

## Tayside NHS Board

A meeting of Tayside NHS Board will be held on **Monday 27 March 2017 in the Board Room, Kings Cross following the Finance & Resources Committee**. Apologies/enquiries to: Donna Howey, 01382 740760 or extension 40760, e-mail [donna.howey@nhs.net](mailto:donna.howey@nhs.net)

Members should declare at the beginning of the meeting, or during the meeting if it becomes appropriate to do so, any financial or any other material interest they may have in any matter which is to be discussed by the Board. In cases of doubt, further advice may be obtained from the Board Secretary.

**Following approval by the Board, items indicated as reserved business are to be discussed in closed session by the Board and the appropriate officers (at the invitation of the Chair). Reserved business will be considered under the relevant FOISA exemption.**

AGENDA	LEAD OFFICER	REPORT NO
1. Apologies		
2. Chairman's welcome & introduction	Prof J Connell	verbal
3. NHS Tayside Financial Framework 2017/18 – 2021/22	Mr L Bedford	BOARD33/2017
4. Draft One Year Operational Delivery Plan 2017-2018	Ms L McLay	BOARD34/2017
5. Draft Five Year Transformation Plan 2017-2022	Ms L McLay	BOARD35/2017
6. <b>Date of next meeting</b>		

The next meeting of Tayside NHS Board will be held on Thursday 4 May 2017

**Prof J Connell**  
**Chairman**

**March 2017**

Please note any items relating to Board business are embargoed and should not be made public until after the meeting



**BOARD33/2017**  
**Tayside NHS Board**  
**27 March 2017**

**Mr L Bedford**  
**Director of Finance**

**Ms L McLay**  
**Chief Executive**

**March 2017**

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FRC28/2017  
Finance and Resources Committee  
27 March 2017

## NHS TAYSIDE FINANCIAL FRAMEWORK 2017/18 – 2021/22

### 1. PURPOSE OF THE REPORT

The purpose of this paper is to set out the updated draft financial framework over the five year period 2017/18 to 2021/22, but with a particular focus on 2017/18.

### 2. RECOMMENDATION

The Finance and Resources Committee is asked to:-

- i. consider the Financial Framework and the implications thereon;
- ii. approve the direction outlined in the Financial Framework, and recommend adoption by Tayside NHS Board;
- iii. note the level and context of cost reduction initiatives currently assessed as high risk, and recognise the risk to delivery of the required savings to deliver a financial breakeven position in 2017/18;
- iv. note the discussions that will be maintained during 2017/18 with Scottish Government Health & Social Care Department (SGHSCD), and
- v. delegated authority, as set out in the Code of Corporate Governance and reflected in Section 6 of this report, be approved for budget holders to spend up to their ring-fenced capital funds.

### 3. EXECUTIVE SUMMARY

#### 3.1 National Context

Following the Scottish Parliament's approval of the 2017/18 Budget Bill on 23 February, 2017, the Cabinet Secretary for Finance and the Constitution announced initial revenue allocations for 2017/18. The assumptions within the Financial Framework utilises this information for 2017/18 and uses indicative planning assumptions for the period 2018/19 to 2021/22 for both revenue and capital.

In December 2016 the Health and Social Care Delivery Plan was presented that set out a programme to further enhance health and social care services that:-

- is integrated;
- focuses on prevention, anticipation and supported self management;
- will make day case treatment the norm, where hospital treatment is required and cannot be provided in a community setting;
- focuses on care being provided to the highest standards of quality and safety, whatever the setting, with the person at the centre of all decision, and
- ensures people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission.

#### 3.2 Local Context

In terms of context, the initial recurring Revenue Resource Limit (RRL) for NHS Tayside set for the current financial year was £698.164 million. Subsequent allocation adjustments have reduced this by £0.244 million, with the single largest of these to reflect the national risk share agreement in place for specialist services. This is set out below:-

**Table 1 - RRL**

	£m
Baseline Allocation	678.628
Social Care Funding	19.536
Post initial allocation adjustments	(0.244)
<b>Total</b>	<b>697.920</b>

Cash uplifts for the five year period to 2021/22 have been planned for based on a GDP uplift of 1.5% for 2017/18, followed by a planned uplift of 2.1%, 1.8%, 1.9% and 2.0% respectively for each of the following four financial years to 2021/22. This is based on planning guidance received from SGHSCD.

The impact of the assumed Baseline Uplift for the next five years is set out in the table below:-

**Table 2 - Baseline Uplift**

	2017/18 1.5%	2018/19 2.1%	2019/20 1.8%	2020/21 1.9%	2021/22 2.0%
	£m	£m	£m	£m	£m
Baseline Uplift	10.50	15.1	13.3	14.2	15.3
Transfer to Social Care	(7.79)	(7.8)	(7.8)	(7.8)	(7.8)
<b>Balance of Uplift</b>	<b>2.71</b>	<b>7.3</b>	<b>5.5</b>	<b>6.4</b>	<b>7.5</b>

Nationally it has been agreed that £100.0 million of Health Boards' Baseline 2017/18 Uplift will be directed to Integration Authorities for delivery of improved outcomes in social care, and to support the commitment on Living Wage for social care workers. For NHS Tayside this equates to £7.79 million, leaving £2.7 million as a retained Baseline Uplift for 2017/18. This equates to 0.4%. Across the years of the Financial Framework the operating assumption is that a similar level of transfer will occur each year. This reduces the level of uplift available.

To reflect this additional support provided in 2017/18 through NHS, Local Authorities have been given the flexibility to reduce their contribution to the Integrated Joint Boards (IJBs) by their relative share of £80.0 million. Confirmation of the intentions of Local Authorities with the Tayside Health and Social Care Partnerships has taken place.

Over the past 18 months the Morbidity and Life Circumstances component of the Acute Care element of the NRAC formula has been reviewed nationally. This sub group reported earlier this year and the refinements to the formula have flowed through into adjustments to the Board's baseline position for 2017/18. Whilst Tayside has previously been reported as being at parity, this recent adjustment has altered the target share up from 7.71% to 7.85%. The Scottish Government has committed to bringing all Boards to within 1% of their target share for those Boards presently below their target share. In 2017/18 £50.0 million has been set aside, of which NHS Tayside, as part of the settlement, will receive £8.0 million. This investment will bring NHS Tayside to 1.0% below the target share. The gap to the target share is identified as £6.8 million. No assumption around future policy of SGHSCD eroding the gap to target share has been made within the Financial Framework. The expectation is that the Board will remain at 1% below target share for the full five year period. Any change to this position will provide additional revenue resources to the Board.

The uplift position for next financial year can be summarised as follows:-

**Table 3 – Baseline Uplift**

	2017/18	
	£m	%
Baseline Uplift	10.50	1.5
Support for Social Care transfer	(7.79)	(1.1)
<b>Net Uplift</b>	<b>2.71</b>	<b>0.4</b>
NRAC Adjustment	8.00	1.1
<b>Net Total Uplift</b>	<b>10.71</b>	<b>1.5</b>

SGHSCD have intimated their intention to Baseline the allocations in respect of Alcohol and Drugs Partnership (ADP) and Police Custody. These sums have been baselined at 2016/17 levels. Both allocations were previously provided as additional allocations with Police Custody forming part of the Outcomes Framework.

Members will recall in 2016/17, ADP funding provided nationally required to be supplemented from the Board's Revenue uplift to the extent of £1.2 million in order to maintain the overall spending in addressing alcohol and substance misuse, maintaining alcohol and drugs treatment performance at existing levels across ADP locales. In 2016/17 an efficiency of £0.3m was set with a further £0.2m required for 2017/18. In 2017/18 the ADP resource will be delegated to the three Health and Social Care Partnerships with subsequent investment/efficiency decisions sitting with the partnerships.

A recurring Revenue Resource Baseline for 2017/18 of £713.3 million has been provided for and is set out in the table below. This recognises the flow of funds to the Health and Social Care Partnerships for delivery of improved outcomes in social care.

**Table 4 - Base RRL 2017/18**

	£m
Baseline Allocation b/fwd	697.920
Net Total uplift	10.710
Alcohol & Drug Partnership	4.159
Police Custody	0.526
<b>Total</b>	<b>713.315</b>

The Outcomes Framework will continue to feature, providing a focus on delivering strategic priorities. In order to provide Boards with greater flexibility on decisions on how to maximise value from this resource against clearly defined outcomes, the "bundling" together of a range of earmarks previously distributed individually will continue. To this end, the Board will be provided with a total resource and left with the flexibility of deploying this resource to meet the targets set within the Outcomes Framework. In principle, the amount devolved to Boards will reflect the 2016/17 allocation.

**Table 5 – Outcomes Framework**

	Anticipated Contributing Value 2017/18	Executive Lead
	<b>£000</b>	
e Health Bundle	5,341	Director of eHealth
HAI Bundle	475	Chief Operating Officer
Refreshed Framework for Maternity Care	132	Chief Operating Officer
Maternal and Infant Nutrition Framework	181	Director of Public Health
Dental Services Bundle	909	CO - Perth & Kinross IJB
IVF Heat target	873	Chief Operating Officer
Support for Neonatal Managed Clinical Networks	121	NOSPG
<b>Effective Prevention Bundle</b>		
Child Healthy Weight	133	Director of Public Health
Adult Weight Management	96	Director of Public Health
Smoking Prevention	844	Director of Public Health
Sexual Health and BBV Framework	2,228	Director of Public Health
<b>Total</b>	<b>11,333</b>	

The funding for the Keep Well programme has come to an end.

The Board's revenue resources will be supplemented by a range of allocations in 2017/18. The anticipated level of resource to be allocated in 2017/18 is set out on page 4.

**Table 6 - Other Anticipated Allocations**

	Anticipated Allocation 2017/18	Area of Delegation
	<b>£000</b>	
Distinction Award	1,609	Various
Health Visitors to Support GIRFEC	1,492	Core Operational Unit
Family Nurse Partnership	1,138	Core Operational Unit
Mental Health Bundle	706	IJB
Improving access to CAMHS & Psychological Therapies	525	IJB/Core Operat Unit
Salaried GDS	2,267	IJB
LUCAP	562	Core Operational Unit
Stracathro Regional Treatment Centre	5,000	Core Operational Unit
Core Research & Development	7,275	Core Operational Unit
Vaccines	886	Core Operational Unit
New Medicines Allocation	2,678	Core Operational Unit
NHS Board Carer Information Strategy Funding	366	IJB
War pensions & Pre Implementation work for Carers Act	540	IJB
Others	565	Various
<b>Total</b>	<b>25,609</b>	

The allocations for Family Nurse Partnership (FNP) and Health Visitors have been removed from the Outcomes Framework and will now be issued as in year allocations. The Scottish Budget shows an aggregate value of £33.5 million, which is effectively £14.5 million for FNP and £19.0 million for Health Visitors, although flexibility around this distribution could occur. This aggregate figure is up from £21.5 million in 2016/17. An NRAC share has been assumed for both.

