

Mark White – Director Of Finance

Recommendation

The Board is asked to approve the initial draft of the Annual Operational Plan. This was noted and passed for approval at the Finance and Planning Committee of the 3rd April 2018.

Purpose of Paper

The Local Delivery Plan process has been replaced by a request for each Board to submit an Annual Operational Plan for 2018-19, shared and aligned with the strategic plans of the relevant IJBs. This should focus primarily on performance, finance and workforce, concentrating on the key standards that are most important to patients, whilst the SG undertake a review of the broader LDP Standards during the coming year.

This transitional step is designed to facilitate a greater understanding of the assumptions within local systems that underpin successful delivery of performance across the whole system, aligning with the Regional Planning process which will set out in more detail the longer term approach to transformation.

The attached Plan was drafted and submitted as an initial draft to the SG on 14th March 2018.

Key Issues to be Considered

The content has been presented and debated at the 20th March Acute Services Committee. The Finance and Planning Committee noted and approved the Plan at its meeting on 3rd April 2018. The Board is now asked to approve the initial draft of the Plan.

The document is still work in progress, including on-going dialogue and debate with the SG.

Any Patient Safety/Patient Experience Issues

The impact of waiting times trajectories.

Any Financial Implications from this Paper

An assessment and analysis of the 2018/19 financial challenge.

Any Staffing Implications from this Paper

None

Any Equality Implications from this Paper

None

Any Health Inequalities Implications from this Paper

None

Has a Risk Assessment been carried out for this issue? If yes, please detail the outcome.

Risk assessments, scenario planning and financial modelling underpin the performance projections in the paper. These all remain work in progress.

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**NHS GREATER GLASGOW AND CLYDE
ANNUAL OPERATIONAL PLAN 2018-19**

14th MARCH 2018

INITIAL DRAFT

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Attachments

- A – Performance Templates**
- B – Financial Templates**

1. Moving Forward Together: NHSGG&C'S Health and Social Care Transformational Strategy Programme

Whilst the Annual Operational Plan 2018-19 is for one year, it is important to set this year within the context of our longer term Transformational Strategy Programme currently under development to drive forward transformational change in the delivery of health and social care services across NHSGG&C.

The Moving Forward Together Programme is NHSGG&C's transformational programme to deliver the National Clinical Strategy, Health and Social Care Delivery Plan and other associated National and Regional strategies and policies.

The aim of the Programme is to develop and deliver transformational change, aligned to National and Regional policies and strategies, and describe NHSGG&C's delivery plan across the health and social care services provided by our staff, which is optimised for safe, effective, person centred and sustainable care to meet current and future needs of our population.

The programme is developing in parallel with the West of Scotland Regional Planning work. The NHSGGC senior Executive team continue to play a significant role in driving the Regional work forward.

The NHSGGC programme will provide an overarching framework for change across primary, community and secondary care both in the short term during the conduct of the programme and thereafter as a result of its recommendations.

The programme will support the subsequent development of delivery plans for the developed new models of care, which describe the required changes in the workforce, capital infrastructure and procedures and processes which ensure the intended and projected benefits are realised.

Details of our Moving Forward Together: Health and Social Care Transformational Strategy programme can be found by clicking on this link:

<http://www.nhsggc.org.uk/media/244281/08-moving-forward-together-transformational-plan.pdf>

2. Achieving 2018/19 Performance Targets

NHSGG&C is committed to achieving the March 2019 performance targets which will aim to bring performance back to the levels attained in March 2017. However, this represents a significant challenge to the Board and therefore a programme of improvement work is underway to ensure progress is made towards meeting the agreed targets.

The Access Performance Improvement Programme includes a number of workstreams which will increase productivity, this will ensure the Board is making the most efficient and effective use of base resources and capacity for Daycases, Inpatients and Outpatients.

Considerable Outpatient productivity analysis has been undertaken and the Board is working towards realising the identified productivity gains. In addition to this work, a suite of metrics is being analysed to identify further areas for improvement, these include analysis of Outpatient Clinic Templates, Theatre Templates, Workforce Job Plans and the development of Specialty Capacity Plans.

The Modernising Outpatient Programme will also bring key benefits to NHSGG&C performance. By adopting the national programme's core principles of reducing Return Outpatient appointments and ensuring patient care is delivered in the most appropriate setting, NHSGG&C aims to optimise Acute capacity and make more effective use of resources. A Programme Board to lead this work has been established and continues to oversee work progress and output.

In addition to this productivity work, a significant programme of service re-design has also commenced and will continue across 2018-19. This programme includes patient pathway redesign, best practice benchmarking and process standardisation and aims to improve performance against both the Unscheduled and Scheduled Care Access targets.

