

OFFICIAL



Delivery Plan Guidance

- **2023/24 Annual Delivery Plan**
- **2023/26 Medium Term Plan**

February 2023

CONTENTS

| | |
|--|-----------|
| Introduction | 3 |
| 1. Purpose of the NHS Scotland Delivery Plan Guidance | 5 |
| 2. Strategic Context | 7 |
| 3. Planning context..... | 12 |
| 4. Approach to planning and delivery | 14 |
| Annual Delivery Plan Guidance..... | 20 |
| 2023/24 Annual Delivery Plan | 21 |
| Medium Term Planning Guidance | 35 |
| Glossary..... | 43 |

Introduction

Thank you

Thank you, and your teams, for your continued extraordinary efforts on behalf of patients across Scotland – particularly over the past months as we have managed a challenging winter. There is no doubt it has been an incredibly hard few years for everyone working in the NHS and across the health and care system. We have faced extraordinary pressures caused by the combination of Covid, Flu, Strep A and other respiratory diseases, alongside pressures in social care, which have arguably led to tougher conditions than the first years of the pandemic.

We have seen benefits from the Redesign Urgent Care programme that have resulted in A&E attendances being maintained at levels lower than pre-pandemic and reduced the number of two-year waits for planned care. We have also seen the importance of the ongoing need to balance the delivery of safe and timely care with complex infection prevention and control precautions. Capitalising on the learning from this year, there is work to do now to ensure that we can improve our resilience for winter 23/24 and maximise our capacity to not only tackle long waits but also reduce the number of people waiting.

To support this ongoing improvement and resilience, we are moving to the next phase of our [Remobilisation, Recovery & Redesign](#) work and will focus on 'recovery and renewal'. In doing so, we have developed 10 *recovery drivers* that span across the work of NHS Scotland. Concurrently, we continue planning work for longer term redesign/renewal and transformation of services, which will seek to position ourselves for sustainable delivery of healthcare that also improves population health and reduces health inequalities. As part of this, over the course of this year, we will consider the approach to commissioning of longer-term plans.

2023/24 PLANNING OBJECTIVES

- **Make rapid improvements in capacity and sustainability to support system performance through 2023 and in preparation for winter 2023/24**
- **Make progress in delivering the key ambitions in the NHS Recovery Plan**
- **Continue innovating and transforming the NHS for the future.**

We have worked across policy teams to bring a single set of requirements to provide Boards the framework for the development of Annual Delivery Plans as we continue our path in recovery and takes us into the renewal phase. In addition, it provides information for Medium Term Plans, including priority areas and additional guidance on national programmes and new policy requirements.

Figure 1 outlines the overlay of our overarching planning priorities across the three years, with the 2023/24 objectives. This year will provide the first steps towards the reset of Medium Term Plans (MTP) and Boards should take the opportunity to set their annual plans within a medium-term context, consistent with, and not losing sight of, their longer-term ambitions.

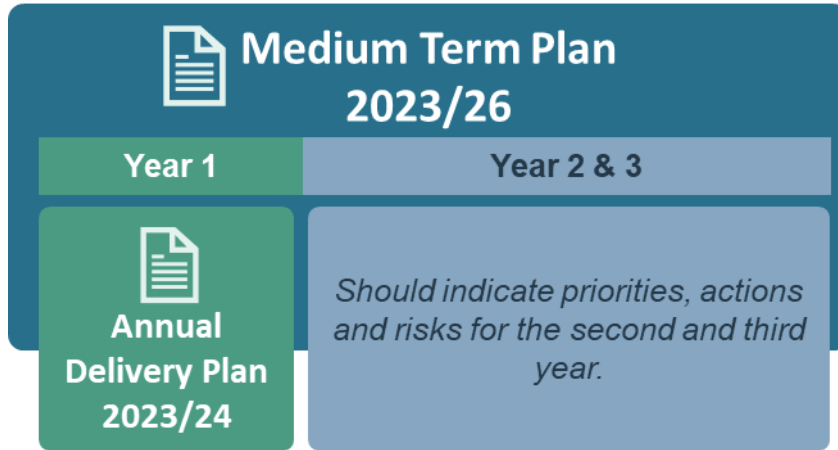


Figure 1


In addition, the letter of 15 December from Richard McCallum, Director of Health Finance, confirmed the intention to provide early indication of allocations and to align this to this planning guidance.

It is essential that we work collectively to move forward from the volatility of the last 3 years. To support this, we will establish an *NHS Scotland Delivery Group* to manage progress and address barriers to delivery and improvement.

We are very much at a critical time as we seek to manage demand and pressures facing us right now, and our longer-term plans for improving population health and reducing health inequalities. We look forward to continuing to work with you as we plan and deliver the highest possible quality of care for patients, improve the experience of our staff and the best possible value for citizens.

Caroline Lamb
 Chief Executive NHS Scotland &
 Director-General Health & Social Care

John Burns
 Chief Operating Officer NHS Scotland

| | <u>Return dates</u> |
|--|---------------------|
|  Annual Delivery Plan (ADP) | 8 June 2023 |
| Medium Term Plan (MTP) | 7 July 2023 |

1. Purpose of the NHS Scotland Delivery Plan Guidance

To support a more integrated and coherent approach to planning and delivery of health and care services, we have developed the **NHS Scotland Delivery Plan Guidance** (referred to hereon in as *The Guidance*) that sets out prioritised high-level deliverables and intended outcomes to guide detailed local, regional and national planning, and inform improvement work.

The Guidance has taken account of valuable contributions from NHS colleagues, including BCEs and Directors of Planning (local, regional and national) over the past few months. It was identified the need for greater clarity on planning expectations for priority areas and streamlining of the planning process, with greater emphasis on continuous / joined up planning.

It reflects the first steps of how we will move to a greater level of coordination across NHS Scotland in our planning framework as we focus on delivery of services based on population need. We will consider how each of the component parts of NHS Scotland support Boards and partners in planning and delivering services to meet population needs. Figure 2 provides a summary of the main components of the planning framework.

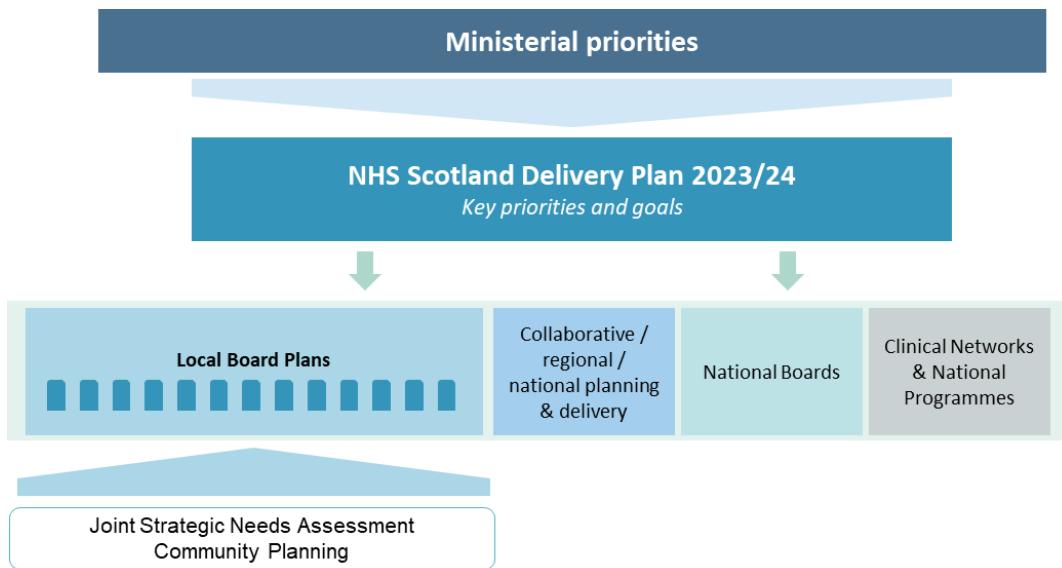


Figure 2

This constitutes the strategic ‘commission’ for Boards’ own operational plans and is accompanied by detailed guidance for territorial boards which reflects policy priorities, and bespoke guidance to follow for national Boards.

GOVERNANCE AND REPORTING FOR DELIVERY

At a local level

- Boards are accountable for the monitoring of their plans, and managing associated risks, ensuring arrangements for scrutiny and assurance regarding planning arrangements within the Board.
- Boards will provide Scottish Government with quarterly updates.
- At regular intervals Ministers will want to discuss progress with Chairs/Vice Chairs.
- Officials will discuss progress against the ADP and variations from plans through executive management mechanisms: twice-a-year joint Executive Team meetings.
- Plans must have Board/Committee approval prior to submission to Scottish Government.

At a national level

In 2023/24 we will progress a refreshed *NHS Delivery and Outcomes Framework* in collaboration with Boards; this is the first phase of outcome development.

To oversee the delivery plan, we will establish the **NHS Scotland Delivery Group** to manage progress and seek to address any barriers to delivery and improvement. The *NHS Scotland Delivery Group* will have representatives from Board Chief Executives, Board Chairs, Medical Directors, Directors of Public Health, NMAHP colleagues, Chief Officers and Directors of Finance, Planning and Workforce, as well as digital colleagues.

2. Strategic Context

There are a number of strategic level programmes contributing to the planning guidance.

2.1 Care and Wellbeing Portfolio

Our overall aim, in line with the National Performance Framework, is to improve the health and wellbeing of everyone in Scotland with a particular focus on ensuring that is done equitably. The Portfolio brings together key initiatives to improve population health and reduce health inequalities, with health and social care and wider public sector service reform. The Portfolio will be further reflected in the NHS Scotland Delivery Plan as they move to implementation.

