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In 2014 Scotland Welcomes the World



31 March 2014

Dear Robert

NHS GREATER GLASGOW AND CLYDE: 2020 LOCAL DELIVERY PLAN

1. The LDP continues to have a crucial role in our annual planning arrangements for the NHS and will support NHS Boards to make the transformational change required to deliver the 2020 Vision. The LDP forms the 'contract' between the Scottish Government and NHS Boards and should provide assurance that local plans are in place to deliver Scottish Government priorities. I am grateful to all in your NHS Board who have been involved in preparing and finalising the Plan.

2. This year the LDP has three elements which are underpinned by finance and workforce planning.

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

3. We have looked closely this year at how well your NHS Board LDP covers:

- **joint working** on community planning and resourcing;
- the Board's plans and preparedness to deliver the **2020 Vision** and **Route Map** for health and care in Scotland;
- **HEAT targets and standards** to support delivery of high quality patient services;
- **financial planning** with the emphasis on securing a balanced budget and delivering efficiency savings while maintaining high quality patient services that fully reflect local needs;
- **workforce planning** with the emphasis on integration and planning that has been developed in line with local partnership and governance arrangements.



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

5. Some issues around your financial plan remain to be resolved before I can sign off the LDP and supporting financial plan on the basis that they set out a clear programme for delivery in the year ahead. I have outlined below the further work that is needed in this respect (paragraphs 15 to 17 refer). I would be grateful if you would also note the other points noted below in taking the plans forward.

Monitoring LDP progress

6. The LDP sets out a range of improvement work within your NHS Board. Your NHS Board will need to ensure that progress is monitored against the full LDP. Your NHS Board will also need to ensure that appropriate local performance management arrangements are in place.

Health Inequalities

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

Joint working on community planning and resourcing

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



Safe and Person-centred Care

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

Primary Care

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

11. I note your NHS Board’s current position on plans for future investment and development in primary care. I expect the work over the coming year to ensure that planning and investment in primary care match the 2020 vision and that this will be reflected in your NHS Board’s financial and business planning.

Integration

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

Elective Waiting Times

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

Unscheduled Care

14. Last year all NHS Boards agreed improvement trajectories for 4 hour A&E in their LUCAP to improve patient care. We consider that your NHS Board needs to make further progress in order to deliver the agreed trajectory. Whilst delayed discharges are a factor across Scotland, we believe that within your Board there are performance gains to be made from improved internal hospital site and capacity management and patient “flow” design. There is increasing evidence, that it is essential that multi-site Boards, like yours, have



effective and empowered site clinical and non-clinical management in place (whole hospital - scheduled and unscheduled) to manage demand and capacity/ patient flow. This should include effectively liaising with primary care. The LUCAP for 2014/15 will also focus on whole-system improvement.

Innovation

15. Innovation is a new priority area and we expect further information to be provided on your NHS Board's actions over the coming 12 months to increase investment in innovation including how the NHS Board will monitor progress.

Financial Plan

16. I understand that submission of your Board's final financial plan and templates will follow from consideration of the plan by your Board at its meeting on 24 June 2014. The agreed extended timeframe beyond March will allow you to further develop the detail supporting your efficiency savings. These plans will be submitted for approval to your Board's Quality & Performance Committee (QPC) on 20 May 2014 with a view to securing full Board approval on 24 June 2014.

17. I would be grateful to receive a position update following your QPC meeting on 20 May 2014. I would expect that in considering the efficiency plan for approval the QPC would be confirming that they have confidence that the plans are able to be delivered. 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.

18. I look forward to receiving your final plan following Board approval in June 2014. In the meantime our respective Directors of Finance will continue to work closely together particularly in relation to the cost savings issue for 2014-15.

Workforce Planning

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

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



Next steps

21. 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.

22. 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. The LDP will have a key part to play in responding to them. I look forward to working with you in the coming months as we further develop our detailed plans to deliver our 2020 Vision. I am sure that with your leadership and vision, NHS Greater Glasgow and Clyde can continue with delivery of first class services for patients.

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

Yours sincerely



JOHN CONNAGHAN

Director for Health Workforce & Performance