However, while the anticipated productivity and service redesign gains will assist in addressing current waiting times performance, it is recognised that a level of additional capacity will be required to facilitate achieving the 2018-19 targets

Performance in relation to the 2017 baseline year was facilitated through significant use of internal Waiting List Initiatives (WLIs), additional use of the Golden Jubilee National Hospital (GJNH) and the use of non-recurring funding to purchase additional capacity in the independent sector and medical locums. In line with long running additional non-recurring investment from the Scottish Government, NHSGG&C received National Access Funding to fund these schemes. .

It is anticipated that with similar levels of additional funding as received in 2017-18 (circa £20-25m) NHSGG&C will maintain performance at the current level. However, we are committed to at least achieve the March 2017 level of performance. Current projections indicate this will only be possible with additional funding of £40m-£45m in year.

With regards to out-patients only, it is proposed we return to March 2017 performance over a 24 month period, with a trajectory of 19,500 by March 2019 and 13,000 by March 2020.

In term of meeting the National Cancer Targets, we will continue discussions with the Scottish Government Cancer Improvement Team regarding additional non-recurrent funding to support the achievement of the targets. This will require additional funding from the 2017/18 allocated amounts.

Further discussion is required on the level of resources available to NHSGGC in order to finalise the precise access performance. Our actual and projected performance to March 2019 is outlined in Table 1 below and the related attachment.

Our 24 month out-patient trajectory is also highlighted in the related attachment.

Table 1: Operational Plan Performance Summary

Measure	Actual Performance March 2017	Predicted Performance March 2018	Planned Performance March 2019	Time Period
62 day cancer wait	83.3%	84.0%	95.0%	Qtrly
31 day cancer wait	93.9%	93.0%	95.0%	Qtrly
New Outpatient waits (no.>12 weeks)	12,783	28,000	19,500	Mthly
Key Diagnostic Tests (no. >6 weeks)	2,401	4,900	2,401	Mthly
TTG (no. >12 weeks)	2,809	5,300	2,809	Mthly
18 week Psychological Therapies	94.7%*	90.0%+	Maintain 2018	Mthly
18 weeks CAMHS	98.0%	95 - 98%	Maintain 2018	Mthly
4 hour A&E waits	90.7%	91.0%	93.0%	Mthly

The above 2018-19 planned performance summary is founded on working closely and in partnership with our Health and Social Care Partners to reduce demand for scheduled and unscheduled acute care and ensure that patients who no longer require acute care are discharged home or move into Health and Social Care Partnership (HSCP) services in a timely manner.

The 2018-19 planned performance is also predicated on HSCPs developing local services to deliver care for more patients and reduce demand on acute services and avoid acute hospital interventions. Making rapid progress in each of these areas is essential to enable NHSGG&C to reach and sustain the 2018-19 planned performance.

Performance Management Arrangements

Across NHSGG&C, there are robust governance arrangements in place for measuring, monitoring and reporting on performance. From live daily reporting of unscheduled care at operational site level, weekly performance reporting to Chief Executive, Executive Directors and Acute Directors, monthly reporting to Senior Management Group and Directors Access Group looking at demand, capacity an overall performance to taking a broader and more strategic view of the whole system's performance bi-monthly at Acute Services Committee and the Board.

In addition, each of the six Integrated Joint Boards have their own governance arrangements in place to ensure service delivery delivers the national outcomes, and any locally delegated responsibilities for health and wellbeing and for measuring, monitoring and reporting.

These arrangements will track performance throughout 2018-19 and respond to any changes or developments as they arise in addition to continuing to work closely with the Scottish Government's Access Support Team in relation to specific areas.

3. 2018/19 Financial Planning

The Scottish Government draft budget allocated the Board an 1.5% uplift, equating to £31.9m. Our total projected income is highlighted below.

Table 2 - 2018/19 Projected Income

	All Boards £m	NHSGGC £m
New Resources		
Baseline Increase @ 1.5%	136.9	31.9
NRAC Parity Adjustment	30.0	
	<u>166.9</u>	31.9
Uplift from Other Boards		6.1
Change in New Medicines Fund		1.0
Total New Resources		<u>39.0</u>
less Uplift Allocation to IJBs		(12.4)
Total New Resources		<u>26.6</u>

The Board has endeavoured to maintain quality and performance against an increasingly constrained financial environment. As such, achieving recurring savings has proved challenging. The Board are currently predicting to break even in 2017/18, underpinned with £41m of recurring savings. This means the Board is carrying forward a £67.8m underlying recurring deficit