The immediate components of the Care and Wellbeing Portfolio reflected within the NHS Scotland Delivery Plan are:

| Programme | Overview |
|--|--|
| Anchor Organisations <i>Place & Wellbeing</i> | NHS Boards and HSCPs can increase their contribution to primary prevention by becoming exemplar Anchor Institutions. As large employers across Scotland, health and social care organisations have a role to redirect wealth back into their local community to help address the wider determinants of health inequalities. The Anchors workstream supports local health and social care bodies operate as effective anchor institutions, to fully embed and progress anchors activity across the boards, and to support and catalyse action for partners. |
| Getting It Right For Everyone (GIRFE) <i>Preventative & Proactive Care (PPC)</i> | GIRFE is a multi-agency approach of support and services from young adulthood to end of life care. It is currently being developed in local areas, with practitioners and with the people the initiative is designed to benefit, to understand how it will be implemented in different contexts. There are 11 GIRFE place-based pathfinders, representing 11 Health and Social Care Partnerships, which are aligned to five thematic areas: <i>People in Prison; People in Addiction service; People registered at Deep end GP Practice; Families with multiple and/or complex needs; and young people in transition from GIRFEC (Getting It Right For Every Child) to GIRFE; Older people and frailty.</i> |
| Preventative & Proactive Care within Primary Care <i>Preventative & Proactive Care (PPC)</i> | Areas within primary care are focusing on their impact within the preventative and proactive space – e.g., ongoing expansion and enhanced ways of working from the MDTs; the potential within Community Treatment and Care services (CTAC), shifting more care to community settings such as community glaucoma care. Future work includes a focus on health inequalities; supporting those with unmet needs and experiencing multiple disadvantages. |
| Waiting Well <i>Preventative & Proactive Care (PPC)</i> | Work is underway on a framework for support for those waiting for health and social care intervention with the goals of ensuring that people's health and wellbeing does not deteriorate. |

2.2 Renewal & Transformation

We are observing an increase in acuity of need of those who are admitted through emergency pathways; over the next 20 years the demographic trend is towards an ageing population, with a continuing shift in the pattern of disease towards long-term conditions, and growing number of older people with multiple conditions and

complex needs. The pressures of age and disease burden, and the imperative to address health inequalities, will place increasing challenges on the capacity and financial sustainability of our health and care services. We must evolve the way we plan and deliver services across health and social care, in addition to wider public services and planned action on tackling health determinants.

As we progress the Recovery & Renewal phase of the RRR framework, we will concurrently develop the 'redesign' work; this will translate the strategic direction set out in multiple reports dating back to 2010 into a 'transformation framework'. The framework will seek to identify critical areas of change that will support the health service, taking into consideration the changing demographics of the population, prevention and early-intervention, how people want to access services, how we incorporate Children's Rights into planning and urgent need to lead on sustainable workforce and resources.

The critical factors in the framework will be further developed with clinicians, professionals, the public and health experts. These factors include:

- **Delivery of support services around individuals in their communities**
- **Planning service networks to deliver on population needs**
- **Working in an integrated way across the whole health and care system**
- **Develop world-class safe and sustainable model of care**
- **Driving digital transformation to support improved outcomes and new models of care**
- **Embed research and innovation into the planning cycle.**
- **Addressing health inequalities in how we design and deliver services**
- **An approach that shifts our focus to preventative and proactive care.**

The transformation framework will sit alongside the Care & Wellbeing Programmes to bring together work on health and social care reform with work to improve population health and reduce health inequalities.

This must mean more than just alignment. To ensure that the NHS maximises its contribution to improving population health and reducing health inequalities that contribution needs to cover all aspects of NHS delivery and not just those services that are traditionally associated with, for instance, health improvement. For all services we need to be looking at equity of access and outcomes and taking appropriate steps to improve both. That should include in particular those in every community that experience the very poorest outcomes, for example, those who have experienced the care system, people who use drugs, people in custody, people from minority ethnic communities and so on. In addition, in relation to wider prevention, NHS services must act in partnership based on a joint assessment of need and be holding each other to account for delivering improvements in places and for different communities.

2.3 Digital Health & Care Delivery Plan

Our aim to harness the power of digital services and technology within our healthcare services continues with the publication of *Care in the Digital Age: Delivery Plan 2022-23*, with a 2023-24 Plan following in April. To accelerate digital transformation, we will develop our understanding of collective capabilities and capacity in digital services, with Boards expected to participate in a forthcoming Organisational Digital Maturity Exercise to influence medium term planning

priorities. Health Boards should continue to ensure resources are available locally to support the delivery of national priorities and programmes, which are detailed within the Medium-Term Plan guidance.

For the first time we are introducing a Data Strategy for Health and Social Care to help make better use of the data we have, to improve access to the data we hold, and to ensure a strong focus on addressing known gaps and weaknesses in how we collect, share and analyse data to improve health outcomes – in a secure, transparent and ethical manner.

2.4 Innovation Adoption

The Accelerated National Innovation Adoption (ANIA) Pathway brings together expertise from across NHS Scotland, academia and industry to accelerate the adoption of technological innovations which will help renew and transform our healthcare services. Using this approach to work collaboratively enables us to fast-track the adoption of proven technological innovations across NHS Scotland.

The ANIA Pathway is the key mechanism for adoption of innovation for a small number of high impact innovations. The ANIA Collaborative ensure a value case for investment is presented to the CfSD Strategy Board and the Care and Wellbeing Portfolio. ANIA Collaborative, which includes the national Centre for Sustainable Delivery, Digital Health and Care Scotland, Healthcare Improvement Scotland, NHS Education for Scotland, NHS National Services Scotland, Public Health Scotland and the Scottish Health and Industry Partnership.

2.5 Climate Emergency & Sustainability

The World Health Organisation recognises that climate change is the single biggest health threat facing humanity. Health organisations have a duty to cut their greenhouse gas emissions, the cause of climate change, and influence wider society to take the action needed to both limit climate change and adapt to its impacts.

In response to this challenge, NHS Scotland is aiming to become a climate resilient and low carbon health system; we have a net-zero target of 2040. We will provide environmentally sustainable healthcare and contribute to tackling the ecological emergency and restoring biodiversity.

2.6 National Care Service and Social Care Priorities

NHS renewal and transformation will be developed alongside the National Care Service to maximise *integration* of public services in a way that best delivers for people. This transformation presents an opportunity to improve whole-system planning and integration to collectively meet future demand.

Within this phase of recovery and renewal, we continue to work with social care colleagues on the improvement of health and social care services. Work is underway to ensure access and analysis of relevant health and social care data at a both local and national level. Alongside developing enhanced modelling work to understand demand and capacity requirements across health and social care and the interdependencies within our systems. We anticipate that the delivery plans are developed in a complementary way, with clear reference to IJB Strategic Plans and priorities, with reference to sustainability and workforce plans. The delivery

plans should demonstrate local partnership working across IJBs and Local Authority Partners, as well as joint deliverables.

2.7 Getting It Right For Every Child (GIRFEC)

[Getting It Right For Every Child](#) (GIRFEC) principles and values should underpin all services. GIRFEC is the Scottish Government's commitment to provide all children, young people and their families with the right support at the right time. With the United Nations Convention on the Rights of the Child (UNCRC) as its foundation, it provides an evidence-based consistent framework and shared language for promoting, supporting, and safeguarding the wellbeing of all children.

All aspects of strategic planning and delivery of local services for babies, children and young people should use the GIRFEC approach to ensure that their needs and rights are respected and fully considered, in the context of the adults around them.

2.8 Value Based Health and Care

In an environment where there is a pressing need to optimise the use of our precious healthcare resources, we must focus on delivering better value care. Value is about achieving the outcomes that matter to individuals and better value for our healthcare system. To achieve this, it is critical that consideration is given to the specific needs and wishes of a patients, alongside clinical judgement and available evidence to support decision making and delivery of person-centred care. By focusing on delivering value-based health and care, we can reduce waste and potential harm caused by overtreatment and redirect those resources to treatment and care that will provide better value.

Practising Realistic Medicine can enable delivery of the ten NHS Scotland Recovery & Renewal Priorities. [Delivering value-based health and care: a Vision for Scotland](#), was published on 14 December 2022. This sets out some of the challenges the system is facing and how practising Realistic Medicine can deliver a more sustainable system.

2.9 Health for Women

Women's Health is a key priority for Scottish Government which is why Scotland was the first country in the UK to publish a Women's Health Plan (August 2021). The Plan sets out actions to

- address women's health inequalities by raising awareness around women's health
- improve access to health care for women across their lives
- reduce inequalities in health outcomes for women and girls.

Healthcare services must be responsive and adaptive to the individual needs to women, including during pregnancy, with practitioners adequately trained to be able to help women, particularly those who have been affected by trauma or adversity.

In addition, Scottish Government continues its commitment to the implementation of the recommendations of the Best Start: A Five-Year Forward Plan for Maternity and Neonatal Care, published in 2017, to improve maternity and neonatal services across Scotland.

2.10 Clinical Priorities

More people are living with long-term conditions such as cardiovascular disease, neurological conditions, chronic respiratory conditions and diabetes, as captured in the Scottish Burden of Disease data. Each of these conditions requires ongoing treatment and care. In renewing our health and care services we need to ensure that the combined effect of millions of individual care encounters for people with long term conditions are consistently person-centred, clinically effective and safe, for every person, all the time.

We deliver work to improve healthcare, services and experiences, through national strategies, frameworks and development of consistent national guidance. We work collaboratively with NHS partners and external stakeholders, including lived experience and the third sector. We engage to inform and deliver the Government's priorities for these conditions through the application of evidence and by listening to experts, including those with lived experience. Improvements delivered are measured through informed use of data.

3. Planning context

3.1 From Remobilisation to Recovery

The [Re-mobilise, Recover, Re-design Framework](#) (RRR) was published on 31 May 2020, and set out the approach for Health Boards to safely and gradually prioritise the resumption of paused services. This NHS Scotland Delivery Plan, and the associated approach to planning supports the **transition from recovery into a renewal phase** of our health and care services.