No confirmation of support in relation to Access Support has been provided by SGHSCD at this stage. Discussions will continue with the national team recognising that without a level of support that waiting times target delivery will continue to be challenged.

The allocation anticipated in 2017/18 in relation to the New Medicines Fund is funded via resources received by SGHSCD via the UK Government from the recycling of benefits as a result of the Pharmaceutical Price Regulation Scheme (PPRS) agreement with the pharmaceutical industry. The level originally anticipated in 2016/17 did not materialise, and a further reduction is now forecast for 2017/18. The impact from the original forecast nationally is down from £60.0 million to £35.0 million. This reduction in resource nationally requires to be reinstated through the Financial Framework.

The Draft Budget set out an additional £7.0 million nationally that will be allocated to Boards separately in relation to war pensions and pre-implementation work for the Carers Act. This sum will flow directly to the Health and Social Care Partnerships and totals £0.54 million.

The Draft Scottish Budget also sets out an investment programme of £128.0 million to be allocated to Boards as part of the investment in reform. Of this sum, approximately £58.0 million is new investment.

This is set out in the Table below:-

**Table 7 – Investment in Reform**

	2017/18	
	Total Investment	Of this: new investment
	£m	£m
Primary Care	60.0	27.0
Mental Health	30.0	11.0
Transformational Change	25.0	15.0
Trauma Networks	5.0	5.0
Cancer	8.0	
<b>Total Investment in Reform</b>	<b>128.0</b>	<b>58.0</b>

At this stage, Scottish Government has not confirmed how this resource should be deployed, although some of this resource is an extension of existing programmes and may already be assumed in plans. The plan currently assumes that any new resources under the transformation heading will be matched by additional costs. The Primary Care and Mental Health resources will be directed towards the Health and Social care Partnerships for governing.

Additionally, further national investment is expected for both IVF treatment and Insulin Pumps. The principles are similar to the investment in reform in that any new resources will be matched by additional costs. The national investment is again outlined in the table below:-

**Table 8 – Other Investment**

	<b>2017/18</b>	
	<b>Total Investment</b>	<b>Of this: new investment</b>
	<b>£m</b>	<b>£m</b>
IVF	2.9	2.0
Insulin Pumps	2.0	2.0
<b>Total Investment in Reform</b>	<b>4.9</b>	<b>4.0</b>

A range of external contributions are provided for from the Board's Core Revenue Resource.

These are highlighted in the table below:-

**Table 9 - External Contributions**

	<b>Anticipated Contribution 2017/18</b>
	<b>£000</b>
National Services Risk Share	(2,794)
National Distribution Centre	(1,153)
ScotSTAR	(350)
Community Pharmacy Global Sum Contribution	(201)
Contribution to Pre Reg Pharmacist Scheme	(210)
Others	(155)
<b>Total</b>	<b>(4,863)</b>

## **Health and Social Care Partnerships**

The indicative allocation letters from SGHSCD, shared with both Chief Officers and Chief Executives following the announcement of the Draft Budget, indicated that NHS contributions to Integration Authorities for delegated health functions will be maintained at least at 2016/17 cash levels. This was clarified in a subsequent communication that budgets to Integration Authorities for 2017/18 must be at least equal to the recurrent budget allocations in 2016/17, and not actual expenditure.

In terms of supporting social care, £107.0 million will be transferred from NHS Boards to Integration Authorities to support continued delivery of the Living Wage and sustainability in the care sector. Of this resource, £100.0 million will be provided from the Baseline Uplift received by all territorial Boards to support IJBs with continued delivery of the Living Wage and sustainability in the care sector. The remaining £7.0 million, which relates to war pensions and pre-implementation work for the Carers Act, will be allocated separately through an additional SGHSCD allocation. These allocations are to be treated as an additional allocation to the minimum Integration Authority budgets. To reflect this additional support provided through the NHS, Local Authorities will be able to adjust their allocations to Integration Authorities in 2017/18 by up to their share of £80.0 million below the level of budget agreed with their Integration Authority for 2016/17. The effectiveness of the current arrangements with respect to hospital budget delegation to Integration Authorities, including "set aside" budgets is also set to be reviewed.



The additional investment in relation to Primary Care and Mental Health identified under the Investment in Reform heading above will be directed through Health and Social Care Partnerships, with appropriate governance surrounding the distribution of this resource in place. For Primary Care, it is identified that particular focus should be given to developing and expanding multi disciplinary teams; sustainability of provision; development of GP clusters; and responsiveness to a new GP contract. For mental health, particular focus should be given to developing new models of care and support for mental health in primary care settings, improving the physical health of people with mental health problems, and improving mental health outcomes for people with physical health conditions, reducing unwarranted variation in access and assuring timely access, and developing services that focus on the mental health and wellbeing of children, young people and families, including improved access to perinatal mental health services. This investment will facilitate the commitment to shift the balance of care, so that by 2021/22 more than half of the NHS frontline spending will be in Community Health Services.

The current proposal in relation to the baseline resource to the Integration Authorities within Tayside for 2017/18 is as noted in Table 10. In principle, it reflects a proportionate share of the remaining 0.4% baseline uplift received by NHS Tayside following the support for social care transfer. The distribution of this uplift resource is at the discretion of the three IJBs.

**Table 10 – Integration Authorities Recurring Baseline Resource**

	Angus IJB	Dundee IJB	Perth & Kinross IJB
	£m	£m	£m
<b>2016/17 Recurring Baseline</b>			
Hospital & Community Services	49.0	70.7	69.4
FHS Prescribing	20.9	33.3	26.3
GMS	27.5	44.2	35.1
<b>Total Baseline Recurring</b>	<b>97.4</b>	<b>148.2</b>	<b>130.8</b>
Share of Baseline Uplift (0.4%)	0.3	0.4	0.4
<b>2017/18 Baseline Allocation</b>	<b>97.7</b>	<b>148.6</b>	<b>131.2</b>
Police Custody	0.5	0.0	0.0
Alcohol & Drug Partnership	1.6	1.7	1.6
Support for Social Care Transfer	2.1	3.1	2.6
War Pension/Carers Act	0.2	0.2	0.2
<b>Total Baseline Resource</b>	<b>102.1</b>	<b>153.6</b>	<b>135.6</b>
<b>Hosted Services Transfer Out</b>	<b>-7.0</b>	<b>-10.8</b>	<b>-19.7</b>
<b>Hosted Services Transfer In</b>	<b>12.9</b>	<b>15.5</b>	<b>9.1</b>
<b>Large Hospital Set Aside</b>	<b>11.8</b>	<b>21.1</b>	<b>17.7</b>

The Alcohol and Drug Partnership resource, of £4.9 million will be released at this stage equally to each of the three Partnerships, whilst further local discussions take place.

To meet SGHSCD's objective for integration of creating a single system for local joint strategic commissioning of health and social care, IJBs are responsible for the strategic planning, in partnership with the hospital sector, of those hospital services most commonly associated with the emergency care pathway, alongside primary and community health care and social care.

Fundamental to this is a clear understanding of how "large hospital" services are being consumed, and how that pattern of consumption and demand can be changed by a whole system redesign.

IJBs and health boards are required to place a value on the Large Hospital Services resources, over which IJBs will have strategic responsibility in conjunction with the Chief Operating Officer. At this stage the value attached reflects a rollover of the sum identified in 2016/17. SGHSCD has indicated that the effectiveness of the current arrangements with respect to large hospital "set aside" budgets is set to be reviewed. Further work is



underway locally, in conjunction with SGHSCD, to review local budgets. It is likely that this work will require to conclude before final 2017/18 large hospital “set aside” budgets can be confirmed.

Formal IJB budgets are required to reflect the populations that IJBs serve. Consequently, the above table shows the inter-IJB adjustments reflecting the current hosting arrangements. All hosted services budgets are indicative at this point, based on January 2017 information.

### 3.3 The Revenue Plan

A summary position is set out below.

**Table 11 – Strategic Financial Plan (Revenue)**

	Year 1	Year 2	Year 3	Year 4	Year 5
	2017/18	2018/19	2019/20	2020/21	2021/22
	£m	£m	£m	£m	£m
<b>Forecast resources available</b>					
Hospital & Community Health Services – Baseline Allocation	721.1	736.2	749.5	763.7	779.0
Transfer to Health and Social Care Partnerships/LA's	-7.8	-15.6	-23.4	-31.2	-39.0
Net Baseline Allocation	713.3	720.6	726.1	732.5	740.0
Hospital & Community Health Services – Outcome Framework Allocations	11.3	11.3	11.3	11.3	11.3
Hospital & Community Health Services – Other Anticipated Allocations	25.6	25.6	25.6	25.6	25.6
Investment in Reform	TBC	TBC	TBC	TBC	TBC
Other Investment	TBC	TBC	TBC	TBC	TBC
External Contributions	-4.9	-4.9	-5.0	-5.1	-5.2
Primary Medical Services	60.0	61.3	62.4	63.6	64.8
Depreciation	-18.1	-17.1	-16.5	-17.0	-18.1
<b>Sub Total – Core RRL</b>	<b>787.2</b>	<b>796.8</b>	<b>803.9</b>	<b>810.9</b>	<b>818.4</b>
Non Core RRL	31.6	31.8	38.0	47.6	33.3
Primary Care Services (Non-discretionary)	42.4	43.2	44.0	44.9	45.8
<b>Total Resources</b>	<b>861.2</b>	<b>871.8</b>	<b>885.9</b>	<b>903.4</b>	<b>897.5</b>
<b>Expenditure Plan</b>					
Core Operational Unit	425.1	434.7	441.4	446.4	429.1
Integrated Joint Boards	393.7	393.3	395.5	397.9	396.8
Board Corporate	33.5	33.7	33.6	33.4	32.5
Healthcare Providers outwith Tayside	20.2	19.2	18.2	17.2	16.2
Income	-78.9	-78.9	-78.9	-78.9	-78.9
Depreciation	21.8	21.0	20.8	21.3	22.4
Earmark to meet deferred expenditure c/f	22.5	16.5	13.5	10.5	7.5
Non-recurring funds from deferred expenditure	-16.5	-13.5	-10.5	-7.5	-4.5
Expenditure charged to non-core RRL	31.6	31.8	38.0	47.6	32.2
Other Committed Earmarks	6.9	8.8	4.4	0.7	26.9
Brokerage Repayment	0.0	1.6	6.9	11.8	14.3
Contingency	5.3	3.0	3.0	3.0	3.0
<b>Total Expenditure</b>	<b>865.2</b>	<b>871.8</b>	<b>885.9</b>	<b>903.4</b>	<b>897.5</b>
<b>Surplus/(Deficit)</b>	<b>(4.0)</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

Against a required efficiency savings programme of £49.8m to deliver financial breakeven, the programme is currently assessed at £45.8m with £5m identified as high risk. The Board is continuing to work closely with SGHSCD to mitigate the high risk of £5m that remains within the plan.