Table 3 - 2018/19 Projected Costs and Pressures

Total New Resources	<u>39.0</u>
Carry Forward from 2017/18	
Recurring Deficit b/f	(67.8)
Cost Drivers	
Pay Cost Growth	(42.5)
Prescribing - Acute	(18.0)
Prescribing - Primary Care	(9.4)
Supplies, PPP & Other Inflation	(10.2)
Cost Pressures	(1.5)
Cost Drivers	<u>(149.4)</u>
Cash Efficiency Challenge	(110.4)
Cash Efficiency Challenge	<u>5.2%</u>
add back IJB Uplift	(12.4)
add back IJB Expenditure	21.2
Net Cash Efficiency Challenge	<u>(101.6)</u>

Meeting the Challenge

The 2018/19 financial position presents a significant challenge to NHSGGC. The scale of the financial challenge and the risks in identifying and achieving recurring savings necessitates a different approach to achieving financial balance going forward. This approach must blend the extant short term approach to cost reduction with a more strategic approach to delivering medium and longer term financial sustainability.

The Board has acknowledged this need for change into 2018/19. This has involved introducing more structure, more rigour and more dedicated resource to identify, manage and deliver our Financial Improvement Programme. This includes specialist external resource to provide expertise, challenge and new ideas, supported by a full-time internal programme lead and 4-5 full-time internal project managers.

One key element of the 2018/19 financial planning process is agreeing a budget settlement with all IJBs by the 31st March 2018. This has been a significant challenge for the Board in previous years, indeed, part of the discussions for 2018/19 have included resolution regarding responsibility for legacy unachieved savings.

The Board has invested significant resource in the last 12 months into the working relationships with all 6 IJBs. The discussions for 2018/19 are complex due to legacy issues and the termination of the prescribing risk sharing arrangement. However, progress has been good, and we are confident of a settlement by the 31st March 2018 (pending formal Committee approval). Our proposition further supports the commitment to shift the balance of care.

The Board can confirm our commitment to the direction in the Draft Budget letter of 14th December;

- Further funding for mental health being additional to a real terms increase to 2017-18 spending levels:
- Additional funding for primary care used to support primary care transformation:
and
- Continued transfer of share of £350 million from baseline budgets to Integration Authorities to support social care.

The Financial Improvement Programme is currently being drafted for presentation to the NHS Board in early 2018/19. The current financial forecast is included in the supporting schedules to this document and this will be developed and refined through March.

The Board is currently predicting savings of £49m in 2018/19, resulting in a current remaining savings challenge of £51m. We continue to work on reducing this figure, however, achieving a break-even position in 2018.19 is extremely challenging.

Capital Plan

The Board has developed a Capital Plan which responds to our clinical strategy and prioritises a minor amount of investment. For minor works, the Board will commit capital investment that will target asset condition improvement, backlog maintenance and statutory compliance and the PAMS documentation is used to determine the priority spend across the Acute Division and the six Health and Social Care Partnerships.

The Board has allocated capital funding for both e Health projects and the procurement of medical and diagnostic equipment. The current forecast core capital resources available to the Board for investment in 2018/19 amount to just over £49.4m. This comprises;

- A general allocation of £37.4m from SGHSCD in respect of core capital expenditure;
- Ring-fenced specific funding amounting to £5.9m (Radiotherapy Equipment Replacement Programme); and
- An estimated amount of £6.1m in respect of Capital Receipts generated through property disposals.

The draft plan remains under development for final approval at the Finance & Planning Committee, and then the Board. The following are the key highlights;

- The programme of ward refurbishments continues at GRI with a £2.2m allocation being provided for an upgrade of Ward 30
- At the QEUH campus, provision for various schemes at the Institute of Neurosciences (INS) and the Neurology Building, together with major work to upgrade the INS and Neurology Buildings' infrastructure,
- Completion of an upgrade and redevelopment of the Intensive Care Unit at the RAH;
- Additional medium secure forensic Mental Health accommodation at Stobhill Hospital, through extending the existing Rowanbank Clinic.
- £9m is currently included under Corporate schemes for local minor works projects.

4. Joint Working with Integration Authorities

Outlined below is a summary of the plans that have been developed and agreed across each of our six HSCPs towards achieving a range of objectives and targets, including the reduction of unscheduled bed-days in hospital care by upto 10%. We are actively working to align the targets in the Board's Corporate Objectives with the IJBs MSG returns.

Reducing Delayed Discharge

- All HSCPs continue to prioritise hospital discharge activity, with a focus on anticipatory planning for discharge. Early assessment and engagement with patients and their families will ensure that the next stage of care is in place prior to being fit for discharge whenever possible. By supporting people to be discharged promptly bed days lost to delayed discharge will reduce.