The **Recovery and Renewal** phase will focus on driving delivery at pace, of existing work across NHS Scotland over the next 12-18 months. An early and urgent focus will be on measures that can be taken to make rapid improvements to capacity and sustainability to support system performance through 2023/24. The Recovery & Renewal phase has 10 Drivers of Recovery, outlined below, which will form the planning focus for the Medium-Term Plan and the Annual Delivery Plan.

3.2 Recovery & Renewal: The 10 Drivers of Recovery

| | |
|----|---|
| 1 | Improved access to primary and community care to enable earlier intervention and more care to be delivered in the community |
| 2 | Urgent & Unscheduled Care - Provide the Right Care, in the Right Place, at the right time through early consultation, advice and access to alternative pathways, protecting inpatient capacity for those in greatest need |
| 3 | Improve the delivery of mental health support and services |
| 4 | Recovering and improving the delivery of planned care |
| 5 | Delivering the National Cancer Action Plan (Spring 2023-2026) |
| 6 | Enhance planning and delivery of the approach to health inequalities |
| 7 | Fast track the national adoption of proven innovations which could have a transformative impact on efficiency and patient outcomes |
| 8 | Implementation of the Workforce Strategy |
| 9 | Optimise use of digital & data technologies in the design and delivery of health and care services for improved patient access |
| 10 | Climate Emergency and Environment |

3.3 Budget context and financial improvement

This Guidance acknowledges the complex environment in which Boards are operating and the challenges in meeting statutory financial targets and financial balance and sustainability. All Boards are expected to be engaging with the **Sustainability and Value** (S&V) programme, as they develop financial plans; reflecting this work to support delivery of recurring savings of a minimum of 3% per annum and productivity and related improvements in line with four aims of the S&V programme: *Optimising capacity within available resources* (Aim 1); *Being*

environmentally and socially sustainable (Aim 2); Making effective use of resources (Aim 3); and Delivering Better Value Care (Aim 4).

As we plan through our Annual Delivery and Medium-Term Plans for the service demand, quality and workforce requirements to deliver health to the Scottish population, we are equally required to deliver on our financial commitments. This will require us to look beyond the S&V Programme to consider broader options that will achieve the balance needed across NHS Scotland.

3.4 Workforce and Safe Staffing

Workforce is rightly the largest and most important area of investment in health service delivery. With significant ongoing pressures felt across health and social care, we will need to evolve our policy response to support both the sustainability and the resilience of the health workforce.

The strategic framework for supporting workforce reform is set out in the National Workforce Strategy for Health and Social Care. Three-year Strategic Workforce Plans, developed already by Health Boards and partners set out approaches to supply, training, development and service delivery challenges at a local level, across the five workforce pillars (Plan, Attract, Train, Employ, Nurture).

Our intention is to better align workforce planning and delivery planning as we go forward; to that end we will seek updates on the implementation of Board workforce plans via the Annual Delivery Plan, and in future seek an integrated workforce and service delivery plan.

The Health & Care (Staffing) (Scotland) Act 2019 (HCSSA) will come into effect from 1st April 2024. The HCSSA makes provision about staffing in health and care services and aims to enable high quality and improved outcomes for people using services by helping to ensure appropriate staffing.

Annual reports will require to be submitted on compliance with the Act, including any severe and recurrent risks and high-cost agency use. Scottish Ministers will then report on the impact and outcomes to Parliament, with the data helping to inform local and national workforce planning and national policies.

Who does the Act affect?

The Act places a duty on Boards to ensure appropriate staffing. This means ensuring both appropriate numbers of staff and appropriate types of professions - all clinical staff, including staff who provide clinical advice, are subject to the duties within the Act. This includes allied health professionals, ambulance services; dentistry; doctors; healthcare scientists, nursing and midwifery; optometry; pharmacy, psychology and healthcare support workers. A draft list of roles has been developed for further clarity.

The Act also places a duty on those who provide care. Care services operate differently to healthcare and, in this environment, all staff involved in the care of the person using the service are included. For example, nursing and care staff, housekeeping, catering, drivers, maintenance and those supporting social activities and engagement in the community.

4. Approach to planning and delivery

The approach to development of Annual Delivery and Medium-Term Plans

The Planning and Delivery Cycle, outlined at Figure 3, summarises the ongoing collaborative process between Scottish Government and Boards. Greater coherence in an overarching plan reduces the number of in-year disruptions within planning; in the future this will allow for greater focus on resource and financial planning.

Through performance reporting there will be greater feedback loops back into policy areas, and in turn help refine the subsequent *Guidance*. This responsive planning cycle will mature year-on-year to improve our planning and delivery of priorities. In addition, national improvement support, through CfSD and HIS improvement teams, will work with Boards to develop their planning assumptions and intelligence, based on whole-system capacity and capability insight.

The Planning and Delivery Cycle

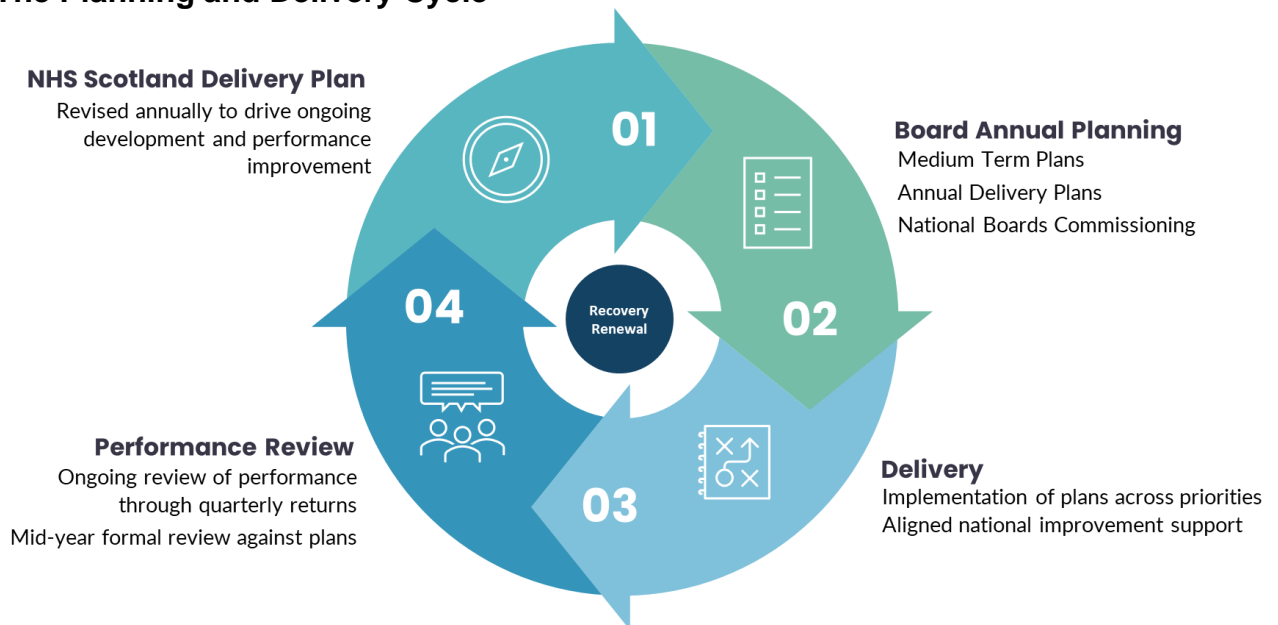


Figure 3

The approach for 2023/24 is a first step in an iterative process that will continue to develop year-on-year, as we seek to develop a more coherent and integrated approach to planning and delivery of services.

Future developments of delivery planning guidance

The Guidance sets out national goals to guide local, regional and national planning, plus inform and align improvement work. This is the first year of *The Guidance* and we will seek to further develop and enhance this approach, in collaboration with colleagues in the NHS and in social care. Figure 4 sets out a summary of the process of the emerging NHS Scotland Planning Framework that seeks to provide alignment and synergy across policy, planning and delivery with greater planning coherence nationally, regionally and locally.

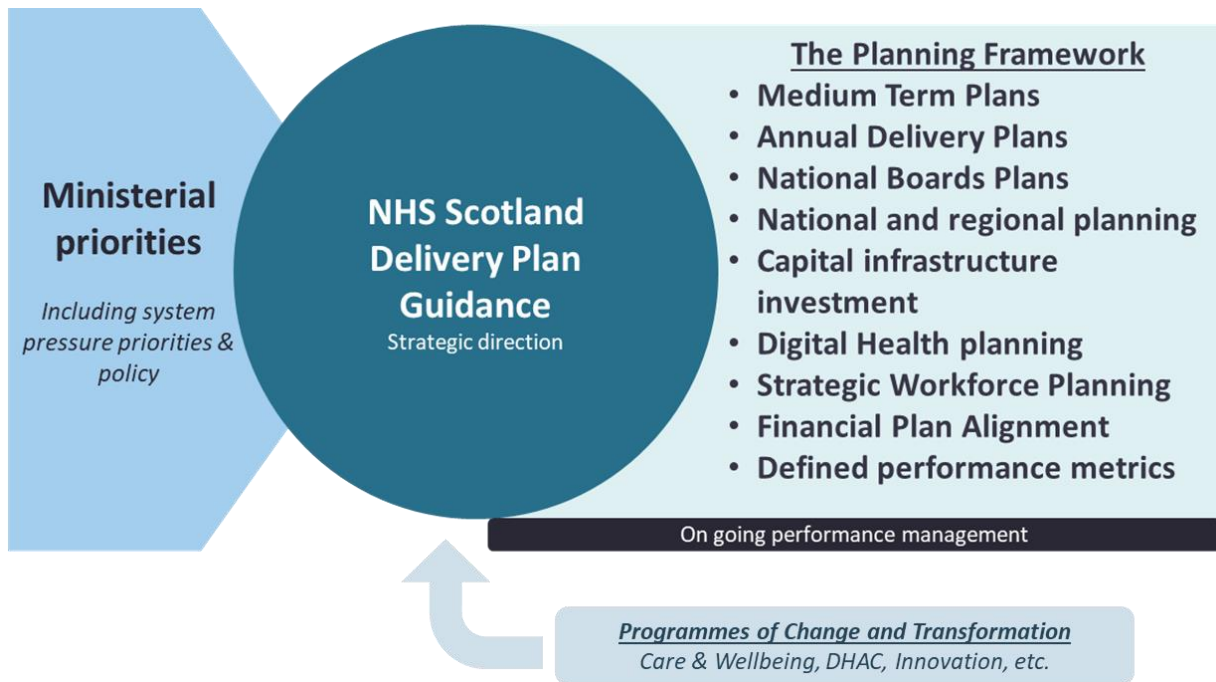


Figure 4

Key components of the NHS Scotland Planning Framework

The table below sets out a summary of the approach we are seeking to implement.

