances of developing more serious alcohol-related problems. The standard will ensure that NHS Boards and ADPs sustain and embed delivery of ABIs in the three established settings as well as enabling them to extend into wider settings, contributing to the developing evidence base. This will ensure that ABIs remain a core component of local strategies to reduce alcohol related harm.</td>
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Local Delivery Plans

5.1 Local Delivery Plans will record agreement on NHS Boards’ planned progress towards meeting key national targets, and the additional local commitments made to support the relevant Single Outcome Agreements. They will cover a period of three years, with the opportunity to review and adjust future years' plans each year. The LDP for 2012/13 includes the following sections:

- Scottish Government & NHSScotland’s Outcomes Approach
- NHS Board contributions to Single Outcome Agreements
- LDP HEAT Risk Management Plans & Delivery Trajectories
- LDP Financial Plans
- Summary of main workforce issues facing the NHS Board

5.2 As in previous years, LDPs include Delivery Trajectories and Risk Management Plans for each target which are supported by a workforce narrative and financial plans. The 2012/13 LDP Methods and Sources describes the performance measures used to monitor performance.

Scottish Government & NHSScotland’s Outcomes Approach

5.3 The outcomes based approach includes the wide engagement on developing and agreeing the HEAT targets, and complements and supports NHS Board discussions with Community Planning Partnerships (CPPs). It is recognised that achievement of some of the HEAT targets may also help demonstrate progress and contribute towards delivery of local single outcome agreements. HEAT targets are not mandated for inclusion in SOAs. It is also acknowledged that NHS Boards make a range of contributions towards the delivery of the local single outcome agreement over and above the HEAT targets.

5.4 The Quality Strategy sets out NHSScotland’s vision to be a world leader in healthcare quality, described through 3 quality ambitions: effective, person centred and safe. These ambitions are articulated through the 6 Quality Outcomes that NHSScotland is striving towards:

- Everyone gets the best start in life, and is able to live a longer, healthier life
People are able to live at home or in the community
Healthcare is safe for every person, every time
Everyone has a positive experience of healthcare
Staff feel supported and engaged
The best use is made of available resources

5.5 Twelve ‘direction of travel’ Quality Indicators help demonstrate progress towards the six outcomes (these are not targets). Every year a small number of HEAT targets are agreed with NHSScotland and partners. These set out the accelerated improvements that will be delivered across Scotland in support of progress towards the Healthcare Quality Ambitions and Outcomes. Progress against the HEAT targets is reported through Scotland Performs. ([http://www.scotland.gov.uk/Topics/Health/NHS-Scotland/NHSQuality/MeasuringQualityS](http://www.scotland.gov.uk/Topics/Health/NHS-Scotland/NHSQuality/MeasuringQualityS))

### NHS Board contributions to Single Outcome Agreements

5.6 NHS Boards are key partners within CPPs and have a crucial role to play in defining and delivering Single Outcome Agreements.

5.7 The following areas have been identified as important policy areas requiring major contributions from a range of partners, and where there is scope for significant collaborative gain:

- Health inequalities
- Early years
- Tackling socio-economic inequality
- Economic recovery

5.8 This section of the LDP should capture respective NHS Board contributions to these social policies, providing an opportunity to demonstrate positive examples of collaboration and partnership working between the NHS and CPPs. For example, the Early Years have been highlighted by the creation of the Early Years Change Fund. The work associated with that fund will be developed and delivered in partnership with other Community Planning Partners and guidance will be forthcoming from the Early Years Taskforce on how this work should be taken forward in a collaborative way. Consideration should be given to how the collaboration that can be demonstrated in cross-cutting areas such as ante-natal support, universal support for parents or support for vulnerable families.

5.9 An ‘asset based approach’ is one response NHS Boards have adopted or are actively considering in aiding their collaborative contribution to such complex challenges. It is the type of response the Government wishes to encourage and will continue to examine how it can best support such approaches develop. NHS Boards are encouraged to highlight where they are actively pursuing an asset based approach as well as further consider their adoption.
5.10 Boards should focus on a specific critical issue, identified as a local priority by the CPP. A critical issue is defined as a complex challenge that is deeply embedded and cross cutting which requires different public services to work together. NHS Boards are encouraged to think openly about the range of interventions and support mechanisms that they actively participate in, and add value to, in partnership with others. NHS Boards should indicate clearly their specific role and contribution in addressing the critical issue. Some examples of where Boards may be actively contributing include early years interventions, employability initiatives, financial inclusion, community safety programmes or interventions for vulnerable families. One example should be provided for each Community Planning Partnership (CPP), and it should clearly demonstrate how the NHS Board is working in collaboration with partners to tackle the critical issue and the impact that this approach is making.

