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17 June 2019

Dear Gerry

NHS ORKNEY: ANNUAL OPERATIONAL PLAN 2019/20

Thank you for submitting your Annual Operational Plan (AOP), setting out your operational priorities and key actions for 2019/20. May I take this opportunity to thank you and your team for all the hard work that has gone into the preparation of the AOP over the last few months.

As detailed in the guidance we issued in February 2019, the AOP is intended to support NHS Boards and their partners to deliver safe, effective and accessible treatment and care, and provides the basis on which the Scottish Government will hold Boards to account for their contribution over the year to delivering the Cabinet Secretary's priorities including waiting times improvement; investment in mental health; and achieving greater progress and pace in the integration of Health and Social Care.

In responding to your AOP, I would like to take the opportunity to reinforce the importance of adopting a whole system approach to implementation. This will necessitate a clear focus on interagency and integrated working with your key partners and stakeholders across the health and care system, always maintaining the primacy of patient safety as an underpinning principle.

We recognise that this is essentially a one year plan, focusing on 2019/20 at this stage. For next year, we will want to move to align the AOP with the three year planning horizon set out in the Medium Term Financial Framework to ensure that we have clear visibility of the significant change processes that are underway across the system and to ensure that AOPs fully support and reflect the service reform agenda. We will be in touch with you over the next few months to take forward this development process.

For this year, however, I am satisfied that your plan meets our requirements and on that basis I am content to approve your final AOP for 2019/20. Notwithstanding the fact that I am content to agree your AOP, I would be grateful if you could note the specific points raised in the paragraphs below and take appropriate action.

Within your financial plan, you have set out your intention to deliver a breakeven position in 2019/20 and highlighted the associated scale of challenge facing the Board.

We expect the Board to deliver a breakeven position, and note the work being undertaken by the Board to further develop the financial plan. We would therefore ask that, following the first quarter of this financial year, a further substantive update is provided. This update should include revised financial forecasts, an update on risks and opportunities, and progress in developing savings plans.

1. Elective Waiting Times

Delivery of the agreed waiting times trajectories for outpatients and inpatients/daycases by March 2020 needs to be a key focus. We will be agreeing quarterly trajectories with you shortly that will work towards the March 2020 position of no outpatients and no inpatients/daycases waiting more than twelve weeks. This will be continually monitored throughout the year and any deviation from the quarterly trajectories should be addressed immediately by your Board, with appropriate action taken to secure delivery for March 2020.

With regard to your Board's financial allocation to support improvements in Elective Waiting Times, the agreed £0.5 million funding will be released immediately. This funding is conditional upon the achievement of performance at or around the agreed trajectory and any funding that is not used for the agreed purpose is liable for repayment. This arrangement is separate from any additional second tranche of funding which may be allocated over the next few months.

You will receive a separate letter in due course, itemising the breakdown of this funding within the total of £0.5 million. If you have any immediate queries on either agreed trajectories or associated funding, Gordon Frame (Gordon.Frame@gov.scot) is available to help in the first instance. You should note that any funding which is not used for the agreed purpose is liable for repayment.

The existing cross boundary flow charging arrangements remain extant. Work carried out in tertiary centres will be subject to normal arrangements between Boards, as per previous years.

2. Cancer Waiting Times

NHS Orkney's focus on cancer and ambition to improve waiting times performance has been noted through receipt of the AOP. The Waiting Times Improvement Plan includes an ambitious aim to achieve the 62 day cancer waiting times (CWT) standard across NHSScotland by spring 2021. Ensuring full adoption of the Effective Cancer Management Framework, dissemination of the Scottish Cancer Referral Guidelines, clearing the backlog and treating those waiting longest while enhancing pathways are key areas of focus nationally to ensure the 62 day standard is met by spring 2021.

We expect Boards to work towards and deliver against the 31 day and 62 day cancer standards and the Cancer Access Team will continue to work closely with your Cancer Management Team to monitor progress.

3. **Unscheduled Care Waiting Times**

All NHS Boards are expected to deliver the 4 hour A&E Target of 95% - working towards the 98% standard to ensure that patients receive the most appropriate assessment, treatment, support and services at the right time, in the right place by the right person. You have outlined your intention to work towards delivering of the 4 hour Emergency Access Standard of 98% across your core site, albeit recognising the impact of smaller numbers on variation due to weather, transport etc. The AOP has described the improvements and priorities that the NHS Board will focus on in 2019/20 to deliver this performance.

It was unfortunate that you were unable to participate in the peer review sessions at the Learning Workshop on 21 May 2019 and we hope to provide an opportunity for further sharing in the near future. As previously discussed progress will be monitored through the monthly Programme Management Action Plan process. Utilising the funded improvement capacity to deliver your initiatives is expected to further understand the data and information required to implement the 6 Essential Actions including; a robust escalation policy to reduce crowding and exit block; balancing capacity and demand through timely in-patient discharge across 7 days to eliminate boarding; and work closely with Integration Authorities to reduce unnecessary attendances and to reduce length of stay.

4. **Integration**

Delivery of your objectives will require the pace and effectiveness of integration to increase. As stated in the letter from John Connaghan and Richard McCallum of 25 February, and in line with the proposals from the review of integration, delegated hospital budgets and set aside requirements must be fully implemented.