The planning assumption is that in the forthcoming years a level of repayment to the outstanding brokerage being made. In order to do so, in years two to five of the plan, £40.0 million will be required annually in efficiency savings.

## Commitments

Table 12 provides an assessment of the annual incremental changes within the planning horizon of the five year financial framework and indicates the key areas, together with a brief commentary. In addition, the Board is carrying forward a financial brokerage outstanding commitment to SGHSCD of £20.0 million prior to any firm conclusion to arrangements in drawing 2016/17 to a close. The assumption at present is up to a further £13.2 million, leaving £33.2 million to be repaid.

**Table 12 – Summary of Budget Commitments**

	2017/18	2018/19	2019/20	2020/21	2021/22
Pay Uplifts	5.1	5.0	4.9	4.9	4.9
Consultant Discretionary Points	0.5	0.5	0.5	0.5	0.5
Band 1 to 2 Incremental Drift	0.3	0.3	0.3	0.3	0.3
Apprenticeship Levy	2.0				
PPRS Receipts reduction	2.0				
Medicines Growth	5.1	7.3	7.7	8.0	8.3
General Uplifts	1.5	1.5	1.5	1.5	1.5
Children's Hospice Association	0.5				
NSD (top-sliced risk share)	1.0				
Revenue to Capital	1.5	(1.5)			
Patient Administration System	1.2	0.3	0.2	(0.3)	(0.5)
Depreciation	0.6	0.4	(0.8)	(0.5)	
Pressures/Developments	5.0	4.0	4.0	4.0	4.0
Board Contingency	4.0	3.0	3.0	3.0	3.0
<b>Total New Commitments</b>	<b>30.3</b>	<b>20.8</b>	<b>21.3</b>	<b>21.4</b>	<b>22.0</b>
Recurring Savings Gap b/fwd	30.2	24.9	17.3	13.2	11.2
<b>Total Commitments</b>	<b>60.5</b>	<b>45.7</b>	<b>38.6</b>	<b>34.6</b>	<b>33.2</b>
Less Uplift	(10.7)	(7.3)	(5.5)	(6.4)	(7.5)
Brokerage Repayment		1.6	6.9	11.8	14.3
<b>Efficiency Savings to deliver Financial Balance</b>	<b>49.8</b>	<b>40.0</b>	<b>40.0</b>	<b>40.0</b>	<b>40.0</b>
<b>% of Baseline RRL</b>	<b>7.0%</b>	<b>5.7%</b>	<b>5.7%</b>	<b>5.7%</b>	<b>5.7%</b>

**Table 13 - Savings Delivery Assumptions**

	2017/18	2018/19	2019/20	2020/21	2021/22
Recurring	50%	55%	60%	60%	60%
Non recurring	50%	45%	40%	40%	40%

**Table 14 - Brokerage**

	2017/18	2018/19	2019/20	2020/21	2021/22
Brought Forward	33.2	37.2	35.6	28.7	16.9
Further brokerage	4.0				
Repayment		(1.6)	(6.9)	(11.8)	(14.3)
Carried Forward	37.2	35.6	28.7	16.9	2.6

## Pay Uplifts

This recognises a general 1% Pay Award, with a flat rate increase of £400 for staff earning below £22,000.

## Apprenticeship Levy

The UK Government will introduce the UK Apprenticeship Levy in April 2017. As a result, employers across private, third and public sectors will be required to pay 0.5% of their paybill in excess of £3.0 million to HMRC. Whilst the apprenticeship levy is a tax on employers, its proceeds will largely be replacing existing apprenticeship funding in England, of which Scotland will receive a proportionate share.

## **Medicines Uplifts**

A 4% increase has been factored in on an annual basis to recognise both the growth in established agents and also the impact of new medicines within secondary care medicines and 3.1% within primary care medicines. The primary care uplift is informed by the work undertaken individually by the Chief Finance Officers. This impact is split £2.5 million for FHS Medicines and £2.6 million for secondary care medicines. The impact of the reduction in the Board's share of the High Cost Medicines Fund has had to be replaced through committing additional resources. A level of benefit is expected to be realised in both 2017/18 and 2018/19 from a number of drugs coming off patent. This is assessed presently at £2.4 million with a full year impact of £4.5 million. The 2017/18 expected benefit is reflected in Table 15. It is expected that through negotiations with Community Pharmacy Scotland (CPS) that a reduction in Tariff prices will be achieved in 2017/18. This sum is estimated nationally at £20.0 million with, under the margin sharing arrangements, a reinvestment with CPS of £2.0 million, leaving a net tariff reduction of £18.0 million. The NHS Tayside share of this is estimated at £1.4 million. This is again reflected in Table 15 below.

## **General Uplift**

A general uplift is recognised specifically in relation to categories such as resource transfer, rates, energy and PFI inflation, but also recognises an element for general price increases across supplies headings.

## **Children's Hospice Association Scotland (CHAS)**

Further to the Cabinet Secretary for Health and Wellbeing's announcement in October 2016 of an additional £30.0 million funding for CHAS over the next five years, Boards will be expected to contribute £6.0 million per annum from 2017/18 to meet this commitment. Scottish Government are involved in commissioning arrangements with CHAS. NHS Tayside's NRAC share of the additional commitment is close to £0.5 million.

## **National Services Top Slicing**

The exposure in the current year from the agreement by Chief Executives to contribute towards agreed national priorities is recognised.

## **Patient Administration System**

The implementation of the Trakcare system will go live in 2017/18. This strategic stepped change in the delivery of eHealth clinical services to one with greater emphasis on the utilisation of key nationally procured solutions will meet the rapidly changing information technology requirements of the organisation. The capital investment and revenue consequences were approved in February 2015 by Tayside NHS Board.

## **Revenue to Capital**

This resource re-provides the resource released in the current year back into the planned capital programme for 2017/18. A £2.0 million recurring resource is also available to facilitate delivery of the capital plan.

## **Pressures/Developments**

Recurring pressures are apparent within the health system, whether that be from capacity issues, increasing demand, or changes in legislation that require increased cost commitment. A list will be brought forward through the Chief Executives meeting with Directors, and, subsequently, to the Finance and Resources Committee for ratification of the distribution of resources.

## Board Contingency

The Financial Framework proposes a Board Contingency for each year of the Five Year Financial Framework. The Board Contingency is intended to address in year pressures and to address some of the emerging risks that appear continuously throughout the year. The use of this resource as a “pump priming” funding source should not be precluded. This is set at £3.0 million for each year of the plan. The sum set aside in 2016/17 of £1.3 million in relation to Mental Health environmental issues remains within Board reserves. In addition, a further £1.0 million is proposed to recognise the widening of the programme to other mental health sites and also to reflect the additional interim operational costs from the mental health contingency plan adopted in February 2017. A total of £2.3 million is, therefore, set aside.

## Recurring Savings Gap

The Board has long recognised its shortfalls in delivering a high level of recurring savings on an annual basis, and is a significant factor in the performance position it finds itself in at present.

The Board has a clear desire to make inroads into the delivery of recurring efficiencies, and now has impetus to drive this forward on a number of fronts.

A higher level of delivery of recurring efficiencies each year will lessen the burden in each consequent year. The Transformation Board will have a key role in guiding the organisation through some of these difficult decisions going forward and assisted by clear, concise business cases/papers that facilitate an understanding of all options considered with appropriate officer recommendations.

**Table 15 – 2017-18 Organisation Analysis**

	Core Operational Unit	Angus IJB	Dundee IJB	Perth & Kinross IJB	Board Corporate	Other Healthcare Services	Reserves/ Earmarks/Depn	Total
Pay Uplifts	3.4	0.3	0.5	0.5	0.4			5.1
Consultant Discret Points							0.5	0.5
Band 1 to 2 Incr Drift	0.3							0.3
Apprenticeship Levy	1.4	0.1	0.2	0.2	0.1			2.0
PPRS Receipts reduction							2.0	2.0
Medicines Growth	2.6	0.6	1.0	0.9				5.1
General Uplifts	1.0	0.1	0.1	0.1	0.1	0.1		1.5
Children's Hospice Assoc							0.5	0.5
NSD (top-sliced risk share)							1.0	1.0
Revenue to Capital							1.5	1.5
Patient Admin System							1.2	1.2
Depreciation							0.6	0.6
Pressures/Developments							5.0	5.0
Board Contingency							4.0	4.0
<b>Total New Commitments</b>	<b>8.7</b>	<b>1.1</b>	<b>1.8</b>	<b>1.7</b>	<b>0.6</b>	<b>0.1</b>	<b>16.3</b>	<b>30.3</b>
Recurr Savings Gap b/fwd	14.1	1.3	4.2	2.7	1.3	1.4	5.2	30.2
<b>Total Commitments</b>	<b>22.8</b>	<b>2.4</b>	<b>6.0</b>	<b>4.4</b>	<b>1.9</b>	<b>1.5</b>	<b>21.5</b>	<b>60.5</b>
Less Uplift	(1.3)	(0.3)	(0.4)	(0.4)	(0.2)	(0.1)	(8.0)	(10.7)
<b>Financial Gap</b>	<b>21.5</b>	<b>2.1</b>	<b>5.6</b>	<b>4.0</b>	<b>1.7</b>	<b>1.4</b>	<b>13.5</b>	<b>49.8</b>
FHS Medicines run rate		1.9	0.9	0.9				3.7
Off Patent Drugs		(0.7)	(1.0)	(0.7)				(2.4)
Tariff Price Reductions		(0.4)	(0.6)	(0.4)				(1.4)
<b>Total Exposure</b>	<b>21.5</b>	<b>2.9</b>	<b>4.9</b>	<b>4.0</b>	<b>1.7</b>	<b>1.4</b>	<b>13.5</b>	<b>49.7</b>
<b>% of Recurring Budget</b>	<b>6.6%</b>	<b>4.1%</b>	<b>4.7%</b>	<b>4.7%</b>	<b>5.0%</b>			

Included within the analysis for the IJBs is cognisance of the current run rate on FHS medicines, together with the assessed benefit to be derived in 2017/18 from a number of drugs coming off patent and the anticipated price tariff benefit. The assessed benefit is consistent with other Scottish Boards. The range of measures considered by Tayside NHS Board at its meeting in December 2016, if achieved, will contribute significantly to the efficiency challenge within the IJBs.