5.11 The Scottish Government plan to discuss progress against these commitments at mid year stock takes and Annual Reviews.

**LDP Risk Management Plans & Delivery Trajectories**

5.12 Boards should, as in previous years, include LDP Risk Management Plans to provide contextual information on key risks to the delivery of each target and how the risks are being managed. Cross-reference to local plans should be made where necessary.

- **Delivery and improvement**: briefly highlight local issues and risks that may impact on the achievement of targets and/or the planned performance trajectories towards targets and how these risks will be managed.

- **Workforce**: provide a brief narrative on the workforce implications of each of the HEAT targets *where appropriate and relevant*. This should include an assessment of staff availability to deliver the target, the need for any training and development to ensure staff have the competency levels required, and consideration of affordability cross referenced to the Financial Plan.

- **Finance**: *Where applicable* boards should identify and explain any specific issues, e.g. cost pressures or financial dependencies specifically related to achieving the target. There is *no need to repeat generic financial risks* that apply to all targets.

- **Equalities**: *Where applicable*, boards should outline any risks that the delivery of the target could create unequal health outcomes
for the six equalities groups, and/or for people living in socio-economic disadvantage; and how these risks are being managed.

5.13 Setting out planned performance against key measures will enable 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 if that is needed.

5.14 In order to minimize delivery risks, it is expected that delivery trajectories will generally see uniform improvements over time, avoiding reliance on significant improvements in the final stages of delivery. 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.

5.15 This quantified and measured approach to performance planning and monitoring does not imply any reduction in the importance of the qualitative aspects of performance. 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. This model will provide a framework for scrutiny activity, including inspections, peer review and accreditation and these reports will continue to be monitored by DG Health & Social Care.

Trajectory Change Control Process

5.16 Once an LDP has been agreed and signed off by DG Health & Social Care and the NHS Board, any mid-year 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 of Health Workforce & Performance.

LDP Financial Plans

5.17 Final NHS Board allocations will be agreed through the Scottish Budget.

5.18 Financial planning is an integral component of LDPs. NHS Boards should 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. 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.

5.19 The Scottish Government is supporting NHS Boards to eliminate waste and drive modernisation programmes and published the refreshed Efficiency and Productivity Framework SR10 in February 2011. This framework underpins NHS Boards’ Efficiency Plans. As part of the Financial Plans, efficiency savings are required to be categorised by six themes: Clinical Productivity; Workforce; Drugs and Prescribing; Procurement; Support Services; and Estates and Facilities.

5.20 Monthly performance assessment of the agreed financial plan/trajectories will continue to be based on the Monthly Monitoring Returns.

**Workforce Planning**

5.21 The workforce has a significant role to play in the implementation of the Quality Strategy. Development and implementation of the workforce aspects of the Quality Strategy are being taken forward through a number of workstreams including those linked to efficiency and productivity.

5.22 The Scottish Government have announced a 25% reduction in NHSScotland senior management posts by the end of the next Parliament (2014/15). Guidance has been issued to enable NHS Boards to contribute towards the delivery of this target in ways that reflect individual Boards circumstances and their wider services plans.

5.23 Workforce planning continues to be a key factor in enabling NHS Boards to ensure that the delivery of frontline services and changes to the NHS workforce are driven by and reflect service change designed to maintain and enhance the quality of care for patients while increasing efficiency. The workforce narrative in the LDP Risk Management Plans therefore helps to ensure that the workforce implications of key HEAT targets are fully taken into account in NHS Boards’ LDPs. It is recognised that HEAT targets and LDPs do not represent the complete range of NHS Board services, which rely on a multi-professional workforce mix for successful delivery.

5.24 NHS Boards will be required to publish their wider workforce plans during 2012. Further guidance on the timings and process for
submitting those, and workforce projections, to the Scottish Government will follow in due course.

5.25 NHS Boards are required to include in their LDPs, a brief summary of the main workforce issues, based around the four headlines as follows:

- information on significant changes in skill mix and the plans to take this forward;
- existing and planned new service areas with particular workforce pressures and possible solutions;
- other significant workforce issues that the Scottish Government should be aware of that may require a national focus; and
- how the workforce is contributing to efficiency savings.