There is much work underway in each local system, including your own, on delivering the review's proposals and we are grateful for your continued contribution to this. Collaborative leadership across NHS Boards, Local Authorities and Integration Authorities, which empowers and supports IJBs to deliver on their statutory duties and improve outcomes for citizens, is a key priority of the Cabinet Secretary. We recognise the challenges and the opportunities of getting integration fully embedded, and look forward to your continued support in making a success of integration.

We encourage the Board to continue to work in partnership with its Integration Authority partner to maintain the focus on delayed discharge, through the development of community based prevention and support services.

5. **Mental Health**

Our ten-year Mental Health Strategy set out our ambition to build a world-class mental health system that works for everyone, and which is centred on a whole-system approach. This will be enabled through partnership working that brings together people using mental health services and their families, with mental health workforce, and delivery partners across the public and third sectors. We know that specialist services for people with mental health issues need to improve, and it is important that our ambitious mental health treatment targets are delivered and sustained by all NHS Boards across Scotland.

We welcome the trajectories to meet the standard for 90% of CAMHS and Psychological Therapies patients to begin treatment within 18 weeks of referral; and for mental health presentations to EDs to meet the 95 % standard, by December 2020. We look forward to

working with the Board over the coming year as the actions set out in the AOP are implemented and we will be closely monitoring progress towards the standards.

6. Primary Care

As one of the four signatories to the Memorandum of Understanding (MoU) supporting implementation of the 2018 General Medical Services Contract, NHS Boards are expected to work with Integration Authorities to deliver service redesign as set out within in the MoU.

NHS Boards have a key role to play in implementing this redesign as they provide many of the enablers required to deliver primary care redesign, including workforce planning and infrastructure.

Your Annual Operating Plan set out how your Board will work with Integration Authorities to deliver primary care redesign, and I expect this to be reflected in the second iterations of your local Primary Care Improvement Plan which are currently being drafted and locally agreed.

It is also important for NHS Boards to ensure that, during this period of reform, current primary care services remain safe and sustainable, both in and out of hours. This will continue to be monitored throughout the year and picked up through the Annual Review process as appropriate.

7. Healthcare Associated Infection

Scotland has made significant improvements over the last decade in terms of reducing overall hospital infection rates. Despite this progress, reducing Healthcare Associated Infections (HCAIs) and containing Antimicrobial Resistance (AMR) remains a constant challenge and a key priority for the Scottish Government.

Prevention of infection has a key role to play. As Boards are aware, the National Infection Prevention and Control Manual (NIPCM) is mandatory for NHS Scotland and considered best practice in all other care settings. It ensures that the assessment, reporting and escalation of infection outbreaks and incidents is robust. It is therefore expected that the NIPCM is fully embedded and implemented in all infection prevention and control practices and procedures and that boards are assuring staff compliance with the NIPCM, using a quality improvement approach.

There has recently been a heightened focus on the risk of infection posed by the built healthcare environment and there are lessons to be learned following HCAI incidents and outbreaks over the past 12 months. On 8 March, the DG Health and Social Care (DGHSC) and Chief Executive of NHS Scotland wrote to NHS Board Chairs requesting confirmation that all relevant aspects of the requirements and recommendations contained in the report published by Healthcare Improvement Scotland, following the unannounced inspection of the Queen Elizabeth University Hospital, are implemented as standard practice.

We therefore ask that you ensure these requirements and recommendations are implemented and that any further findings and learnings are incorporated into your plans going forward; with particular focus on new builds and refurbishment of existing builds and compliance with the relevant Health Technical Memoranda issued by Health Facilities Scotland.

In addition to this, following the publication of the UK's five-year national action plan on AMR, the HCAI standards and indicators for NHSScotland are in the process of being updated to reflect the changing epidemiology of HCAI and the continuing rise in AMR.

8. Finance

As Accountable Officer, you have a responsibility for ensuring that the resources of your Board are used economically, efficiently and effectively. At the Annual Operational Plan meeting we discussed your plans to deliver breakeven over the three year period in line with the requirements of the planning and performance cycle. Successful delivery of your efficiency saving programme will be a key element of delivering breakeven in 2019/20. We expect the Board will take the necessary steps in 2019/20 to address the identified cost pressures arising from additional locum staffing. I note that your revenue outturn is reliant on a proposed capital to revenue transfer of £3.4 million relating to the Balfour Replacement Project, but the accounting treatment is still being discussed and agreed with Health Finance.

In view of this, following the first quarter of the financial year, we will require an update on the financial position, including progress in the identification and delivery of savings and the capital to revenue transfer. We will further discuss the specifics of what is required, including timescales, with your Director of Finance.

As previously stated, the finalised and signed off AOP will be used as the basis for engagement with the Board over the coming year, and we look forward to working with you to deliver on-going improvement of safe and accessible treatment and care.

If you have any questions about this letter, please contact Yvonne Summers in the Performance and Delivery Directorate in the first instance (Yvonne.summers@gov.scot)

Yours sincerely



Malcolm Wright
Director General for Health & Social Care and Chief Executive of NHSScotland