The differential rate of efficiency savings identified recognises the individual circumstances of each operating area and reflects, in particular for the IJBs individually, the progress in delivering recurring core savings offset by the unwarranted variation in primary care medicines.

### **Efficiency Savings and Productive Opportunities**

The Efficiency Savings challenge to the organisation is recognised as being significant in terms of cash releasing savings. However, in bringing each of the commitments to the table as part of this framework, it provides the Board with a clear understanding of the full challenge, and, through the appropriate governance structure of the Board, the necessary control and assurance mechanisms can be scrutinised in order to provide a high level of reassurance to the Board of the medium term plan to return to a financially sustainable position.

Over the five years of the plan, approximately £210.0 million of efficiencies are identified as being required. This equates to 5.8% of the Board's RRL. If recurring savings were met in full year each year, then the savings profile would reduce to £144.0 million. This reflects that £67.0 million of savings over the five year period are assessed as being delivered on a non recurring basis. This savings target incorporates over the five year plan close to 1.3% of the Board's Revenue Limit to be returned to SGHSCD to repay the outstanding brokerage. Year 1 of the plan indicates the highest level of savings, but is consistent with the reported savings for 2016/17. In delivering on this agenda a focus on delivering a stepped change in mindset and focus is required that will see the organisation transform. The Health and Social Care Partnerships will be integral to the development of models of care within the primary care sector that will see the balance of care shifting towards more community based care.

The wider communication strategy of "Valuing Your NHS" has seen a dialogue open up with the wider community of both patients and the public. It is essential that this strategy is open and engaging. This will also involve all staff groups within the health and care environments.

The Sustainability and Value programme will require the Board to demonstrate:-

- implementation of the Effective Prescribing programme;
- deliver a quality and cost assessed improvement plan to respond to Productive Opportunities identified from benchmarked performance;
- reduce medical and nursing agency and locum expenditure, as part of a national drive to reduce spend by at least 25% in-year, and
- implementation of opportunities identified by the national Shared Services Programme.

In the Local Delivery Plan (LDP), Boards are requested to set out the practical early steps being taken to ensure they are prepared to co-operate fully in regional planning and delivery of services during 2017/18. Draft LDPs are to be submitted by 31 March, 2017, with final LDPs to be submitted by 30 September, 2017. The final LDPs in September will look for regional planning and delivery aspects to be more fully developed. In this interim period, it is expected that Scottish Ministers will review recommendations in Spring 2017 from the National Review of Targets and Indicators for health and social care lead by Sir Harry Burns.

The local workstreams programme will continue to drive opportunities for efficiency and will be reported through the Transformation Programme Board and to the Finance and

Resources Committee. The assurance to Tayside NHS Board will be provided by the Chair of the Finance and Resources Committee at each Board meeting.

The workstreams are:-

- Workforce and Care Assurance;
- Realistic Medicine;
- Better Buying and Procurement;
- Repatriating Services;
- Facilities and Estates;
- Service Redesign, and
- Property.

Cohesion also perforates through to the developing Clinical Strategy that ensures healthcare is fit to meet the needs of our population's changing needs and to respond effectively to NHS Scotland's 2020 vision, whilst also making effective use of resources in the current and future economic climate.

The key service strategies are:-

- Mental Health;
- Surgical Services;
- Maternity Services;
- Paediatric Clinical Services;
- Older People's Services;
- Medical Specialties;
- Primary Care, and
- Cancer.

**Table 16 – Indicative Efficiency Savings Delivery**

	2017/18	2018/19	2019/20
Workforce & Care Assurance	8.8	9.0	7.0
Realistic Medicine	3.4	2.5	2.5
Better Buying & Procurement	1.5	1.5	1.5
Repatriating Services	1.4	0.8	
Facilities & Estates/Site Services	0.7	0.8	0.6
Service Redesign & Productive Opportunities	6.8	4.0	4.7
Regional working opportunities		3.0	9.0
Property – Asset Proceeds	2.9	2.5	2.5
IJB's – Hosp & Comm Services	5.6	5.4	3.8
IJB's – Prescribing	4.2	3.5	1.5
Shared Services			
Financial Flexibility	10.5	7.0	7.0
<b>Total</b>	<b>45.8</b>	<b>40.0</b>	<b>40.0</b>

**Table 17 – Indicative Efficiency Savings Delivery 2017/18**

	2017/18	
	Recurring	Non Recurring
Workforce & Care Assurance	4.9	3.9
Realistic Medicine	2.4	1.0
Better Buying & Procurement	1.0	0.5
Repatriating Services	1.0	0.4
Facilities & Estates/Site Services	0.4	0.3
Service Redesign & Productive Opportunities	5.4	1.4
Regional working opportunities		
Property – Asset Proceeds		2.9
IJB's – Hosp & Comm Services	3.8	1.8
IJB's – Prescribing	4.2	
Financial Flexibility		10.5
<b>Total</b>	<b>23.1</b>	<b>22.7</b>

**Table 18 – Risk Assessment of 2017/18 Efficiency Programme**

	Risk Assessment		
	High	Medium	Low
Workforce & Care Assurance	0.7	3.9	4.2
Realistic Medicine	0.4	0.5	2.5
Better Buying & Procurement			1.5
Repatriating Services		1.4	
Facilities & Estates/Site Services			0.7
Service Redesign & Productive Opportunities	1.5	1.3	4.0
Regional working opportunities			
Property – Asset Proceeds		0.4	2.5
IJB's – Hosp & Comm Services	0.5	1.8	3.3
IJB's – Prescribing	1.9	0.7	1.6
Financial Flexibility		2.0	8.5
<b>Total</b>	<b>5.0</b>	<b>12.0</b>	<b>28.8</b>

Further details on the specific initiatives within the High Risk category are brought together in Appendix 1.

The focus of the plan is:-

### **Agency Spend**

The Auditor General drew attention to the rates incurred for nursing agency staff at three times the rate for an employed member of staff. Whilst recognising the challenge of delivering a sustainable service, the LDP submissions will require the Board to demonstrate an in year reduction in spend on medical and nursing agency of at least 25%. The stretch target the Board has set itself is to deliver a 50% reduction, with the benefit to be derived from decreasing costs from 25% to 50% recognised as high, given the circumstances that need to be in place to achieve this.

Approximately 85% of the agency costs incurred to December 2016 are within Medical and Nursing, and totalling close to £6.6 million. Whilst the desire is to eliminate the premium through either internal locum appointments or locally employed staff through the nurse bank, it is recognised that specific specialties may still need to access external bodies given the specialist skills required. The ability to recruit to permanent posts outwith the period when Newly Qualified Practitioners become available remains a challenge. The paper presented to Tayside NHS Board in December 2016 on the Governance and Risk Plan for Safe Quality Patient Care indicated both the challenges and opportunities on delivering on this. A stepped reduction has already been seen in 2016/17 in nursing external agency spend.

A managed service agreement is in place with regard to medical agency engagement with consequent efficiency savings generated.

### **Driving the Efficiency**

A range of actions are in place to drive efficiency. From a manpower perspective and the deployment of the existing resource the ongoing work around:-

- roll out of eRostering;
- Centralised Rostering Bureau;
- Nurse Bank revised operational arrangements;
- provision of timeous RAG status data for each ward, and
- piloting of standardised shift patterns.

will all drive greater efficiency through the approval of compliant rosters linked to the NHS Tayside policy.



The investment in the Centralised Rostering Bureau sees less time spent by senior nursing staff on non clinical duties, resulting in more time spent leading better care, and a more consistent approach taken across the organisation to rostering practice.

At the same time as driving direct costs out through more effective rostering, the organisation needs to consider productive opportunities for all staff groups.

### **Productive Opportunities**

The operating premise of NHS Tayside is that we should be delivering upper quartile performance against identified Key Performance Indicators. The availability and interpretation of this data will require to drive clinical decision-making, leading to a more efficient and effective clinical environment, and, as a consequence, change the pattern of existing spend. This will require investment in both time and resource and acceptance that clinical and operational mindsets should be open to appropriate tests of change.

The national Discovery tool identifies for a broad range of performance measures the Board's position and indicatively the opportunity presenting. In addition, a bespoke report for each Board is being developed by the Scottish Government Health Performance & Delivery Team, and will inform further opportunities the Board should be considering. This programme will be taken forward through the Transformation Programme Board.

The LDP submission requires the Board to provide a quality and cost assessed improvement plan to respond to Productive Opportunities identified from benchmarked performance.

### **Service Reconfiguration/Remodelling**

The Board continues to actively progress the Clinical Strategy on a number of fronts. Its key clinical strategy programmes of:-

- Mental Health optimisation;
- Shaping Surgical services;
- Primary Care strategy;
- Paediatric Clinical Services strategy;
- Maternity Services, and
- Older People's strategy.

will all provide the clear direction for the organisation. Whilst quality and patient centred care will always be to the fore, the organisation must live within the overall financial envelope of its resources. Options being brought forward as part of these strategies need to be clear how this will be delivered. The challenge is to sustain or improve service quality at a lower cost.

The Estates Strategy will be fundamental to the rationalisation of our existing property base.

### **Delayed Discharge**

The Board continues to encounter significant avoidable costs in relation to delayed discharges. A delayed discharge is a hospital in-patient who has been judged clinically ready for discharge by the responsible clinician in consultation with all agencies involved in planning that patient's discharge, and who continues to occupy the bed beyond the ready for discharge date.

**Table 19 - Lost Bed days April 2016 to January 2017**

<b>Delay</b>	<b>Non Complex</b>	<b>Complex</b>	<b>Total</b>
0-14 days	6,686	75	6,761
15-28 days	5,935	238	6,173
29-42 days	3,793	338	4,131
42+ days	7,057	4,647	11,704
<b>Total</b>	<b>23,471</b>	<b>5,298</b>	<b>28,769</b>
<b>Total &gt;14 days</b>	<b>16,785</b>	<b>5,223</b>	<b>22,008</b>
<b>Ave beds per day</b>	<b>55</b>	<b>17</b>	<b>72</b>

This represents services within both the delegated responsibility of the IJBs and also the core Operational Unit of the Board.