| Component | Proposed approach |
|--|--|
| Local (Territorial) Boards | <ul style="list-style-type: none"> • Delivery Plans, and reporting, are meaningful and reflect delivery against both national priorities and local population needs. • As we move forward, we will explore how we will join up to ensure clear accountability and alignment with local population needs, IA Strategic Plans and community planning partnerships. • Local Board planning will include identification of areas of service which require regional or national, planning or delivery. |
| National Boards | <ul style="list-style-type: none"> • Move from discrete to more collaborative commissioning between National Board Sponsors, with enhanced co-ordination of commissioning to ensure a coherent set of delivery plans that support the drivers for change across NHS Scotland. |
| Regional & National planning (wider national planning, including but not specifically specialist services) | <ul style="list-style-type: none"> • Regional / National plans are constructed from population needs and systematically identify services / aspects of service which would add value by being planned or delivered at regional level. • Although the model might vary across regions, we will identify a framework which will support assessment of what is best planned and/or delivered collaboratively. • Coherent working between national and local levels of planning and delivery. To support this, we will use the principles set out in the National Clinical Strategy (2016) and subsequently used in Regional Delivery planning, to Identify baskets of work that need to be regional, and baskets that need to be national. |
| National Programmes /Networks | <ul style="list-style-type: none"> • A clear understanding of the role of national specialist planning in the planning and delivery of services to our population. • Alignment and clarity of the role of Strategic Networks in developing delivery models. |

| | |
|--|---|
| | <ul style="list-style-type: none"> • Refreshed guidance for Managed Clinical Networks aligning with the Strategic Networks delivery model. • Clear governance of specialist planning, refining the role of the National Planning Board and NSSC following proposals last year. • Inclusion of national digital programmes such as CHI, GP IT, Connect Me, Near Me, eRostering, LIMS, HEPMA, M365, Endoscopy Reporting system, Diagnostics (PACS) • Compliance with Refreshed Public Sector Cyber Resilience Framework |
| Alignment with workforce and resource | <ul style="list-style-type: none"> • Better align workforce planning and delivery planning and ultimately moving to an integrated workforce, service and financial plan, including coherent planning timeline. • Plans that align work to deliver specific efficiency savings and improve activity and improve outcomes within allocated resources. |

Actions to achieve more coherent planning

Delivering sustainable, resilient, accessible and efficient services for the population of Scotland can only be achieved by a significant change in the way we plan, organise, deliver and fund services. Cross boundary approaches will become a more substantive and important part of what we need to do and will challenge some aspects of the way we currently do business. Boards will be expected to engage closely with this endeavour and establish ways of working which will see significant progress on cross boundary working in the short and medium term, reflecting this work in Annual Delivery and Medium-Term Plans.

To deliver a collaborative approach to further development of the various components of our Planning Framework, we will establish a number of **Short-Life Working Groups** (SLWG), with the aim of reporting recommendations to an NHS Scotland Delivery Group by summer 2023. Membership will reflect the various areas of planning and seek to have a diverse representation and the recommendations from the SLWGs will inform next steps for strategic planning and delivery at a national, regional and local level.

1. Local Planning

Establish a Short-Life Working Group (SLWG) to explore how to most appropriately include Integration Authorities within local Delivery Plans, reflecting the nature of local accountability and also the duty to collaborate. This SLWG will also consider an expanded approach to prevention that applies to all areas of healthcare and alignment with community planning and local population health needs.

2. National and regional planning and delivery

Establish a SLWG to develop recommendations to enhance national planning and more effective alignment with National Programmes (Clinical and Digital/eHealth) and Strategic Networks.

The Group will also develop recommendations to consider the role of regional planning in support of more collaborative planning across Scotland and include recommendations for future of the NPB and review extant regional planning HDL's and update following agreement on planning/delivery requirements at regional level.

3. Strategic Planning Group

Establishment of Strategic Planning Group to consider recommendations from each of the four SLWGs. It will also consider a more integrated planning cycle – **which will determine future planning timelines** - and framework against which we plan and deliver services and integrate planning for workforce, finance, capital investment and service planning.

Alignment with financial allocations

We are currently undergoing a review of in-year allocations to baseline allocations where possible or bundle smaller allocations into a bigger 'performance bundle' to allow greater flexibility. This should allow more agile planning across services with greater certainty on resources. To support this further, Scottish Government will align more closely the financial planning cycle, including reinstatement of the Medium-Term Financial Framework with the MDT and ADP process. The ambition here will be to align annual and longer-term planning with workforce strategy and financial plans.

Alignment with workforce planning

The strategic framework for supporting workforce reform is set out in the National Workforce Strategy for Health and Social Care. Your existing three-year Strategic Workforce Plans should set out how you are approaching supply, training, development and service delivery challenges at a local level, across the five pillars of the workforce journey (Plan, Attract, Train, Employ, Nurture).

Our intention is to better integrate workforce planning and delivery planning as we go forward, to that end we will seek updates on the implementation of board workforce plans via the annual delivery plan, and in future seek an integrated workforce and service delivery plan. In support of this, there will be a broadening of the workforce data to include information on job roles across the service, to enable a closer integration of workforce planning with delivery planning, and closely linked to financial planning. To that end we will seek to implement improvement in the existing national workforce data holding, as set out in the Action Plan to the National Workforce Strategy.

Creating the conditions for success

The Guidance identifies the need to recover, renew and transform the way we work and how we work together to develop, design and deliver the supports, services and systems required. To do so, we must maximise the improvement expertise we have across NHS Scotland alongside our national improvement teams in HIS and CfSD.

There has been significant investment in developing quality improvement (QI) and leadership skills across the NHS Scotland workforce, and across NHS Scotland nationally and locally there are a number of individuals who have significant expertise of and/or experience using QI, service change and portfolio programme management methodologies. We need to ensure that this significant resource is working on the national, regional and local priorities, emergent challenges and in service of sustainable gains in continuous improvement where it is needed.

At the same time, we have set out our intent for NHS Scotland to become a set of learning organisations. As an example, the National Urgent and Unscheduled Care Collaborative, which has many examples now of sharing best practice and creating local to national learning loops which are informing our future plans and policies. Through the Medium-Term Plans, we will look to support progression towards a learning organisation.



2023/24 Annual Delivery Plan 2023/2026 Medium Term Plan Guidance

February 2023

In 2023/24 we have three key tasks. Our immediate priority is to **recover our core services** and **continue to improve levels of productivity**. Second, as we recover, we need to make progress in delivering the key ambitions in The Recovery Plan. Third, we need to continue transforming our health services for the future.

Completion of return

Return Dates

Annual Delivery Plan deadline

8 June 2023

Medium Term Plan deadline

7 July 2023

This year will provide the first steps towards the reset of Medium Term Plans (MTP), providing Boards with the opportunity to set their annual plans within a medium-term context; to address the very current significant pressures and challenges being faced by Boards.

The three-year planning cycle enables Boards to clearly demonstrate what they are doing, in conjunction with their partners, to increase the pace and scale of change across the health and social care system, with the expectation that activity making greatest impact are positioned at the heart of Boards' medium term plans and associated transformation programmes.

The expectation is that for the first year (2023/24), planned actions and programmes of activity will be absolutely firm and aligned to budgets while accepting that, for future years, specific programmes of work may still be developing. However, the **ADPs are expected to make clear links between all actions or activities and the outcomes they are expected to deliver.**

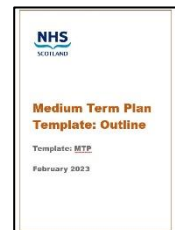
2023/24 Annual Delivery Plan

Boards are asked to develop their 2023/24 Annual Delivery Plan to cover the areas outlined in the ADP Guidance section, using the templates provided.