NHS Island Boards and mainland NHS Boards Partnerships

5.26 The Scottish Government is committed to retaining and ensuring the long term sustainability of Scotland’s three island Boards (NHS Orkney, NHS Shetland and NHS Western Isles). The independence of these Boards allows them to develop and deliver services that meet the needs of their local population in ways that reflect the challenges of providing high quality services for island communities.

5.27 Each island Board has, over many years, played a full and active part within the regional planning process under which Boards agree to collaborate in order to develop and sustain healthcare services. It has been agreed to provide the support funding to enable NHS Boards to extend the concept of collaborative working to non clinical as well as clinical issues. Additional funding has been allocated to each island Board to enable them to enter into arrangements with their respective partners to strengthen their capability in areas such as: Human resources; Finance / Payroll; Governance; and Planning. It will enable Boards to set out an agreement that describes joint programmes of work between:

- NHS Orkney and NHS Grampian;
- NHS Shetland and NHS Grampian; and
- NHS Western Isles and NHS Highland

5.28 The three island Boards will remain independent and the precise shape and form of these partnership arrangements will be a matter for the members of the partnership themselves. They will be developed as a partnership of equals and it is anticipated that a Non Executive Director from each partner will attend the Board meeting of the other partner in order to ensure effective and ongoing liaison at the very highest level. The annual service agreement will form
an addendum to the 2012/13 Local Delivery Plan of each partner. There may be some exceptional circumstances in which partners agree that the identified mainland partner Board is unable to provide a particular service, and in such cases, the island Board will be able to source this requirement from an alternative partner. Boards have formal arrangements in place to keep these arrangements under regular review.

**HEAT Standards**

5.29 The Scottish Government will continue to monitor the HEAT standards, NHS Boards are not required to provide delivery trajectories and risk narratives.

5.30 Building on the Quality Alcohol and Treatment Support (QATS) report, NHS Boards and their Alcohol and Drug Partnership (ADP) partners should continue to embed and sustain delivery of alcohol brief interventions as a key early intervention which should form part of any local ADP strategy to reduce alcohol misuse and related harm. Delivery should be continued in the three established settings of primary care, A&E and antenatal. In addition, NHS Boards and their ADP partners are encouraged to continue to develop delivery in wider settings and to build the evidence base around these. This will be outlined in the supporting ABI HEAT standard guidance which will be issued shortly. The standard performance for Alcohol Brief Interventions (ABI), including wider delivery as determined by ADPs, will be agreed through the LDP process. The expectation is that all ABI delivery will be reported through both the LDP process and ADPs’ governance and accountability arrangements. This should help to reinforce local partnerships enabling them to provide a fuller picture to their CPP of their performance.

5.31 Patients continue to tell us that prompt access to treatment, delivered as locally as possible, is one of their top priorities and that is why we are continuing to put such an emphasis on cutting waiting times. 18 weeks RTT and Cancer waiting times targets are both due for delivery in December 2011. Ensuring the sustained delivery of waiting times and continued application of New Ways guidance remains a priority. 18 weeks RTT and Cancer waiting times will become HEAT standards in HEAT 2012/13. NHS Boards are required to deliver the Patient Rights (Scotland) Act 2011 12 week Treatment Time Guarantee from 1\textsuperscript{st} October 2012.
NHS Board Planning

5.32 NHS Boards should continue with planning arrangements at local and regional level, engaging with local and regional partners across the full range of health policy, planning, service redesign and delivery issues.

5.33 With respect to putting in place arrangements, with local government and third and independent sector partners, for use of the Change Fund for Older People’s Services for 2012/13 – 2014/15, Boards should refer to the separate Scottish Government Change Fund guidance. Updated guidance was published in November 2011 and included new guidance on Joint Commissioning Strategies. Six Reshaping Care Core Improvement Measures have been developed to support Partnerships to track their progress. These Core Measures will help Partnerships to understand their local systems and the steps required to improve processes, experience, efficiency, effectiveness and outcomes of care and support. The measures can be found at: [http://www.jitscotland.org.uk/action-areas/reshaping-care-for-older-people/improvement-measures/] (http://www.jitscotland.org.uk/action-areas/reshaping-care-for-older-people/improvement-measures/)

5.34 Boards should ensure that all of these activities and their LDPs are consistent with the quality ambitions outlined in The Healthcare Quality Strategy for NHSScotland and the direction set in Better Health, Better Care.

5.35 Boards should ensure that they continue to fulfil their statutory obligations on co operation and public involvement. Boards should also ensure that local and regional planning supports their performance agreement with Scottish Government set out in the LDP, and that focus and alignment is maintained across the full range of local service planning and delivery to ensure achievement of planned progress towards meeting the key targets in the LDP.