In recent years the investment through the SGHSCD announcement in 2014/15 of £30.0 million to facilitate the reduction in Delayed Discharges, of which the Tayside share of this is £2.358 million, and, in addition to this, the Budget Bill in 2016/17 saw the investment of £250.0 million in a Social Care allocation. Half of this resource was set aside specifically to support additional spend on expanding social care services to support the objectives of integration. For Tayside this equated to £9.76 million. The operating assumption remains that these resources will contribute to a reduction in delayed discharges within the hospital setting, thereby providing the ability to reconfigure the bed complement. The target remains the 72 hour timescale following assessment of being medically fit for discharge. A cornerstone of the partnership working in 2017/18 will be the open engagement on the joint actions being taken to deliver on the 72 hour target, and recognition financially from Health and Social Care partners of the implications from the resources committed within the hospital sector where the target is not achieved.

The table on page 14 demonstrates that even for patients delayed after two weeks of being assessed as being medically fit for discharge, the equivalent of two wards are occupied for non complex patients. The inability to reconfigure the bed base is clearly inhibited through this patient cohort, but, through the significant national investment, and through the close collaboration with social care partners and, in particular, the IJBs, a plan requires to be set out that identifies the trajectories for reconfiguring the bed base as a consequence of the action plans. These are costs that are being incurred within the health vote that require to be released to take NHS Tayside towards a sustainable financially balanced future. At a cost of about £150 per day and based on the levels identified above, a sum close to £4.0 million is tied up in Delayed Discharges in the hospital sector. The figure would be substantially higher to recognise the 72 hour target.

### **Medicines Management**

Medicines management activities and the evolving plans over the period of the strategic plan was presented to Tayside NHS Board in December 2016. The report considered the outlier status of Tayside in the context of unexplained variation and areas of good performance. Five focussed programmes are in place reflecting quality prescribing visits, the use of particular medicines, together with a review of formulary compliance and the stated intention of implementing a refreshed and combined NHS Tayside/NHS Fife drug formulary. The review of six national therapeutic indicators, where the Board is ranked lowest in Scotland, will also take place.

In 2017/18 a number of medicines are expected to come off patent, the most significant of these being Pregabalin. Boards across Scotland are reflecting on the impact of these medicines now being classified as generic medicines with a consequent expected impact on a reduction in costs. The present estimate of a cost reduction of £2.4 million in 2017/18 and a Full Year Effect of £4.5 million is consistent with other Boards. In addition national negotiations with pharmacy contractors is expected to lead to a reduction in tariff prices from April 2017 of £18.0 million with the NHS Tayside share equating to £1.4 million.

Whilst these changes are welcome, the real drive remains in reducing the identified level of unwarranted variation, which, together with individual IJB local initiatives, will close the gap to the Scottish Average Cost Per Head of Weighted Patient.

Within secondary care in particular the adoption of the national recommendations for the introduction of biosimilars has been successfully rolled out in Tayside with a greater full year benefit expected in 2017/18. The review of discharge medication, reduction in medicines waste and the adoption of generic medicines when coming to market will all require to be implemented during 2017/18.

## **Property – Asset Disposals**

The Board continues to actively progress a range of property disposals where the Board has already declared them as “surplus to requirements”.

The Board is also extremely cognisant of the difficulties on occasions of either generating interest in assets held for sale, depending on either market conditions, or the constraints of properties on offer. All of this makes for challenging forecasting of either both timing of sales, or indeed the sales proceeds. The most lucrative offers often have significant conditions attached to them, all of which potentially delay the progress. Any offer that is subject to planning conditions also factors in the potential for not only delay, but also the risk of not completing. The Board, however, has to maximise the sales disposal proceeds and demonstrate best value.

In recognising this, asset proceeds in 2017/18 indicated at £2.9 million, with the two subsequent years set at £2.5 million, with an operating assumption that over this period that the Board will be able to retain the full asset receipt within the revenue stream.

In the light of the developing Clinical Strategies, it is anticipated that further site rationalisation will be identified. This, in particular, will come to fruition through consideration of the Older People’s Strategy, although other non clinical sites will also be considered. Collaboration with our Local Authority partners to consider opportunities for Smarter Office working will also feature.

## **Deferred Spend**

Over many years the Board’s financial plan has had a stated assumption around the level of deferred spend. During the course of any financial year, the Board receives a number of SGHSCD financial allocations which are in addition to the baseline revenue allocation confirmed at the start of the year. There is, however, normally an unavoidable timing difference between the receipt of an allocation and the expenditure being incurred, due to the necessary inter-agency consultation and the governance approvals process. This means that allocations received in a year may not be expended until the following financial year. Health Boards have no ability to carry forward reserves as distinct from the regime within the Health and Social Care Partnerships.

The annual budget, therefore, includes two elements:-

- i. a planned level of slippage on funding allocations received during the course of the year, or on allocations remaining from previous years, and
- ii. a level of new funding to reinstate funding for deferred expenditure carried forward from a previous year.

It has always been the stated position that the Board is looking to reduce this planned level of deferred spend annually. Given the direction that more resources are to be channelled through the Health and Social Care Partnerships, the ability of the Board to manage deferred spend will be reduced.

To recognise this, the proposal for 2017/18 is to release the recurring Board Contingency remaining from 2016/17, together with internal reserves to formally reduce the slippage requirement. A sum of £6.0 million is set aside for this purpose. Going forward, the proposal is that any remaining recurring Board contingency would reduce this requirement further.

It is proposed that allocations from the most immediate financial year concluded would be made good, while any slippage on allocations which are older than one year will only be made good following appropriate challenge. This policy will be reviewed annually by the Finance and Resources Committee, who will also be provided routinely with appropriate updates.

Where allocations result in the requirement to provide additional support from a corporate function then the application of an administration/management top-slice to the allocation should be considered.

## **Business Planning and Budgeting Process**

The Board Development Event held in November 2016 considered a revised business planning and budgeting process for NHS Tayside.

A key development is the implementation of a resource allocation process which takes account of historical spend patterns, cost pressures and efficiency savings requirements, as is current practice, but then also requires each area to identify their own 'business plan'.

The business plan will include key service priorities and challenges, develop workforce and service models, and include details of efficiency measures required to achieve realistic and agreed financial targets.

The key principle is that each area will have responsibility to balance their financial position, including developments and pressures.

The process will engage and involve service teams in the build of business planning and budgeting and progressively restore ownership, responsibility and accountability at clinical and operational service level.

A truncated approach is in place in the final quarter of this year for 2017/18. This will lay the foundations for full implementation of the process in the next financial year.

## **3.4 Capital Plan**

### **Development of NHS Tayside's Capital Forecast**

This section deals with the capital forecast covering the period 2017/18 to 2021/22, and reflects the limited availability of funds expected over that period.

### **Funding**

The capital funding estimated to be available over the five years from 2017/18 to 2021/22 is as follows:-

	2017/18	2018/19	2019/20	2020/21	2021/22
<b>Funding Source</b>	<b>£000s</b>	<b>£000s</b>	<b>£000s</b>	<b>£000s</b>	<b>£000s</b>
Formula capital allocation	9,473	9,473	9,473	9,473	9,473
Project specific	911	13,802	33,115	30,014	4,205
Radiotherapy	270	766	2,614	625	3,160
Transfer from RRL to CRL	3,500	2,000	2,000	2,000	2,000
<b>Totals</b>	<b>14,154</b>	<b>26,041</b>	<b>47,202</b>	<b>42,112</b>	<b>18,838</b>

SGHSCD has advised of a formula allocation of £9.473 million for NHS Tayside in 2017/18.

The transfers from the RRL to support the capital programme are included in NHS Tayside's five year Financial Framework.

For planning purposes, Boards have been advised to assume a flat position on formula capital allocations. No further SGHSCD allocations have been anticipated in 2017/18 over and above the indicative formula capital allocation, the ringfenced Radiotherapy rolling replacement programme, the ringfenced energy initiatives agreed in conjunction with Health Facilities Scotland, and the agreed slippage from 2016/17 to be returned from SGHSCD in 2017/18.

Project specific funding includes charitable sources of funding.

The net book value (NBV) of asset sales is deducted from capital funding in order to supplement the national Capital Resource Limit. Discussions will be advanced with SGHCSD for a continuation of the agreement reached in 2016/17 that the NBV of asset disposals can be transferred to revenue in order to assist the overall NHS Tayside revenue position for the period up to and including 2019/20.

It is unclear the level of national support to be provided beyond 2017/18. Boards have been advised to indicate, however, those key projects that would potentially attract support from SGHCSD. These schemes are detailed later in the paper.

## **Capital Forecast**

A short life working group (SLWG) was established in the latter half of 2016/17 to undertake an initial review of the wider capital planning process. The SLWG included the representatives from the Transformation Programme and Capital Finance Team.

The recommendation from the SLWG is to establish a group similar to the previous Clinical Services Advisory Group (CSAG) that includes representation from both clinical and technical groups and balances secondary, primary and health and social care partnerships. This group would assess and prioritise prospective projects locally, using the criteria employed nationally by SGHCSD to ensure compliance, prior to projects being proposed for inclusion in the five year capital plan. Given the timescales for the production of the draft five year Capital Plan 2017/18 to 2021/22, and the level of project slippage from 2016/17 to 2017/18, no formal prioritisation exercise has been undertaken during 2016/17. The CSAG group would be established in early 2017/18 to review the prioritisation of potential projects for future iterations of the rolling five year capital plan.

NHS Tayside is currently developing a Masterplan, in conjunction with Health Facilities Scotland and partner NHS Boards, which will build on the national and developing local Clinical Strategies and policies. The Masterplan will inform the development of the Property Asset Management Strategy and Financial Strategies, and underpin any future cases for investment, and disinvestment, within the existing estate in NHS Tayside.

The draft Capital Forecast is attached at Appendix 2 and is subject to change in the face of changing clinical risks and priorities and the availability of sources of funding. An earlier version of the draft Capital Plan was shared with the Director of Finance, Director of eHealth, Head of Property, representatives from the Transformation Programme and members of the Capital Projects Team for review and comment.