2023/26 Medium Term Plan

Boards are asked to develop their MTP using Template Outline. Please limit the MTP to no more than 40 pages; the outline provides an example layout however Boards can use their own format with each requested section clearly marked.



| Template | Plan | Format |
|----------|---|----------|
| ADP1 | Narrative response to ADP | MS Word |
| ADP2 | 23-24 Deliverables, Milestones, Risks, Progress Reporting | MS Excel |
| ADP3 | Service Sustainability response | MS Word |
| MTP | Narrative response to MTP | MS Word |



Annual Delivery Plan Guidance

Territorial Board Guidance February 2023

National Board Guidance will follow in March 2023

2023/24 Annual Delivery Plan

Boards are requested to develop their 2023/24 Annual Delivery Plans (ADPs) to reflect the following key areas, using the relevant template. The ADPs should also set out in detail how the Board will achieve and maintain the expected levels of operational performance, particularly with regard to waiting times – with specific detail and trajectories required in relation to the first year of the Plans.

| # | Area | Board actions | Template |
|---|---------------------------|--|--------------|
| A | Recovery drivers | Set out your approach to delivering the agreed ten national areas for recovery. This reflects all policy areas. ADPs must include clearly what will be delivered, by when and the expected impact. Where appropriate, trajectories are also required. <i>To note, these national areas are not exclusive, and Boards are expected to continue to recover and deliver all core services.</i> | ADP1 ADP2 |
| B | Finance & sustainability | Boards are asked to identify any risks and issues to delivery of the ADP, with reference to the need for financial balance and associated improvements through, for example, Sustainability and Value Programme. | ADP1 |
| C | Workforce | Boards are asked to include an update on the implementation of Board workforce plans. | ADP1 |
| D | Value Based Health & Care | Please outline work underway with your local Realistic Medicine Clinical Lead to deliver local RM Plans. | ADP1 |
| E | Integration | Boards are asked to demonstrate how the ADP has been developed with partner Integration Authorities. | ADP1 |
| F | Improvement programmes | Boards are asked to summarise improvement programmes that are underway, along with the expected impact and benefits of this activity. | ADP1 |
| G | Service sustainability | We are asking Boards to complete an initial assessment of services with sustainability / resilience issues, updating information provided in March 2022. This will begin to inform the shape of national, regional and local service planning and delivery, feeding into the proposed SLWG. Further guidance on this will be provided at information sessions planned with Directors of Planning over March & April. | ADP3 |

Drivers for Recovery

- 1 Primary & Community Care**
 Improve access to primary and community care to enable earlier intervention and more care to be delivered in the community

| No. | Board Action |
|-----|--|
| 1.1 | <p><i>Set out approach to extending and scale the multidisciplinary team preventative approach to support strategic aims of both delivering more care in the community and enhancing a focus on preventative care, with a view to testing the further development of Community Treatment and Care Services (CTACs) over the medium term.</i></p> <p>Within your response, set out what you will deliver in terms of the scaling of the MDT approach by quarter and set out expected impact in terms of increased activity, extended hours.</p> |
| 1.2 | Boards to set out their plans to deliver a sustainable Out of Hours service, utilising multi-disciplinary teams as referenced in the recommendations within the Sir Lewis Ritchie Review. |
| 1.3 | Build and optimise existing primary care capacity to align with existing and emerging mental health and wellbeing resources with primary care resource – with the aim of providing early access to community-based services. |
| 1.4 | <p><i>Analysis shows that the leading drivers of demand for urgent and unscheduled care are respiratory disease and CVD (for which diabetes is a major risk factor) and, for children, the way in which viruses are circulating in the population post-pandemic.</i></p> <p>In 2023/24, set out plans and approaches for the early detection and improved management of the key cardiovascular risk factor conditions: diabetes, high blood pressure and high cholesterol.</p> |
| 1.5 | <p>Frailty</p> <p>In parallel with the development of the national frailty programme, Boards are asked to outline the approach of primary care to frailty and particularly managing those at most risk of admission. This should include the approach to progressing plans for Care Homes to have regular MDTs with appropriate professionals.</p> |
| 1.6 | Increase capacity for providing in-hours routine and urgent dental care for unregistered and deregistered dental patients. Response should include quarterly trajectories for at least 2023/24. |
| 1.7 | <p>As part of the objective of delivering more services within the community, transition delivery of appropriate hospital-based eyecare into a primary care setting, starting with the phased introduction of a national Community Glaucoma Scheme Service.</p> <p>Within your response, please include forecast 2023/24 eyecare activity that will transition from hospital to primary care settings.</p> |
| 1.8 | Review the provision of IPC support available to Primary Care, including general practice and dental practice, and consider how these settings can be supported in the future, e.g., the use of peripatetic IPC practitioners. |

Scottish Government actions

- i. Work with the Primary Care Out of Hours Leadership Group to consider approaches for the transformation of Primary Care OOH and sharing best practice within the context of urgent primary care and wider NHS transformation.
- ii. During 2023/24, we will produce a future CTAC framework for consultation by Autumn 2023 and consider how this could be tested. We will also engage with NHS Boards to consider a structured approach using current partnerships linking in with NES, HIS and PHS to support growth, development, transition and consolidation.
- iii. During 2023/24, we are developing, with HIS, a national approach to integrated frailty pathway. This work will link with the related GIRFE pathfinders.
- iv. In General Dental Services, design and implement a payment reform programme that strengthens NHS dental provision in Scotland.
- v. Review of Scottish Government strategic approach to ensure effectiveness across the Primary Care system, aligning with objectives of Care and Wellbeing Portfolio.
- vi. To determine an appropriate model of care to implement a community hearing service.

Urgent & Unscheduled Care

Provide the Right Care, in the Right Place, at the right time through early consultation, advice and access to alternative pathways, protecting inpatient capacity for those in greatest need.

2

To note that the High Impact Changes progressed through the UUC Collaborative have been refined in the first four areas set out below. Although recognising that not all maternity and neonatal activity is unscheduled, the fifth area relates to planning and delivery of actions within your Best Start Programme.

| No | Board Action |
|--|---|
| Reducing Attendances: Phase 2 Redesign Urgent Care | |
| <i>Transforming the way in which people access urgent and unscheduled care, enabling patients to receive the right care at the right time.</i> | |
| 2.1 | Boards are asked to set out plans to progress from the De Minimis Flow Navigation Centre (FNC) model to further optimise. Plans should include: <ul style="list-style-type: none"> • Interface with NHS 24 in and out of hours • Mental health pathways • Development of new pathways for inclusion within FNC, including consideration of paediatric pathways. • Further reduce admissions by increasing professional to professional advice and guidance via FNCs, including access for SAS (Call before you convey) • Further develop public messaging (hard to reach communities) • Further develop signposting alternative pathways, including paediatric. |
| 2.2 | Extend the ability to ‘schedule’ unscheduled care by booking patients into slots which reduce self-presentation and prevent over-crowding. Develop access to booked slots across wider urgent and emergency care system, such as primary, secondary, community & mental health services and to include children and babies. |
| 2.3 | Boards to outline plans for an integrated approach to all urgent care services including Primary Care OOH and community services to optimise their assets. |
| Reducing Admissions: Alternatives to inpatient care | |
| <i>Optimise Virtual Capacity pathways to deliver care closer to home and prevent admission.</i> | |
| 2.4 | Set out plans to implement and further develop OPAT, Respiratory and Hospital at Home pathways. |
| 2.5 | Set out plans to introduce new pathways, including paediatrics and heart failure. |
| Reducing Length of Stay: Rapid assessment and streaming | |
| <i>Increasing proportion of patients on a short stay pathway.</i> | |
| 2.6 | Boards are asked to set out plan to increase assessment capacity (and/or footprint) to support early decision making and streaming to short stay pathways. Response should include forecast reduction in length of stay through short stay patients being admitted into short-stay wards, and reduction in Boarding levels. |

| Optimise Flow to align discharge and admission patterns | |
|---|---|
| 2.7 | Set out plans to deliver effective discharge planning seven days a week, through adopting the 'Discharge without Delay' approach. |

| Best Start Maternity and Neonatal Plan | |
|--|---|
| 2.8 | <p>Best Start Maternity and Neonatal Plan: <i>you should continue to move to full delivery of The Best Start programme, as outlined in your Plan submitted to the Best Start Programme Board in Autumn 2022.</i></p> <p>Outline your approach to move towards full delivery of the Best Start Programme, as outlined in your Plan submitted to the Best Start Programme Board in Autumn 2022. This should include summary of the delivery and assurance structures in place including oversight at Board level.</p> |

Scottish Government actions

- i. The Scottish Government is undertaking an evaluation of urgent and unscheduled care, including Out of Hours services which is part of the wider review of the Primary Care system, aligning with the objectives of the Care and Wellbeing Portfolio. This will inform future development of Phase 2 RUC.
- ii. Overall collaborative methodology to underpin learning and development of innovative/new models of care and support the adoption of best practice
- iii. National Improvement team will work with Boards to identify the most productive opportunities. Further, a *Delayed Discharge and Hospital Occupancy Action Plan* will be issued to Boards in March 2023.
- iv. Delineation of performance and improvement functions to better support delivery planning and implementation.
- v. Considerations are being given to baselining of funding to support delivery of key UUC programmes and local improvement capacity.

3

Mental Health

Improve the delivery of mental health support and services.

| No. | Board Action |
|---|---|
| <p>Improving Access to Services <i>In 2023/24, all very long waits (over 52 weeks) to be addressed within CAMHS and PT and demonstrable progress towards meeting and maintaining the 18 week waiting times standard within both services.</i></p> | |
| 3.1 | Outline your plans to build capacity in services to eliminate very long waits (over 52 weeks) for CAMHS and PT and actions to meet and maintain the 18- week referral to treatment waiting times standard. |
| <p>To deliver services that meet standards <i>The Child and Adolescent Mental Health (CAMHS) and Neurodevelopmental Specifications outlining provisions young people and their families can expect from the NHS were published in February 2020.</i></p> | |
| 3.2 | Outline your plans to build capacity in services to deliver improved services underpinned by these agreed standards and specifications for service delivery. |
| <p>Data – engagement with PHS to improve quality of data <i>A core dataset – the CAHMS and Psychological Therapies National Dataset (CAPTND) has been developed and PHS has been working with all NHS Boards to put in place a robust collection to provide intelligence at an individual patient level. It was expected that the full core dataset would be routinely collected and reported by Boards by 2022</i></p> | |
| 3.3 | Boards should report on the timetable to achieve full compliance with CAPTND data set and/or plans to improve quality as above which may include work to replace or enhance their systems to achieve compliance. |
| <p>Programme for Government – Mental Health Spend</p> | |
| 3.4 | Boards are asked to set out their plans to increase mental health services spend to 10% of NHS frontline spend by 2026 and plans to increase the spend on the mental health of children and young people to 1%. Boards are also asked to include within their return current percentage of total frontline spend and the planned trajectory towards the 10% and 1% target. |

Scottish Government actions

- i. Publish the Mental Health and Wellbeing Strategy and develop the accompanying delivery plan
- ii. Publish the Quality Standards for Adult Secondary Mental Health Services and the Psychological Therapies and Interventions Specification
- iii. Develop a long-term programme of support to improve delivery and integration of mental health care support and services as a whole system approach
- iv. Improve data quality and digital systems used for performance and assurance for mental health.
- v. Support the establishment of a new collective leadership group to deliver improvements in the planning and operation of secure mental health inpatient services.
- vi. Implement the recommendations of the Mental Health Law Review and the Barron report

Planned Care

Recovering and improving the delivery of planned care

For 2023/24, Boards will submit plans for Planned Care by 17 March, in line with the Planned Care Planning Guidance for 2023/24, which was issued on Monday 6 February.