5.36 Clearly the efforts and performance of CHPs will continue to be vital in shifting the balance of care and improving outcomes for local people and communities. NHS Boards need to ensure that CHPs play their full part in helping to meet the targets as planned and support the delivery of broader health improvement strategies. NHS Boards need to ensure that CHPs are able to develop effective, integrated community based services that have been robustly tested through the Integrated Resource Framework. CHPs should draw together health, social care and third sector partners, and seek to evidence the impact on targets and quality improvement which is an essential part of this process. The Scottish Government will shortly be announcing proposals to further integrate health and social care services and how CHPs will need to evolve to support this agenda.
The achievement of targets set out in LDPs is also underpinned by service delivery and improvement work across NHSScotland, including QuEST and JIT. This detailed underpinning work will continue to play a vital role in supporting Boards to meet the targets set out in the LDP.

**Special Health Boards (SHBs)**

5.38 SHB LDPs should include a section describing how their objectives support National Outcomes, Quality Ambitions and quality outcomes.

5.39 SHBs are required to complete the Financial Templates and workforce summaries.

5.40 The State Hospital and National Waiting-Times Centre will also be required to complete risk management plans and delivery trajectories for the target to reduce energy-based carbon 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. The remaining SHBs will be required to develop local targets to reduce carbon and energy consumption.

5.41 The National Waiting-Times Centre Board will also be required to complete risk management plans and delivery trajectories for the relevant HEAT targets.

5.42 Health Directorate lead sponsors will provide guidance and advice on LDP content. It is anticipated that for 2012/13 this is likely to focus on demonstrating the support provided to territorial Boards in achieving key HEAT targets across Scotland measured through SMART targets and performance measures.

**Publishing Local Delivery Plans**

5.43 NHS Boards should ensure that the final Local Delivery Plans are published on their local websites by end of June 2012.

**Mid-Year Stock-Take and Annual Review 2011/12**

5.44 The Annual Review will continue to focus on progress made on key priorities, performance against HEAT targets, and the contribution towards delivery of the outcomes.

5.45 NHS Board Chief Executive and senior management team mid-year stock-takes with the Scottish Government Health & Social Care
Directors will provide the opportunity to take stock of 2011/12 performance, and also to look ahead to 2012/13.

5.46 We plan to continue to report progress against HEAT targets through the Scottish Government’s Scotland Performs website.

5.47 The HEAT Performance Management IT system will be updated with HEAT 2012/13 targets (www.bic.scot.nhs.uk).

2013/14 Target Development

5.48 This year we have seen increased alignment between the HEAT targets and the six quality outcomes. We will continue to work with NHS Boards, Local Authorities and other partners to develop proposals for new targets. New target development work will include: information transfer at the interface between secondary and primary care practitioners, adult support and protection, AHP waiting times and dementia.
Appendix 1: NHSScotland’s Ten Performance Management Principles

The following performance management principles have been developed to help improve understanding of NHSScotland’s approach to performance management in the context of significant change in recent years. These principles are prefaced by sound accountability.

1. NHSScotland’s Performance Management Framework supports delivery of the Scottish Government’s outcomes and Health Directorates strategic objectives

<table>
<thead>
<tr>
<th>Summary</th>
<th>LDP 2012/13</th>
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<tbody>
<tr>
<td>Local Delivery Plans set out some of the key improvements NHS Boards will deliver to contribute towards the delivery of the Scottish Government’s outcomes.</td>
<td>The HEAT targets are aligned with the six quality outcomes.</td>
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<td>NHSScotland reports performance through Scotland Performs.</td>
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2. Performance measures demonstrate the progress towards delivering our strategy for improving the quality of patient care

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<tr>
<td>Delivery of targets and performance measures give Ministers, staff and the public the confidence that we are making progress in implementing our key strategies for NHSScotland and improving the quality of patient care.</td>
<td>HEAT targets set out the accelerated improvements that will be delivered across Scotland in support of progress towards the Healthcare Quality Ambitions and Outcomes.</td>
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3. Performance measures help deliver a wider system aim, and the impact on the whole system must be considered

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<tr>
<td>Performance measures are not an end in themselves but are a proxy measure for a wider system change.</td>
<td>The Local Delivery Guidance clearly sets out the intended policy aim for all HEAT targets.</td>
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<td></td>
<td>The system is wider than NHS Boards, which reinforces the importance of SOAs and the need for partnership to deliver many of the health improvement targets and system change.</td>
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4. Design the system, deliver the performance