During the development of the capital plan in previous financial years, it became clear that there was a need for preliminary infrastructure works (e.g. power supplies, air handling) on the Board's ageing facilities necessary to provide resilience and compliance, before major improvement projects can be commenced. This has a particular impact on the Ninewells site, and a revised Initial Agreement has been shared with SGHCSD colleagues for comment prior to the formal submission to the Scottish Government CIG Capital Investment Group (CIG) for approval. Accordingly, amounts for infrastructure have been earmarked in the plan, subject to a successful approval process through CIG.

It is assessed that key clinical priorities for the organisation are not able to progress until the Infrastructure works have been carried out. As a result, the timing of clinical projects has been adjusted in the draft capital plan.

The draft Capital Plan in financial year 2019/20 is currently unbalanced. Should the capital programme progress as outlined, an additional transfer of circa £1.7 million from revenue to capital funding would be required in 2019/20. There are also a number of other initiatives currently under review which may require support from the capital programme. Any such requirement for capital funding will be considered through the prioritisation process to be undertaken in 2017/18.

The new Scottish Capital Investment Manual (SCIM) currently being piloted, places greater emphasis around service modelling prior to embarking on developing an Initial Agreement. The requirement for capital investment should grow out of good service redesign. Projects need to be set in the broader strategic context of the organisation, and Boards have been encouraged to engage with SGHSCD colleagues around the development of business cases as early as possible in the process.

The draft forecast schedules the projects according to clinical priority and ability to deliver within the anticipated available resources, recognising the requirement for appropriate decant facilities. An overview of the Capital Forecast is set out as follows:-

### **Statutory Compliance and Backlog Maintenance**

The expectation of SGHSCD is that a proportion of the formula capital allocation should be spent addressing statutory compliance and backlog maintenance as identified through the Estates Asset Management System (EAMS) and Property and Asset Management Strategy (PAMS). An earmark of circa £2.3 million has been included in 2017/18 to progress such works.

A programme of works has been developed to address theatre maintenance.

The planned transfer from revenue to capital in support of the capital programme is £3.5 million in 2017/18 and £2.0 million per annum thereafter.

### **Medical Equipment**

In 2016/17 the top-slice for medical equipment was reduced from £4.0 million to £3.0 million in the face of the restrictions in Capital Funding. In 2017/18 the earmark has been increased to £3.5 million, before reverting back to the reduced level of £3.0 million in subsequent years. The earmark increases to £4.0 million in 2021/22.

There is an expectation that £2.0 million of the medical equipment top-slice will be utilised by the Rolling Replacement Programme, which covers radiology, scopes, anaesthetics, renal and ultrasounds.

SGHSCD provides capital funding for certain projects of national significance. The replacement CT Scanner and PET CT Scanner for cancer treatment, funded in 2016/17, are expected to become operational in early 2017/18. Additional funding to purchase radiotherapy supporting equipment in between Linac purchases is expected in 2017/18.

### **Non- Medical Equipment**

£1.016 million has been allocated in respect of the replacement Hamo Instrument Tunnel Washer system within the Central Decontamination Unit (CDU) at Ninewells. Approval for this project was given in May 2015 under delegated authority.

A further circa £1.0 million has been earmarked in financial years 2017/18 to 2019/20, £0.045m in 2020/21 and £0.540 million earmarked in 2021/22, to support replacement plant and equipment within the CDU at Ninewells, subject to approval of business cases through the appropriate governance route.

### **Information Management and Technology (IMT)**

In 2016/17 the top-slice for IMT was reduced to £0.8 million (£0.65 million Acute and £0.15 million Primary Care). This has been increased to £1.1 million (£0.95 million Acute and £0.15 million Primary Care) in 2017/18, before reverting back to the lower earmark of £0.8 million in subsequent years up to 2021/22. The top-slice earmark in 2021/22 is £0.868 million (£0.718 million Acute and £0.15 million Primary Care).

There is also a further £0.905 million earmarked in 2017/18, and £0.03 million in both 2018/19 and 2019/20, for the eHealth Investment Programme to support the implementation of Trakcare. Approval for this project was given in February 2015 by Tayside NHS Board.

An earmark of £1.0 million has been included in 2017/18 to support the replacement of the current telephony system. This earmark is subject to the successful approval of the business case through the appropriate governance process.

### **Primary Care Developments**

A top-slice of circa £0.25 million per annum is applied to fund Primary Care works.

NHS Tayside has previously been provided with funding from SGHSCD for a primary care development in Bridge of Earn. A range of options have been developed which require further detail to be worked up in conjunction with the Capital Projects Team. Options for the provision of Primary Care facilities across the Carse of Gowrie are also being reviewed.

Funding to progress the Bridge of Earn and Carse of Gowrie proposals has been earmarked across 2017/18 and 2018/19, subject to a successful approvals process.

### **Other Commitments**

The Board is working in conjunction with the Macmillan and ARCHIE charities, who have offered to fund substantial parts of developments in oncology in Dundee and Angus, and a children's theatre project respectively. The costs of the projects are shown gross in the forecast, with the estimated funding within the funding section.

Several projects are proposed that reflect key planned developments for NHS Tayside, and assumptions have been made around additional SGHSCD funding support. These projects include:-

- Neonatal Intensive Care Unit;
- Critical Care Unit, and
- Regional Diagnostic Treatment Centre.

A high level assumption has been made around NHS Tayside's share of the £200.0 million capital funding available nationally to support the development of the Regional Diagnostic Treatment Centres. As work progresses around the development of the Strategic Assessment and business cases there will be greater clarity around the scope of the project and funding requirements

### **Revenue Funded Projects**

Primary and Community Care capital projects exceeding £10.0 million build cost require to use the hub initiative DBFM procurement route, which is a revenue funded solution. The capital requirement for such projects is limited to enabling works, moveable (Groups 2, 3 and 4) equipment and subordinated debt. SGHSCD will provide capital funding for moveable equipment associated with revenue financed hub projects.

The NHS Scotland Pharmaceuticals Specials Service (NHSSPSS) is being delivered via the hub procurement route.

The Tayside Community Care (Kingsway) project is also expected to be delivered by this route. In November 2014 there was a ministerial announcement of financial support for the Kingsway project, quoting a notional capital equivalent estimate of £20.0 million. The overall bed modelling for the Care Centre has been completed and verified by external health care planners. The service model and resulting accommodation is now being added to the potential workforce modelling work to produce both capital and revenue requirements for the proposed new facility. Dundee Health and Social Care Partnership are reviewing the community facilities provision, and until the outcome of this review is



known, this potential project is on hold. An update is expected to be taken to NHS Tayside Directors early 2017/18.

## **Caveats**

Members should note that the amounts and scheduling of projects beyond 2017/18 are subject to change. Future projects cannot be robustly costed until design work has been completed. Furthermore, priorities and resources are subject to change and should align with the Board's Clinical Strategy and Property and Asset Management Strategy (PAMS). The forecast for 2018/19 onwards should be treated as indicative at this stage.

The forecast for 2017/18 is subject to change, depending on the outturn for 2016/17. Should further slippage occur from 2016/17, changes may be required depending on whether consequent slippage funding is returned to NHS Tayside in 2017/18.

The forecast from 2018/19 onwards assumes that additional capital funding, over and above the formula capital allocation, will be made available by SGHSCD to support a number of key infrastructure projects on the Ninewells site. Any potential additional funding will be subject to a successful business case approvals process.

## **4. MEASURES FOR IMPROVEMENT**

The development of the Financial Framework forms a key component of the process for taking forward both national and local objectives. Whilst financial plans continually evolve, it provides a financial framework within which the Board must implement its service and health improvement plans.

## **5. RESOURCE IMPLICATIONS**

### **Financial**

The financial implications will be rigorously reviewed as part of the development process for the Plan.

## **6. DELEGATION LIMIT**

The approval of the Financial Framework is reserved to the Board on the recommendation of the Finance and Resources Committee.

## **7. RISK ASSESSMENT**

A list of financial risks in 2017/18 is attached at Appendix 1.

## **8. IMPLICATIONS FOR HEALTH**

The development of the Financial Framework is central to both national and local objectives for health improvement, efficiency, access and treatment.

As ever, there is a requirement to balance service demand with resource availability.

## **9. TIMETABLE FOR IMPLEMENTATION AND LEAD OFFICER**

The lead officer is the Chief Executive in her role as Accountable Officer, with support from the Executive Team, and specifically the Director of Finance.

## **10. IMPACT ASSESSMENT & INFORMING, ENGAGING & CONSULTING**

Wider engagement opportunities have been initiated with the clinical fraternity and senior management groups on the Board's financial framework, and associated challenges and opportunities. A programme to widen this exposure is presently under consideration and will be presented to the Board in due course.

## **11. EQUALITY & DIVERSITY IMPACT ASSESSMENT**

The equality and diversity impact is considered as part of each business case.

## **12. PATIENT EXPERIENCE**

Contributes to the delivery of care and services across a range of environments in NHS Tayside. As part of the engagement programme highlighted above, a wider dialogue with both patients staff and public will be initiated

**Lesley McLay**  
**Chief Executive**  
**March 2017**

**Lindsay Bedford**  
**Director of Finance**

# RISK ASSESSMENT 2017/18 - EXCHEQUER Appendix 1

Risks – Revenue	Risk Assessment		Risk Management/Comment
	Likelihood	Impact	
Cost reduction target of c£50m for 2017/18 not achieved in full.			
FHS Prescribing – Level of unwarranted variation remains	High	Up to £4.0m	Implementation of revised formulary will require full engagement with both Primary and Secondary Care practitioners and for a progressive dialogue with the relevant professionals to take place in order that any intended benefits are realised. Achievement of this in full are anticipated to be in 2018/19.
Balance of risk associated with sustaining service delivery performance against national targets through maintaining additional on site theatre capacity.	High	Up to £1.4m	Agreement to be reached on delivery of access performance within the 2017/18 financial framework
Delivery of 72 hour delayed discharge target in order to support the required: Improvement in patient flow Reconfiguration of bed base Minimisation of cancelled planned surgery	High	Up to £1.5m	Achievement requires the combined investment within Social Care by the Local Authorities and the successful decrease in emergency admissions and corresponding length of stay.
Reduction & delivery in unscheduled care admissions in line with strategic plans of Health & Social Care Partnerships leading to reconfiguration of acute beds	High	£0.5m	Open dialogue on evidence of active changes in sustaining both a reduced level of admission and shorter lengths of stay
Target of reducing non contract agency staff by additional 25% from LDP requirement of 25% from 2016/17 baseline	High	£1.7m	Dependency on successful recruitment of NQPs and Return to Practice programme together with effective deployment of staff
Target of reducing non contract agency by 25% from 2016/17 baseline & overtime by 25%	Medium	£3.0m	Dependency on successful recruitment of NQPs and Return to Practice programme together with effective deployment of staff
Reduction in training grade rota breaches	Medium	£0.4m	Clinical engagement and effective management between Clinical training leads and training grade doctors
Full implementation of standardised shift patterns across Tayside by September 2017	Medium	£0.5m	Proposed full partnership approach to develop timeline associated with engagement and testing.
Identification and delivery of areas to contain secondary care medicines spend	Medium	£0.5m	Maximum achievement of use of biosimilar medicines Review discharge medication. Early adoption of generic medicines when coming to market. Reduction in medicines waste.
Implement outcomes of National Burns Review	Medium	£0.2m	Early implementation required.
Engagement with clinical fraternity on identified productive opportunities and securing agreement on redefined patient pathways including reducing average length of stay leading to bed reconfiguration	Medium	£0.5m	Early engagement on top 5 identified opportunities and securing expert advice and support to assist in agreeing actions.
Reduction in private sector placements	Medium	£1.4m	Continuous review of patients to ensure assessment of repatriation back to Tayside is undertaken and engagement with other Scottish Boards to explore income generation opportunities.
<b>contd./</b>			