We are not asking you to duplicate your planned care response again within this return. For reporting purposes, we will be incorporating the planned care response into the wider ADP to enable single quarterly returns.

For reference, the key actions are replicated below.

| No | Board Action |
|-----|--|
| 4.1 | Identifying a dedicated planned care bed footprint and associated resource by Board/hospital to enable a “hospital within a hospital” approach in order to protect the delivery of planned care. CfSD are working with Boards that already have developed plans to target increasing throughput in first instance. |
| 4.2 | Extending the scope of day surgery and 23-hour surgery to increase activity and maximise single procedure lists. |
| 4.3 | Set out the plan for 2023/24 to reduce unwarranted variation, utilising the Atlas Maps of variation and working with CfSD and respective Specialty Delivery Groups (SDGs) and Clinical Networks. Responses should include forecast reductions across specialties and in theatre productivity, day case activity or start and finish times. In addition, set out forecast increase in activity for certain procedures to levels recommended by Royal Colleges. |
| 4.4 | Approach to validation of waiting lists for patients waiting over 52 weeks, including potential alternatives for treatment. Board responses should also outline level of engagement with the National Elective Co-ordination Unit (NECU) to support validation. |

Scottish Government actions

- i. SG and CfSD team will work with Boards to progress, develop and implement plans in order to focus on increasing capacity and provide protected resource for patients waiting for treatment.
- vii. Strengthen regional and national working through redesign.
- viii. Strengthen implementation of the *Delivering value based health and care: a [Vision for Scotland](#)*.
 - ii. Support the roll out of the NTCs.
 - iii. Continue to invest in Best Start maternity and neonatal transformation in 23/24 and work with Boards to support delivery of Best Start recommendations.

5

Cancer Care

Delivering the National Cancer Action Plan (Spring 2023-2026)

| No | Board Action |
|-----|---|
| 5.1 | Set out actions to expand diagnostic capacity and workforce, including endoscopy and its new alternatives |
| 5.2 | Plan for continued roll out of RCDS's - both Board level and regional approaches will be required. |
| 5.3 | Set out plans to achieve full adoption of Framework for Effective Cancer Management |
| 5.4 | Outline plans to improve the quality of cancer staging data |
| 5.5 | <p>Confirm you have:</p> <ul style="list-style-type: none"> • Implemented or have plans to implement provision of single point of contact services for cancer patients • Embed referral, where clinically appropriate, to Maggie's prehab service and use of national prehab website in cancer pathways • Assurance of routine adherence to optimal diagnostic pathways and Scottish Cancer Network clinical management pathways • Embed the Psychological Therapies and Support Framework • Signposting and referral to third sector cancer services embedded in all cancer pathways <p>In addition, Boards are asked to confirm that they will engage and support with future data requests and advice to deliver the upcoming National Oncology Transformation Programme.</p> |

Scottish Government actions

- i. Begin scoping for a full clinical review of the Scottish Referral Guidelines for Suspected Cancer
- ii. Deliver a new DCE public awareness campaign
- iii. Support development of cancer education for primary care
- iv. Develop new national optimal cancer diagnostic pathways
- v. Expand RCDS's across NHS Scotland
- vi. Commission and support the Scottish Cancer Network to develop further clinical management pathways; support the National Oncology Coordination Group; and manage the Oncology Transformation Programme
- vii. Implement the breast screening modernisation programme
- viii. Deliver Scotland's Endoscopy and Urology Diagnostic Plan
- ix. Invest up to £10m to support cancer waiting times improvements
- x. Continue to increase investment in SACT services
- xi. Work with Healthcare Improvement Scotland to deliver a focussed and proportionate approach to quality assurance.

6

Health Inequalities

Enhance planning and delivery of the approach to tackling health inequalities, with a specific focus in 2023/24 on those in prison, those in custody and those who use drugs.

| No. | Board Action |
|-----|--|
| 6.1 | Summarise local priorities for reducing health inequalities taking into account national strategies around Race, Women's Health Plan and any related actions within most recent Equality Mainstreaming Report |
| 6.2 | <p>Set out actions to strengthen the delivery of healthcare in police custody and prison; ensuring improvement in continuity of care when people are transferred into prison and from prison into the community. Boards are also asked to set out any associated challenges in delivering on the actions.</p> <p>This should include actions to allow primary care staff to have access to prisoner healthcare records and delivery against MAT Standards.</p> <p>Boards are also asked to state their Executive Lead for prisons healthcare and those in custody, reflecting that the prisoner population is spread across all Board areas.</p> |
| 6.3 | Set out plan to deliver the National Mission on Drugs specifically the implementation of MAT Standards, delivery of the treatment target and increasing access to residential rehabilitation. |
| 6.4 | Establish a Women's Health Lead in every Board to drive change, share best practice and innovation, and delivery of the actions in the Women's Health Plan. |
| 6.5 | Set out approach to developing an Anchors strategic plan by October 2023 which sets out governance and partnership arrangements to progress anchor activity; current and planned anchor activity and a clear baseline in relation to workforce; local procurement; and use or disposal of land and assets for the benefit of the community. |
| 6.6 | <p><i>Accessibility to services is as an integral part of healthcare, and NHS Boards should give consideration to transport needs in the planning and delivery of services. This should include consideration of how best to work with Regional Transport Partnerships (RTPs) and transport officers from local authorities.</i></p> <p>Outline how the Board will ensure Patients have access to all information on any relevant patient transport (including community transport) and travel reimbursement entitlement.</p> |

Scottish Government actions

- i. Establish a Strategic Leadership Group to drive improvements in prisoner healthcare across the system and in collaboration with Boards and the Scottish Prison Service.
- ii. Support health and social care bodies to be effective anchor institutions to ensure more wealth is retained within local communities to tackle the wider determinants of health inequalities.
- iii. Develop the Racialised Health Inequalities in Health & Social Care in Scotland action plan for senior leaders across DG Health & Social Care.

7 Innovation Adoption

Fast track the national adoption of proven innovations which could have a transformative impact on efficiency and patient outcomes.

| No. | Board action |
|-----|---|
| 7.1 | Boards to set out the approach and plans to work with ANIA partners (coordinated by CfSD) to adopt and scale all approved innovations coming through the ANIA pipeline. This should include an outline of Board resource to support the associated business change to realise the benefits, which could include collaborative approaches to adoption. |
| 7.2 | Work in collaboration with a range of national organisations to combine the right skills and capabilities across Scotland to reduce the barriers to national innovation adoption. |

Scottish Government actions

- i. The Scottish Government is committed to work as an effective partner with the NHS, academia and industry around the identification and accelerated adoption of scientific and technological innovations which could have a transformative impact on the recovery and renewal of the NHS.
- ii. We have established an Innovation Design Authority (IDA) which brings together Scottish Government and NHS leadership into a single decision-making body which will prioritise our national efforts on a small number of innovations with the greatest potential to impact national priorities.
- iii. Further funding will be made available to support Boards with transition costs around the adoption of innovations approved by the IDA.

Workforce

Implementation of the Workforce Strategy

| No. | Board Action |
|-----|--|
| 8.1 | <p><i>Support all patient-facing Boards to implement the delivery of eRostering across all workforce groups</i></p> <p>Resources to be identified locally to support business change and roll out of e-Rostering/safer staffing too including optimal integration between substantive and flexible staff resource.</p> |

Scottish Government actions

- i. Led by the Chief Nursing Officer, develop guidance for Boards to support implementation and use of e-rostering software to its fullest potential.
- ii. In addition to the requirement on Boards to commit to the roll out of e-Rostering and the implementation of the Health and Care (Staffing) (Scotland) Act 2019, Boards will also be aware of the commitment to review Agenda for Change (AfC) and the non-pay reform commitments made in connection with implementation of the 2022/23 AfC pay offer.
- iii. A Ministerial Taskforce on Nursing and Midwifery will be launched, designed to address the acute supply, recruitment and retention challenges within the job family. It is expected that all Boards, in their quarterly ADP updates, respond appropriately to any actions emerging from the forthcoming AFC review and the Ministerial Taskforce, which require operationalisation at a local level.