Reducing Accident and Emergency (A&E) Attendance

- All HSCPS are working with Primary Care to encourage people to attend the correct service for meeting their needs through promoting 'Know Who to Turn To' along with details of local services and supports. The development of the Primary Care Improvement Plan will provide further opportunities to deliver new ways of working and strengthen the contribution of other health and care professionals in supporting frequent A&E attenders.
- A pathway has been developed by Scottish Ambulance Service (SAS), The National Falls Team, and HSCP Falls Leads. The pathway gives SAS crews an alternative to hospital by providing a clear process to directly refer a patient to community services. Since calls regarding falls make up a high level of presentations to SAS in the over 65 age group, it is anticipated that there will be a reduction in unnecessary conveyance rates to hospital and more utilisation of appropriate integrated community support.

Reducing Emergency Admissions and Bed Days

- All HSCPs and acute hospitals in Greater Glasgow and Clyde will undertake enhanced care pathways work for areas identified as having potential to avoid admissions and reduce lengths of stay. During 2018/19 this will focus on COPD; Chest Pain; Cellulitis; Deliberate Self-Harm; Falls and Abdominal Pain. This will support teams across better care at the right time, and where possible, in settings other than hospital.
- HSCPs will work with care homes and Primary Care to reduce avoidable admissions from care homes and residential homes, where residents do require admission a consistent approach to transferring residents information, medication and personal belongings will be tested.

Reducing Admissions at End of Life

- Through more effective use of the palliative care pathway and local resources, all HSCPs will work in collaboration with local hospices to strengthen our supports to people in the community, minimising hospital admission, accelerating discharge and providing effective community support.

5. Improving the Health of the Public

NHSGG&C has established a new standing committee on public health. This committee will oversee the development and implementation of a new Public Health Strategy which will reflect the forthcoming national priorities and joint working with partners. The committee will support and oversee the further development of NHSGG&C as a public health organisation which will:

- Deliver NHSGG&C Staff Health Strategy key actions including; Active Staff; Healthy Weight; Financial Support and Carers Support.
- Develop the Healthy Working Lives Programme within place based approaches such as Thriving Places reflecting key elements of the Fair Work Framework.
- Create exemplar public health environments across NHSGG&C through implementation of food retail policy in community healthcare settings and the promotion of physical activity through indoor/outdoor estate.
- Deliver actions to address the Health Promoting Health Service Framework outcomes including Leadership for health improvement and inequalities; Patient pathways and support services; Staff health and wellbeing and Healthy environments.
- Continue to ensure access to Health and Wellbeing services is routinely embedded within clinical care pathways for Long Term Conditions; Cancer and Mental Health and Addictions.
- Promote health literacy through the extension of Support and Information Services to the GRI and RAH hospitals.

HSCPs and Community Planning Partnerships will deliver many of the actions required to improve the health of the public and the community plans describe the high level strategic priorities. As a community planning partner, we will develop locality planning with our communities that experience shorter life expectancy and poorer health as well as significantly poorer outcomes in education, housing and employment. Each plan has a set of priorities that reflect the unique needs of that locality, developed using a community-led approach. The plans form a basis for activity during 2018/19.

The HSCPs and corporate directorate of public health will improve the health of the public through the following areas.

- Tobacco Control and Prevention
- Healthy Weight and Physical Activity
- Mental Health and Wellbeing
- Poverty and Equality

5.1. Alcohol and Drugs

Alcohol and drugs remains a key area of focus for NHSGGC. The Board, working together with our IJBs, fully embrace the Scottish Government's budgetary announcement of £20m additional investment in treatment and support services. Our work will be focused on;

- HSCP staff will support the development of a comprehensive overprovision assessment to support the forthcoming Licensing Board Policy by November 2018.
- Improve accessibility and uptake of alcohol brief interventions in primary care, secondary care and community settings.
- Alcohol and drugs prevention strategies are developed by each Alcohol and Drugs Partnership and include action in four key areas:
 - Work to reduce the accessibility of alcohol and drugs in the community (*systems prevention*).
 - For everyone in the area the delivery of information and the development of skills and values to change our 'norms' around alcohol and drug use (*population prevention*).
 - Working with those more likely to develop a harmful relationship with alcohol and drugs because of other life events affecting them e.g. trauma in childhood, to reduce the chances of this happening (*targeted prevention*).
 - Programmes to work with those at earlier stages of alcohol and drug use to reduce and divert from increasing harm (*early stage prevention*).

6. Conclusion

This Plan outlines the initial approach of NHSGGC to the required elements of the Annual Operational Plan. Further discussions will take place in the next period to finalise the precise position, particularly in relation to the achievement of elective targets and the financial outlook.