Risks – Revenue	Risk Assessment		Risk Management/Comment
	Likelihood	Impact	
Cost reduction target of c£50m for 2017/18 not achieved in full.			
Property Disposals	Medium	£0.4m	Property team continue to drive disposal programme ensuring legal and professional advisors assist in achieving timeous sales and obtaining best value.
Financial flexibility	Medium	Up to £2.0m	Continued monitoring in early stages of year to identify opportunities to contain spend.
Medicines cost and volume increases higher than planned.	Medium	Up to £1.0m	Primary Care growth forecast by Chief Finance Officers based on IJB specific assumptions. Horizon scanning on secondary care medicines. Continue to monitor SMC decisions.
Activity growth, patient acuity levels, or service pressures greater than anticipated.	Medium	Up to £2.0m	Position subject to ongoing review, with implementation of revised efficiency plans where necessary.
The source of planned carry forward and deferred expenditure at March 2018 uncertain at this stage.	Medium	Up to £2.0m	The Financial Framework reduces the planned level of deferred spend by £6.0m from the previous year.
Inability to maintain costs in line with central funding allocations, including Outcomes Framework funding.	Medium	c£1.0m	Implications recognised within the Financial Framework. Current and future commitments subject to review.
Costs for healthcare provided through other NHS Boards higher than planned.	Medium	Up to £0.75m	Patient activity trends closely monitored together with opportunities for repatriation identified.

Risks – Capital 2017/18	Risk Assessment		Risk Management/Comment
	Likelihood	Impact	
Capital funding insufficient for necessary projects leading to prioritisation and consequent potential impact on services.	High	Up to £4.0m	Non added value budget for capital projects agreed at £3.5m. Budgets for estate statutory compliance and backlog maintenance reduced. Spend is risk prioritised and capital expenditure only incurred where budget allows. Statutory and backlog maintenance issues to be addressed over the next 7/8 year period. CSG monitors slippage of projects and manages annual capital budget. Risks associated with changing project schedules managed by service leads.
Timing of the completion of disposal of assets unpredictable.	High	Up to £3.0m	A number of sales expected in 2017/18. Offers already received for a two properties. SFT providing master planning services to enable large sites for sale. Progress with disposals is being monitored through the Property Workstream of the Transformation Programme.
Non added value capital spending may not be classified as impairments leading to risk of revenue cost pressure.	Medium	Up to £2.0m	Non added value capital spend reviewed by valuers annually for completed projects to confirm level of impairments. Previous experience indicates that impairments will be accepted.
National impairment budgets may be insufficient leading to deferral of revenue savings and risk of revenue cost pressure.	Medium	Up to £0.5m	Forecast impairments from planned rationalisation of estate communicated to SGHSCD.
Capital projects unaffordable in either revenue or capital terms.	Medium	Not quantifiable	New projects scrutinised by CSG for affordability. Projects managed and prioritised.
Project does not deliver outcomes expected with consequent impact on services and additional funding required to resolve.	Medium	Not quantifiable	Focussed design work undertaken with stakeholders prior to project approval. PPEs and POEs performed and recommendations and action plans developed.
CRL exceeded.	Medium	Up to £1.0m	CSG manages capital budget and reports monthly to the Finance and Resources Committee.
Hub initiative: Complexity and governance process leading to delays and slippage with consequent impact on services.	Medium	Up to £1.0m	hub processes being managed. The NHSSPS Project is now in the construction phase. The Tayside Community Care project is on hold pending the outcome of the property review being undertaken by Dundee Health and Social Care Partnership. Risks associated with delayed projects managed by service leads.

## ARCHIVED RISKS

Hub initiative: Expectation to use general CRL for subordinated debt for DBFM projects.	N/A	N/A	No requirement for subordinated debt investment in 2017/18.
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<b>NHS TAYSIDE DRAFT CAPITAL FORECAST</b> <b>Based on period ending 28 February 2017</b>						<b>Appendix 2</b>
<b>2017/18 - 2021/22</b>						
	<b>2017/18</b>	<b>2018/19</b>	<b>2019/20</b>	<b>2020/21</b>	<b>2021/22</b>	
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	
<b>Formula Capital</b>						
<b>Committed Projects - Project Specific</b>						
DD2 Radiotherapy - Linac	20					
Radiotherapy - CT Scanner	704					
Radiotherapy - PET CT Scanner	14					
Radiotherapy - Archive System		153				
Radiotherapy - Treatment Planning System		613				
Radiotherapy - Linac	2		2,614		2,664	
Radiotherapy - Brachytherapy Unit				355		
Radiotherapy - Small Centre Ancillary Items	270			270		
Radiotherapy - Record & Verify System					496	
<b>Topsliced</b>						
<b>State of the Estate</b>						
Estate Investment - Statutory Compliance & Backlog Maintenance	2,313	2,772	1,786	3,277	3,000	
IM&T Rolling Programme Tayside	950	650	650	650	718	
Medical Equipment - MEG	3,500	3,000	3,000	3,000	4,000	
Non-Medical Equipment (Hammo Instrument Washer Replacement)	1,016					
Primary Care Fund Programme	250	250	250	250	250	
Project Management & Staff Costs	495	500	505	510	515	
<b>High Priority Projects</b>						
Ninewells Infrastructure Works - Polyclinic Area	260	4,086	3,113			
Ninewells Infrastructure Works - Phase 2. Zones 1,2,3		50	3,100	3,150	4,205	
Children's Fundraising Project/ARCHIE paediatric theatres	117	2,588	3,246			
Neonatal Intensive Care NW	80	2,406	2,024			
Critical Care Unit incl SHDU and ICU NW Phase 1	50	2,925				
Critical Care Unit incl SHDU and ICU NW Phase 2			6,215	9,000		
MacMillan Haematology & Oncology Unit NW	50	500	5,118	5,118		
Regional Diagnostic Treatment Centre	50	1,610	15,837	15,837		
Bridge of Earn / Carse of Gowrie	321	750				
Biomass Boiler (Energy Initiatives Funding)	234					
Energy Initiatives funded from recycled savings	110					
eHealth Investment Programme	905	30	30			
ICT Telephony	1,000					
CDU Tracking & Traceability System	46					
Production Unit 5 Year Forecast	1,000	1,000	1,050	45	540	
Local Care Centres - Dundee (Maxwelltown, Menzieshill) Equipment		300	200			
Maternity services review, incl theatres					1,300	
Cardiac Cath Lab & Coronary Care Unit upgrade NW				50	1,000	
<b>Total Committed, Topsliced and Priority Projects</b>	<b>13,757</b>	<b>24,183</b>	<b>48,738</b>	<b>41,513</b>	<b>18,688</b>	
<b>Other Formula Capital</b>						
Capital Grants including IM&T Primary Care and Angus Dental	150	150	150	150	150	
Retraction programme	200					
<b>Total Other Formula</b>	<b>350</b>	<b>150</b>	<b>150</b>	<b>150</b>	<b>150</b>	
<b>Total Formula Capital</b>	<b>14,107</b>	<b>24,333</b>	<b>48,888</b>	<b>41,663</b>	<b>18,838</b>	
<b>Hub</b>						
Hub NHSSPS Fees	30	30	10			
Hub Tayside Community Care Project Enabling	17					
Hub NHSSPS Equipment		1,678				
Kingsway 2 project - equipment				250		
Kingsway 2 project - subordinated debt				200		
<b>Total Hub Projects</b>	<b>47</b>	<b>1,708</b>	<b>10</b>	<b>450</b>		
<b>TOTAL EXPENDITURE</b>	<b>14,154</b>	<b>26,041</b>	<b>48,898</b>	<b>42,113</b>	<b>18,838</b>	
<b>FUNDING</b>	<b>2017/18</b>	<b>2018/19</b>	<b>2019/20</b>	<b>2020/21</b>	<b>2021/22</b>	
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	
<b>Confirmed Funding via allocation letters</b>						
Formula	9,473	9,473	9,473	9,473	9,473	
<b>Total Confirmed Funding via allocation letters</b>	<b>9,473</b>	<b>9,473</b>	<b>9,473</b>	<b>9,473</b>	<b>9,473</b>	
<b>Anticipated CRL Allocations:</b>						
2016/17 CRL slippage returned to NHST	500					
Radiotherapy Funding	270	766	2,614	625	3,160	
Ninewells Infrastructure Works - Polyclinic Area - Addtl SG Funding		4,086	3,113			
Ninewells Infrastructure Works - Phase 2. Zones 1,2,3 - Addtl SG Funding		50	3,100	3,150	4,205	
Statutory Compliance & Backlog Maintenance (NICU) - Addtl SG Funding		2,406	2,024			
Critical Care Unit Phase 1 and Phase 2 - Addtl SG funding		2,925	6,215	9,000		
Regional Diagnostic Treatment Centre - Addtl SG funding	50	1,610	15,837	15,837		
Slippage of Biomass Boiler (Energy Initiatives Funding)	234					
Energy Initiatives funded from recycled savings	110					
Hub NHSS PSS Equipment		1,678				
Hub Kingsway Equipment				250		
<b>Total Anticipated CRL Allocations</b>	<b>1,164</b>	<b>13,521</b>	<b>32,903</b>	<b>28,862</b>	<b>7,365</b>	
<b>Total Anticipated CRL</b>	<b>10,637</b>	<b>22,994</b>	<b>42,376</b>	<b>38,335</b>	<b>16,838</b>	
<b>Other Funding Sources (Non CRL)</b>						
Hub NHSS PSS Subordinated Debt						
Hubco draw down of senior debt for repayment of Stage 1 & Interim Stage 2 fee loan						
MacMillan Angus						
Children's Fundraising Project/ARCHIE paediatric theatres - Archie contribution		880	1,120			
MacMillan NW - MacMillan contribution	17	167	1,706	1,777		
Transfer From Revenue	3,500	2,000	2,000	2,000	2,000	
<b>TOTAL FUNDING</b>	<b>14,154</b>	<b>26,041</b>	<b>47,202</b>	<b>42,112</b>	<b>18,838</b>	
<b>OVER / (UNDER) SPEND</b>			<b>1,696</b>			