9 Digital
Optimise use of digital & data technologies in the design and delivery of health and care services for improved patient access

THIS SECTION SHOULD BE COMPLETED IN CONJUNCTION WITH YOUR DIGITAL LEAD

| No. | Board Action |
|-----|--|
| 9.1 | <p>Optimising M365</p> <p>Boards to set out plans to maximise use and increase benefits of the Microsoft 365 product. Plans should consider collaborative (local/regional/national) to offer alternative options for the delivery of programme benefits. This should include:</p> <ul style="list-style-type: none"> • Outlining what resources and approaches are being used to roll out M365 collaboration across Health and Care Integrated Authority(ies). • Describing the approaches being taken to deliver business change and realise the benefits of the M365 product • Confirming which current tools are being used, how they are being utilised and plans for future roll out of applications including (but not limited to) Sharepoint, automation and retirement of legacy applications • Describing how M365 data and licences are being used and controlled locally • Outlining the approach being taken and confirmation of compliance with Information Security, Information Governance and Data Protection standards • Providing milestones for the deployment of document management classification scheme working practices compliant with GDPR guidance will be fully embedded and operational • Outlining how you will develop and improve digital skills of the workforce to realise the full operational benefits of M365 |
| 9.2 | <p>National digital programmes</p> <p>Boards to provide high level plans for the adoption/implementation of the national digital programmes*. This should include:</p> <ul style="list-style-type: none"> • Position Statement – including work undertaken to date and areas outstanding • Highlighting any issues/challenges with adoption/implementation and what plans are in place to mitigate any issues should they arise • High level milestones in 23/24 • An outline of the resources identified to support business change for national programmes <p>Health Boards to provide an update on new initiatives/developments to embrace the use of local systems to support the DHAC delivery plan and the implementation of an integrated care record. For example, use of Health Share, developments to Trakcare, Care Portal.</p> <p>Boards are encouraged to identify areas of best practice or opportunities' that could be shared across NHS Scotland.</p> <p><i>*National digital programmes: CHI, Child Health, GP IT, eRostering, LIMS, HEPMA, M365, endoscopy reporting system, Diagnostics (PACs), Near Me, Connect Me, Scottish Vaccination Immunisation Programme (SVIP)</i></p> |
| 9.3 | <p>Boards to complete the Organisational Digital Maturity Exercise to be issued in April 2023, as fully as possible and in collaboration with their respective Integrated Authority(ies).</p> |

| | |
|------------|---|
| <p>9.4</p> | <p>Leadership in digital Boards should outline:</p> <ul style="list-style-type: none"> • Executive support and commitment to how you are optimising use of digital & data technologies in the delivery of health services and ongoing commitment to developing and maintaining digital skills across the whole workforce • How candidates accepted on to the Digital Health and Care Transformational Leaders master's Programme are being supported and how learning is being shared across the organisation |
| <p>9.5</p> | <p>Scottish Health Competent Authority /Network & Information Systems Regulations (NI)s Regulation Audits Boards to demonstrate progress against the level of compliance with the Refreshed Public Sector Cyber Resilience Framework via the independent audit process. Health boards must follow the 2023 audit programme guidance and adopt the new evidence template. Health Boards should outline processes in place for engaging with the Cyber Centre of Excellence (CCoE) as part of compliance with the NIS regulations.</p> |

Scottish Government actions

- i. Development of an architecture blueprint/roadmap of digital products to help inform Board choices or products
- ii. Development of a strategy to manage Power Apps platform across full product lifecycle, focusing on clinical safety and scale up. Monitoring of M365 benefits and identification of further cost saving opportunities
- iii. Lead review of reporting and data analytical platforms focusing on convergence on core systems.
- iv. Commencement of the National Information Governance Programme to provide a strong, future-proofed framework that will give assurance to the public and enable those managing and controlling data to work more effectively.
- v. To support national rollout and adoption of new areas of focus (Digital Front Door – DFD and ANIA process).
- vi. Work with Boards to consolidate common supplier contracts to improve procurement to ensure best value.
- vii. Scope and develop a business case for a national IPC surveillance eSystem for Scotland (as per recommendations in the Infection Prevention Workforce: Strategic Plan 2022-2024).
- viii. Development of an updated Delivery Plan for Digital Health & Care for 2023/24

10

Climate Climate Emergency & Environment

| No. | Board Action |
|------|--|
| 10.1 | Set out proposed action to decarbonise fleet in line with targets (2025 for cars / light commercial vehicles & 2032 for heavy vehicles at latest). |
| 10.2 | Set out plan to achieve waste targets set out in DL (2021) 38. |
| 10.3 | Set out plan to reduce medical gas emissions – N2O, Entonox and volatile gases – through implementation of national guidance. |
| 10.4 | Set out actions to adopt the learning from the National Green Theatre Programme; provide outline for greater adoption level. |
| 10.5 | Set out approach to develop and begin implementation of a building energy transition programme to deliver energy efficiency improvements, increase on-site generation of renewable electricity and decarbonise heat sources. |
| 10.6 | Set out approach to implement the Scottish Quality Respiratory Prescribing guide across primary care and respiratory specialities to improve patient outcomes and reduce emissions from inhaler propellant. |
| 10.7 | Outline plans to implement an approved Environmental Management System. |

Scottish Government actions

- i. Provide (through NSS) an Adaptation Planning Toolkit.
- ii. Provide funding through the GPSEDS fund; fund the development of net-zero route maps; support development of HPA / PPAs.
- iii. Develop Quality Respiratory Prescribing guide and implementation tools.
- iv. Provide implementation plans for N2O and Entonox and on-going expert support.
- v. Fund CfSD to run National Green Theatre Programme.
- vi. Transport Scotland funding for fleet decarbonisation.
- vii. Provide Sustainable Procurement Tools.
- viii. Fund NSS to support achievement of waste targets set out in DL (2021) 38.
- ix. Fund training and NSS to support EMS.
- x. Fund digital mapping of NHS greenspace, evaluation of natural capital accounting approaches.



Medium Term Planning Guidance

Territorial Board Guidance February 2023

National Board Guidance will follow in March 2023.

2023/26 MEDIUM TERM PLAN

Boards are asked to develop their 2023/26 Medium Term Plans (MTP) to reflect the following key areas; the MTP outline template provides a structure for response.

| # | Area | Board actions |
|---|-------------------------------|--|
| A | Recovery drivers | <p>Set out your high-level approach to the recovery areas and reflect the specific points highlighted.</p> <p>Where appropriate, Boards are asked to set out plans on moving from programme-based funding for improvement to delivery through core funding, including reference to reviewing workforce models to incorporate these new models sustainably. As part of this, plans should outline key success factors in achieving this change.</p> <p><i>We would ask that Boards keep response to each Recovery driver to a maximum of three pages.</i></p> |
| B | Finance & sustainability | <p>Boards are asked to reflect on their submitted 3-year financial plans and identify any potential risks</p> <p>Approach to achieving financial balance and aligning with S&V financial improvement programme of work</p> |
| C | Value Based Health & Care | Approach to embracing and adopting Value Based Health and Care |
| D | Integration & population need | <p>To enable stronger coherence across health, social care, community health and social work planning, MTP should seek to draw upon the vision and priorities set out in integration authority Strategic Plans. Where appropriate, Boards should utilise the shared, local intelligence – joint strategic needs assessment – that informs the production of integration authority strategic plans.</p> <p>Boards are asked to set out key actions to respond to population needs and how you will work in partnership to address and respond to these needs.</p> |
| E | Regional & national | Approach to working regionally and nationally across services through collective and collaborative approaches to planning and delivery, where required. |

Boards are asked to limit their Medium Term Plan to no more than 40 pages.

MTP Recovery Drivers

1

Primary & Community Care

Improve access to primary and community care to enable earlier intervention and more care to be delivered in the community.

Getting primary and community care right is an essential component in ensuring the health and social care system is sustainable. We are reviewing our strategic approach to ensure effectiveness across the Primary Care system. Aligning with the Care and Wellbeing portfolio, Primary Care's developing policy aims include delivering care closer to people's homes and driving a proactive approach of early intervention and prevention with the aim of increasing healthy life expectancy and reducing inequality. We are taking forward a number of initiatives across Primary Care in this regard and will be seeking Boards' views on their viability and effectiveness.

During 2023/24, we will produce a future CTAC framework for consultation by Autumn 2023 and consider how this could be tested. CTAC models are already being developed through the 2018 GMS contract and are showing early promise in terms of supporting more local access to a wider range of services such as phlebotomy and vaccination, enabling general practice to focus on continuity of care for those who need it most.

Expanding the model across more place-based health and care services also has enormous potential to be a key plank in transforming the way in which we deliver services, with integrated resources offering local access to a wider range of preventive and proactive health and care across an extended working day. We will also engage with NHS Boards to consider a structured approach using current partnerships linking in with NES, HIS and PHS to support growth, development, transition and consolidation.

In addition, the prevention of CVD remains one of our clinical priorities. During the course of this 2023/24, we will develop a national framework for tackling and extending secondary prevention across Scottish population.

We would ask Boards to reflect within their MTP:

- Current development of CTACs and MDT support to patients via the 2018 GMS contract, please set out the current approach to shifting services and refocussing role of general practices on providing complex continuity of care through a first point of contact.
- A summary of any work underway to accelerate the development of CTACs current provision and reduce unwarranted variation. Within this, we would ask that you set out how you are ensuring that the foundations for effective and collaborative MDT working is in place.
- Plans to develop a step-change increase in the delivery of diagnostics services within communities, particularly for areas of highest inequality.
- Set out plans and approaches to secondary prevention.

2

Urgent & Unscheduled Care

Access to urgent and unscheduled care, including scaling of integrated frailty services to reduce admissions to hospital.

We would ask Boards to reflect within their MTP:

- **Urgent and Unscheduled Care Collaborative**

Boards are asked to set out how they will sustain and maintain the impact and improvement made to date, considering workforce and baseline of funding, whilst further developing and fully adopting national tools and best practice guidance.

- **Frailty Programme**

In parallel with the development of the national Frailty Programme to reduce unscheduled admissions and keep people care for closer to home, Boards are asked to outline any proposed approach to reconfiguring existing resource to accelerate rapid assessment and evolve to implement Frailty Units within each Board.

3

Mental Health

Improving the delivery of mental health support and services, reflecting key priorities set out in the upcoming Mental Health Strategy.

As we move towards taking a whole systems approach to supporting positive wellbeing and mental health in line with the forthcoming Mental Health and Wellbeing Strategy, we have expanded the nature of the outcomes we expect boards to deliver on, to drive improvement across mental health services, including those which are delivered in the community.

We would ask Boards to provide a response to the following areas:

- Improving Access to Mental Health services and building capacity to sustainably deliver and maintain the CAMHS and PT 18-week referral to treatment standard.
- Outline approach to tackling inequalities in relation to accessing Mental Health services, including plans to strengthen provision in Community Mental Health teams and better support those with complex needs and deliver service reforms aimed at supporting more people in the community
- Outline plans to develop and grow Primary Mental Health teams and the steps you are taking to integrate the primary care mental health workforce into wider primary care multi-disciplinary teams, community and secondary care.
- Outline how you will work collaboratively to deliver a coherent system of forensic mental health services, addressing issues raised by the independent review into such services, and as a result deliver better experiences and outcomes for patients.
- Improve data collection on service performance beyond PT and CAMHS and which will support the delivery of forthcoming MH standards.
- Boards to share plans on how they are involving the Mental Health workforce in the development, updating and evaluation of their Strategic Workforce Plans and a summary of key Mental Health workforce improvement issues.
- Provide a summary of any immediate challenges with the quality and safety of the mental health-built environment and patient safety and work collaboratively with the Scottish Government on improvement issues.