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<td>The delivery of targets should be the consequence of well designed systems of care. Well designed systems of care ensure that individual patients are not disadvantaged to ensure compliance with targets.</td>
<td>Wide range of collaborative and business transformation initiatives.</td>
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5. Clinical decision making in the interest of the patient is always more important than unequivocal delivery of targets

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<td>Patients are always diagnosed and treated according to their clinical need.</td>
<td>Guidance for delivery of targets will reinforce this principle.</td>
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6. Local flexibility in delivery

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<td>Through the Local Delivery Planning process, Scottish Government and NHS Boards will consider local circumstances (e.g. Community Planning Partnership priorities, baseline performance, service models, workforce, risk, governance) in defining performance measures, performance management, improvement support, and delivery.</td>
<td>NHS Boards responsible for delivery and innovation encouraged.</td>
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7. Targets support diversity and reduce inequalities

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<td>The Scottish Government and NHS Boards in defining, performance managing, and delivering targets, always ensure that performance targets do not result in inequity in the quality of service provided for any patient.</td>
<td>In developing HEAT target proposals the differing impacts on equality groups are assessed. NHS Boards explicitly set out any inequality risks associated with delivery of HEAT targets and how these risks are being managed.</td>
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8. Staff should be engaged in target setting and target delivery

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<td>Targets can help staff realise improvements in care and contribute to system wide priorities. Staff should be involved in local delivery planning and review of performance against targets, including lessons learned.</td>
<td>There has been significant consultation with NHSScotland staff on the development of the Quality Strategy and HEAT targets (including the Detect Cancer Early Program Board and Delivering Quality in Primary Care)</td>
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9. Best practice in Performance Management & Delivery is shared

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<td>NHS Boards have their own individual performance management systems, building on national requirements. There is scope to share best practice in performance management and delivery and to share best practice in Board’s contributions to Single Outcome Agreements with their community planning partners.</td>
<td>Best practice shared through a number of channels (including Efficiency &amp; Productivity Programme, Quality Improvement HUB, NHSScotland’s Performance Forum)</td>
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10. Data and measurement are key aspects of Performance Management

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<tr>
<td>Performance measures are specific, measurable, achievable, realistic and time-bound. Performance measures are short to medium term outcomes, clearly identifying key contributions that NHS Boards make. We always work to recognise any data quality issues that may arise with performance measures and will ensure a wider understanding of the nature and uses of data and information within delivery.</td>
<td>LDP Methods and Sources clearly define performance measures.</td>
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Appendix 2: Scottish Government and NHSScotland’s Outcomes Approach

[NHS Boards should use this appendix as the basis for the Scottish Government and NHSScotland’s Outcomes Approach section of the LDP.]

Over the last four years NHSScotland has developed its outcome approach.

The Quality Strategy sets out NHSScotland’s vision to be a world leader in healthcare quality, described through 3 quality ambitions: effective, person centred and safe. These ambitions are articulated through the 6 Quality Outcomes that NHSScotland is striving towards:

- Everyone gets the best start in life, and is able to live a longer, healthier life
- People are able to live at home or in the community
- Healthcare is safe for every person, every time
- Everyone has a positive experience of healthcare
- Staff feel supported and engaged
- The best use is made of available resources

Twelve ‘direction of travel’ Quality Indicators help demonstrate progress towards the six outcomes (these are not targets). Every year a small number of HEAT targets are agreed with NHSScotland and partners. These set out the accelerated improvements that will be delivered across Scotland in support of progress towards the Healthcare Quality Ambitions and Outcomes. The latest statistics can be accessed through Scotland Performs.

The Scottish Government and NHSScotland are supporting frontline clinicians to adopt international best practice through improvement programmes including the Joint Improvement Team, the Quality Efficiency Support Team, and Scottish Patient Safety Programme. These programmes support delivery of system-wide improvement.
NHSScotland is a publicly funded and publicly delivered service. The services are planned in partnership on a national, regional and local basis. The principles underpinning the approach to performance management are set out in the Local Delivery Planning guidance.

Local outcomes and the approach for their delivery are agreed through Single Outcome Agreements. The Scottish Government’s three social frameworks (Equally Well, Early Years Framework and Achieving Our Potential) provide the strategic direction for action to contribution towards delivery on national outcomes.

NHS Boards are committed to Community Planning and tackling the identified Local Outcomes within the Single Outcome Agreement. They demonstrate this through their Local Delivery Plans which describe their contribution to a specific critical issue, derived from an identified Local Outcome, and which relates to the 3 interconnected social frameworks, or to economic recovery.