

Director-General Health and Chief Executive NHS Scotland
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Mr Richard Carey
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31 March 2009

Dear Richard

NHS GRAMPIAN: LOCAL DELIVERY PLAN 2009-10

1. Thank you for submitting your Local Delivery Plan (LDP) by the due dates. I know how much time and effort goes into preparing and finalising the LDPs within a relatively short timescale and I am grateful to you and your team for the work you have done.

2. LDPs are now a vital component of NHS planning in Scotland. By setting out a clear delivery programme for agreement between NHS Boards and the Health Directorates, they provide an essential tool for assessing and monitoring performance against the Scottish Government's key targets for health. They also help to lay a firm foundation for delivering patient centred care within a genuinely mutual NHS. We have therefore examined each Board's LDP carefully, looking in particular for:

- commitment to the **Scottish Government's outcome approach** and delivery of your local **Single Outcome Agreement**;
- **performance trajectories** for each HEAT target that demonstrate realistic, achievable progress towards meeting the targets;
- **risk management plans** that set out material risks to delivery of the targets and arrangements for managing them;
- **financial plans** that clearly identify the costs and affordability of delivering the targets and;
- evidence of further integration of **workforce planning** with the LDPs and clear identification of how workforce issues affect delivery of the targets.

3. Health Directorates policy leads for the relevant HEAT targets will have discussed with you any issues emerging from trajectories and other aspects of the LDPs. I can now confirm that I am content to sign off your LDP and supporting financial plan on the basis that they set out a clear programme for delivering the HEAT targets in the year ahead. I would however be grateful if you would note the following points in taking the plans forward.

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Financial Plan

4. I am satisfied with the financial profile set out in Annex 4. I understand that this will be presented to your Board on 2 June 2009 and that the key risks associated with delivery of the financial plan have been considered, including the necessary action to ensure that these risks are managed over the lifetime of the LDP.
5. I note that your trajectories for 2009-10, 2010-11 and 2011-12 are dependent on an ambitious savings programme which is not clearly defined in each year of the plan. I expect you to take the necessary steps to secure these savings as soon as possible, providing a detailed report on progress in this area to my Director of Finance by 30th April 2009.
6. Your Financial Plan identifies a major risk in respect of access support funding. I would ask that you keep your Finance Directorate contact informed of progress in this key area.
7. The revised capital expenditure plan requested has been received in draft form and responds appropriately to the issues previously raised. It is noted that this plan is still subject to NHS Grampian Asset Investment Group approval.
8. You should ensure that your Director of Finance continues to keep appropriate contact with the Health 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 maximum efficiency and productivity.
9. 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 2010-11 and beyond.

Workforce Planning

10. The Board has continued to make good progress in considering the workforce issues around achieving HEAT targets, including, importantly, the assessment of staff availability, the need for training and development and the consideration of affordability. You should continue to consider carefully the workforce implications of meeting the HEAT targets as part of your wider workforce planning and should reflect this in your projections for 2010; and in your Board workforce plan due to be published in April. Reducing sickness absence levels for the organisation remains an important task and as you are aware, the NHS Scotland HEAT Standard is now 4%. I look forward to being updated on this important area over the coming year.

Public Health and Health Improvement

11. Improving health and tackling Scotland's health inequalities remains central to Scottish Government policy, and over the coming year I see substance misuse, obesity and the Equally Well programme continuing as key priorities. Good progress has been made across Scotland during the developmental phase of the alcohol brief interventions target, and I now expect to see significant numbers of interventions delivered as we enter year 2. Implementation of the 2008 drugs strategy, The Road to Recovery, will continue apace, so

we can reduce the negative impacts on outcomes that drug use causes. We will shortly publish our proposals for improving delivery arrangements for drugs and alcohol services, and are working with partners to successfully implement the new HEAT target on reducing waiting times for drug treatment services. I appreciate that tackling obesity is particularly challenging and I would like to see greater focus placed on this by Boards in the coming year.

12. The implementation of Equally Well will continue during the next year and we will be reviewing progress when the Ministerial Task Force reconvenes during 2010. I would like to see Boards continuing their support in delivering the recommendations of the Task Force as we try to address health inequalities. Keep Well will continue our movement towards delivering inequalities targeted anticipatory care as part of the normal offer of the NHS. I would like Boards to continue their efforts in delivering Keep Well and anticipatory care with the aim of meeting the new H8 HEAT target.

Scottish Government's Outcome-based Approach and Single Outcome Agreements (Annexes 1 and 6 of LDP)

13. I am pleased that you are fully committed to the Scottish Government's outcome-based approach, which encourages us all to focus on the difference we make to the people of Scotland, and not just the processes over which we have control. I also look forward to receiving your more-detailed plans by the end of May, setting out how you will be supporting the delivery of Single Outcome Agreements over and above the significant contribution that the HEAT targets make.

Access Targets – 18 Weeks Referral to Treatment (RTT)

14. We are content to agree your plans as set out in the LDP for reaching the end-March 2010 milestones for RTT completeness and performance; final delivery trajectories will be agreed with the Access Support Team during the first quarter of 2009-10. Following from the useful discussion on 18 weeks RTT measurement and performance management at the Chief Executives' meeting on 18 March, we recognise that NHS Boards will require to continue to reduce maximum waiting times for inpatient/day case admissions through 2009-10. I now require your Board to maintain and reduce further where possible the 12 week maximum wait for outpatients, including referrals. I also require your Board to achieve by 31 March 2010 a maximum wait of 9 weeks for inpatient and day case treatment. The Access Support Team will discuss with you monitoring arrangements which will report towards this reduced waiting time. I attach very high importance to your Board achieving this. Delivery Directorate will agree and release funding to support delivery of the target commensurate with your achievement of agreed milestones.

Healthcare Associated Infection (HAI)

15. Reducing HAI remains a top priority for the Scottish Government. It is therefore essential that Boards ensure robust infection control practice and procedures are in place to minimise the risk of infection; and that where infection does arise, that early warning systems are in place to ensure that action is taken quickly to limit both the spread and harm. I expect you to ensure that both national and local surveillance data on key indicators including MRSA and Clostridium rates, hand hygiene, environmental cleaning and the causes of adverse incidents of infection is used to ensure the information link from ward to Board is made; and that the measures needed at local level to manage HAI effectively are positively impacting on bringing rates of infection down.

HEAT Target A8: 48 hour Access to GP Practice Team

16. Due to the timing of the results from the first GP Patient Access Survey, the delivery trajectories taking NHS Boards to 90% performance by March 2011 will be reviewed in-year.

17. If you have any questions about this letter, please contact George McLachlan or Jim Brown in the Health Delivery Directorate's Performance Management Division. Thank you again for the work that you and your team have put in to preparing the LDP. I look forward to working with you over the over the next year to deliver the programme it sets out.

Yours sincerely



KEVIN WOODS