4

Planned Care

Recovering and improving delivery of planned care - CfSD working with Boards in delivery of four key interventions to improve delivery of planned care.

We have undertaken initial modelling against four specialties (General Surgery, Orthopaedics, Urology and Ophthalmology) to understand the demographic impact on future demand. This modelling has also considered our demand and capacity. From this, we will develop initial high-level three-year position against which we will then engage with Boards. This modelling will then inform the future multi-year plan for Scotland.

The high-level modelling will be shared with Boards over the next few months and, at that point, we will work with Boards to develop associated medium-term plans.

5

Cancer Care

Delivering the National Cancer Action Plan (spring 2023-2026)

The national Cancer Strategy sets out an overall aim to improve cancer survival and provide excellent, equitably accessible, care recognising that maintaining delivery of cancer services is a priority. The linked action plan describes various actions to prevent cancer, diagnose early, and treat effectively, underpinned by principles of realistic medicine and person-centred care. New national optimal cancer pathway and clinical management pathways will set clear standards for all, and a new oncology transformation programme will create a new vision and, ultimately, new service for oncology.

Boards are asked to set out their medium-term plans to deliver the following:

- Increase diagnostic capacity
- Embed optimal cancer pathways and clinical management pathways
- Deliver single point of contact services for cancer patients
- Configure services in line with national guidance and frameworks on effective cancer management; Prehabilitation; and psychological therapies and support
- Support the oncology transformation programme, including through sharing data and advice, and developing services and clinical practice in line with nationally agreed recommendations.

6

Health Inequalities

Enhance planning and delivery of approach to tackling health inequalities including the contribution to primary prevention through Anchors.

Approach to tackling health inequalities

As well as Board's critical role in secondary and tertiary prevention through early investigation, care and treatment; Boards also contribute to primary prevention of ill health and mitigation of health inequalities through core primary prevention action. This includes demonstrating how inequalities drives action in service delivery including through needs assessment with partners, anchors work to widen access to quality work, purchase locally and make use of assets to support

communities; and targeted work to address inequalities in healthcare access and take-up.

Boards are asked to set out their medium-term plans to deliver the following:

- Tackling local health inequalities, reflecting population needs and local joint Strategic Needs Assessment
- National Mission on Drugs to reduce death and improve lives, including the implementation of MAT Standards, delivery of the treatment target and increasing access to residential rehabilitation
<https://www.gov.scot/publications/national-drugs-mission-plan-2022-2026/>
- Actions set out in the Women’s Health Plan
- Transport to Health - with due consideration to the Transport (Scotland) Act 2019, once commenced, and provision of non-emergency patient transport services, work with bodies which provide community transport services in its area

7

Innovation Adoption

Support pace of change of innovative healthcare and technologies, to improve efficiency and outcomes for patients and to enable care closer to home.

Boards are asked to set out their approach to the following:

- Fast track high impact innovations and development of a sustainable approach to implementation. For example, reviews of service and workforce models.
- Working collaboratively with other organisations to scale and adopt innovation.
- Reducing the barriers to national innovation adoption.

8

Workforce

Implementation of the Workforce Strategy.

The strategic framework for supporting workforce reform is set out in the National Workforce Strategy for Health and Social Care. Your Three-year Strategic Workforce Plans, developed already by Health Boards and Health and Social Care partnerships set out how you are approaching supply, training, development and service delivery challenges at a local level, across the five pillars of the workforce journey (Plan, Attract, Train, Employ, Nurture).

Our intention is to better integrate workforce planning and delivery planning as we go forward, to that end we will seek **updates on the implementation of Board Workforce Plans via the Annual Delivery Plan**, and in future seek an integrated workforce and service delivery plan. Particularly pertinent workforce development considerations are:

- Any shift to community-based healthcare.
- Additional capacity building to enable recovery and growth in service demand.
- Changes in existing service models must be supported by role/service-based workforce planning in close collaboration with Finance; and
- They must make best use of resourcing strategies that take into account the diversification of roles and routes into the registered workforce, the impact

OFFICIAL

of technology and automation, and more effective workforce practice to increase capacity and support retention, such as the Retire to Return policy, the professionalisation of staff banks, and more effective use of flexible working policy.

Please set out your approach to the following (you may build upon and/or respond to work already set out in your 3-year workforce plan):

- Planning and resourcing strategies to ensure required workforce in place to support recovery of services and increased service demand.
- Making use of new roles, training and development opportunities to support workforce diversification.
- Enhancing local supply pipelines and cement your role as an 'anchor institution', for instance your approach to apprenticeships and community outreach.
- The use of technology and automation to support increased efficiency, mitigate growth requirements and ease workforce supply pressures.
- Use of national and local workforce policies to maximise recruitment, retention and wellbeing of staffing.
- Addressing and reducing barriers to delivering exemplary workforce practice.

9

Digital Services & Technology

Optimise use of digital & data technologies in the design and delivery of health and care services for improved patient access

'Care in the Digital Age' reflects the digital reality of the world we live in, and the expectations the people of Scotland have for how they interact with public services, including health and social care on a once for NHS Scotland basis.

Boards are asked to set out:

- Approach to maximising use of digital in the design and delivery of services – paying particular attention to how patient experience will change and improve as a result, and what areas of change within the MTP that digital will support.
- The local approach required to deliver on the national priorities set out in 'Care in the Digital Age' Delivery Plan, particularly joint working with local authorities and support required from national organisations. This includes, but is not limited to, the delivery of the following national priorities/programmes:
 - Implementation of e-rostering
 - Realising and maximising the benefits of the M365 platform, including with local government
 - Support primary care practices to implement GP IT
 - Roll out of new Community Health Index (CHI)
 - Roll out of the new Child Health System
 - Implementation of digital systems which support Hospital at Home, virtual capacity and Telecare
 - Deployment of Hospital Electronic Prescribing Medication Administration (HEPMA) system
 - Innovation scales ups/ opportunities through ANIA process and CfSD
 - Roll out of the national Laboratory Information Management System (LIMS)

- Scope what is required to roll out Digital Pathology Compliance with the Refreshed Public Sector Cyber Resilience Framework
- Opening access to how people engage with and use health and care systems
- Ensuring actions are in place to reduce digital inclusion when developing and designing new pathways/services
- Ongoing commitment to developing and maintaining digital skills across the whole workforce
- On completion of the Digital Maturity exercise, outline how digital skills across the workforce will be improved to support business transformation.

10

**Climate
Emergency &
Environment**

Reduce NHS greenhouse gas emissions and contribute to wider societal decarbonisation, adapt to the risks from climate change and improve the NHS's impact on the environment.

Boards are asked to set out their plans to deliver the following:

- **NHS Fleet and business travel - zero tailpipe emissions by end 2025**
Set out how the Board will achieve this target, including consideration of the number of charging points required, the costs of installation including any electrical infrastructure upgrades required, and the phasing of the transition.
- **Medical gases** –desflurane, sevoflurane, isoflurane, nitrous oxide and Entonox accounted for 27,000 tCO₂e of NHS emissions in 21/22.
Using guidance provided by Scottish Government and the Centre for Sustainable Delivery, Boards should set out approach to end their use of desflurane. If they have not done so, nitrous oxide mitigation programmes and complete their implementation.
Establish Entonox mitigation programmes and begin implementation.
Outline how emissions reductions will be achieved to meet guidance requirements.
- **Waste**
How the Board will improve its data quality on waste; the actions it will take to meet national waste targets as well as local targets for clinical waste as set out in paragraphs 34 and 35 of DL (2021) 38.
- **Net-zero health service by 2040 and minimise the cumulative emissions**
Outline how the Board will develop and begin implementation of a building energy transition programme to reduce energy consumption. Boards should deliver year-on-year reductions in building energy emissions at a rate which is consistent with meeting a 75% reduction by 2030 compared to 1990. In particular, reductions should be delivered in emissions from the combustion of fossil fuel.
- **Green Theatres – reducing the environmental impact of surgery.**
CfSD's National Green Theatre Programme is developing implementation 'bundles' which will be released in phases. Medium term plans should set out how the Board will approach implementation of green theatres.
Outline quality improvement approach to implementation of the Scottish Quality Respiratory Prescribing Guide by primary care and secondary care respiratory clinicians.

Glossary

| | |
|---------------------|---|
| The Guidance | This document, <i>The NHS Scotland Delivery Plan Guidance</i> |
| ADP | Annual Delivery Plan |
| AfC | Agenda for Change |
| CAMHS | Children and Adolescents Mental Health Services |
| CfSD | Centre for Sustainable Delivery |
| CTAC | Community Treatment and Care Service |
| CVD | Cardiovascular Disease |
| DCE | Detect Cancer Early |
| Drivers of Recovery | Agreed national priorities for recovery |
| FNC | Flow Navigation Centre |
| GIRFE | Getting it Right for Everyone |
| IA | Integration Authority |
| IDA | Innovation Design Authority |
| IPC | Infection Prevention Control |
| MDT | Multi-Disciplinary Team |
| MTFF | Medium Term Financial Framework |
| MTP | Medium Term Plan |
| OOH | Out of Hours |
| OPAT | Outpatient parenteral antimicrobial therapy |
| Planning Framework | Components of the overall NHS Scotland Delivery Plan |
| PT | Psychological Therapies |
| RCDS | Rapid Cancer Diagnostic Service |
| RM | Realistic Medicine |
| RRR | Remobilisation, Recovery & Redesign, report of May 2020 |
| RUC | Redesign of Urgent Care |
| S&V | Sustainability & Value Programme |
| UUC | Urgent and Unscheduled Care |