Please note any items relating to Board business are embargoed and should not be made public until after the meeting



**BOARD34/2017**  
**Tayside NHS Board**  
**27 March 2017**

**DRAFT ONE YEAR OPERATIONAL DELIVERY PLAN 2017-2018**

**Ms L McLay**  
**Chief Executive**

**March 2017**



# DRAFT One Year Operational Delivery Plan

2017-2018



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# 1 Introduction



NHS Tayside provides high-quality health services from a number of acute and community sites and in people's own homes. This document summarises our Operational Plan for 2017-18, setting out the actions we will take over the next year to improve the quality, safety and cost-effectiveness of our services and ensure we remain resilient in light of the challenges we face.

The one-year plan has been developed within the context of our five-year Transformation Programme for Tayside.

Like other health boards, NHS Tayside must transform the way we deliver services. Therefore this plan provides a more detailed operational overview describing the specific measures we will take in 2017-18 to further improve the quality and delivery of health and care and provide credible, sustainable, safe and effective services within the resources available to us. It is acknowledged that this is currently proving very challenging for most health organisations across Scotland and the United Kingdom as demands and expectations for services continue to rise against the challenges of maintaining the right shape of workforce, assets and resources to deliver modern health and care.

Here in NHS Tayside, we have an operating model which exceeds our resource allocations and we are addressing this by transforming the way we deliver health and care.

The role of our workforce is central to our transformation. Delivery of this Operational Plan will therefore be built on a culture that engages all our employees in the delivery of our transformation, in which partnership working is at the heart of all that we do, that promotes clear values and behaviours modelled through a collective leadership approach at all levels of our organisation, and which recognises the contribution of individuals every day.

It is important to acknowledge that our staff have already delivered efficiencies and productivity gains on an unprecedented scale in 2016-17 through a combination of transformation and efficiency measures, while maintaining performance and

quality standards to a high level. Our plan for 2017-18 responds to the regional and national context and the drivers of the Health and Social Care Delivery Plan, the National Clinical Strategy, Realising Realistic Medicine and the benchmarking data provided by Scottish Government to all health boards relating to productive opportunities.

We acknowledge that we will need the continued support of Scottish Government with tailored support to achieve the challenging objectives set out in this plan, but we have done much work over the past two years and understand the areas that must be addressed to return to financial balance.

We firmly believe that it is through ensuring that quality comes first, and focusing on doing the right things for patients, that we will also improve our efficiency and productivity so that the people of Tayside, Fife and the other areas we serve can be assured of safe, effective, sustainable and affordable health and care into the future.



**Lesley McLay**  
**Chief Executive**



**Professor John Connell**  
**Chairman**



## 2 Our Strategic Context



### Our strategic direction

Like many health and care systems across the UK, NHS Tayside faces unprecedented challenges in maintaining and sustaining services in the context of growing demands and expectations to support our population's health in an equitable manner, and to deliver high-quality and timely health and care services for our communities. Key drivers of our strategy are the recently published National Clinical Strategy and the Realising Realistic Medicine report by the Chief Medical Officer for Scotland.

As part of the Scottish Government 20:20 vision for health and social care and in response to the recently published national Health and Social Care Delivery Plan, NHS Tayside is developing a suite of delivery plans that will be informed by the Strategic Commissioning Plans developed for each part of Tayside by our Health and Social Care Partnerships. These will demonstrate how we can integrate health and social care delivery at a local level and design and develop new models of care that are tailored to meet local needs. All these plans must be realistic and describe clearly how we will deliver services within available resources.

Our vision picture which describes NHS Tayside's vision to deliver health and care services for the future, our overarching Clinical Strategy Framework, individual Clinical Service Strategies and Health Equity Strategy will continue to evolve to shape our approach towards high quality, safe and effective future health and care services in Tayside.

### Working with regional planning partnerships

NHS Tayside is committed to working as part of regional planning networks to provide its regional and national services as a provider and as a partner. The North of Scotland Boards that form the North of Scotland Planning Group include NHS Tayside, NHS Grampian, NHS Highland, NHS Shetland, NHS Orkney and NHS Western Isles. NHS Tayside has close working arrangements with NHS Fife and is a partner in the South East and Tayside regional network that includes NHS Lothian and NHS Borders. Tayside staff will work with clinical and management colleagues in these regional partnership arrangements to agree the best pathways of care for both the Board and the regions' populations.

### Location of regional and national service provision

NHS Tayside would anticipate providing some of these regional and national services within its own board area, and some would be provided by other boards. The advantages of Tayside hosting a regional and national service include building local multi-disciplinary expertise that would promote research activity, academic links and teaching opportunities. The critical mass of services to support integrated care provision would be considered in the decision making.

### NHS Tayside Major Service Redesign

There are two critical strategic change programmes in NHS Tayside that are considered to be major service change and therefore will involve full and formal public consultation during 2017-18. These fit within our wider strategic redesign to help focus activity, move care to the community and avoid clinical risk.

The Mental Health Redesign Programme focused initially on site optimisation work to consider the most appropriate configuration of inpatient facilities across Tayside for people with mental health problems. Historically, NHS Tayside has developed inpatient services on three main sites across Tayside and has the highest per capita spend of any Scottish health board for adult inpatient mental health services. Options have been developed and assessed through an options appraisal process involving a range of stakeholders. The Mental Health Transformation Programme Board will develop whole system solutions for each of the alternative options in order that the consultation and decision making can be informed by an understanding of the comparative models and pathways. The formal public consultation will start in Summer 2017.

The Shaping Surgical Services programme, which aims to redesign surgery across Tayside, is at a similar stage and will also start a formal three-month public consultation in Summer 2017.

In addition to the major service redesign programmes, there will be strategic changes to health and care as a consequence of health and social care integration. This will look to shift activity and resources into the community in order that more people can access health care closer to home.

### 3 Partnership, Values and Culture



#### Delivering Through Our Values and Our Culture

Our staff are at the heart of delivering high-quality care. It is their skills, commitment and compassion that leads the experience and outcomes for our patients. It is for this reason that engaging and empowering our staff, our professional leaders, and our staff partners in transforming NHS Tayside to meet our ambitions, deliver excellence, and meet our financial and service demands is one of the highest priorities for the Board.

Across 2016/17 we worked closely with staff and our trade unions to begin to build together a platform of positive staff experience, and set out the five year programme of strategic transformation required to deliver a radical programme of service redesign and reform. This five-year strategy drives our longer term service change, and describes how we will support our staff to ensure we continue to provide the best and safest care and treatment we can for our patients, their families and carers and the public.

#### Living Our Values

The working environment for staff will be crucial to the delivery of this plan and it is important that staff know they are valued equally and everyone has a role to play. Work is already ongoing in NHS Tayside to refresh our approach to delivering NHS Scotland's values, and ensure that we demonstrate every day the behaviours that patients, colleagues, and all those who use our services should expect from us all. Those core NHS Scotland values are:

- care and compassion
- dignity and respect
- openness, honesty and responsibility
- quality and teamwork



#### Developing Our Culture

In 2016/17 NHS Tayside commissioned a wide-ranging diagnostic review of the experience of our staff and those values, having secured a unique opportunity to work with both the King's Fund and Professor Michael West, an international expert around understanding and improving staff experience. In 2017/18 we will use the outcomes of that review to ensure these same values are understood and lived by all those members of our team working in all roles across the organisation, by those newly entering employment with NHS Tayside, and that they are demonstrated in the day-to-day experiences of those who rely on our care.

There is strong evidence that positive patient experience is built on positive staff engagement. That engagement is supported by effective systems that ensure individuals get high-quality feedback and meaningful appraisals recognising good performance. Positive staff engagement should also directly address behaviours at odds with the values of the organisation, and ensures engagement of staff partners in all we do.

Alongside plans to drive meaningful appraisal and development discussions for every member of our team - regardless of role, throughout 2016/17 we have been actively capturing the views of individual staff and developing an understanding of their experiences at a local team and service level through the national iMatter process, a key element of our engagement strategy. Early 2017/18 will see us complete our roll out of the iMatter process across our Health and Social Care Partnerships, ensuring all our NHS staff are able to express their voice and shape the conditions for high-quality care. NHS Tayside already has the highest rate of response by staff to iMatter across Scotland's health boards. We will continue to build on that engagement and use our staff voice to shape our future.





### *Delivering in Partnership*

Central to our approach is an ethos of local empowerment to solve problems, identify improvements and exercise initiative to improve staff experience. In 2016/17, we began a programme in partnership with our trades unions and professional organisations to build and embed local service-level Partnership Fora, devolving ownership in partnership of our key service clinical strategies, financial plans and workforce plans. By doing this we help ensure our staff are influential in shaping the services in which they work. This approach is already demonstrating benefits, with recent challenges in our mental health services addressed jointly by line managers, clinical leaders and trade union partners to ensure that for both staff and service users, rapid and urgent change was delivered without impact on the care or experience of those affected.

In 2017/18, we will use that approach to model together our expectation of how leaders and staff partners will work together in every part of our service. Together we will develop and deliver a partnership work plan built on openness, honesty, a commitment to the transparent sharing of information, and which models a consensus approach to achieving a meaningful commitment to long term strategic and service change.



# 4 Clinical Strategy, Quality, Safety & Governance



## NHS Tayside Clinical Services Strategy

The National Clinical Strategy, launched in 2016, set out the need for transformational change across NHS Scotland. It recognises that in order to bring about change and improved outcomes for patients, clinical services require to be planned and delivered at national, regional and local levels.

NHS Tayside has developed a clinical services strategic framework which adheres to a core set of agreed principles and has been developed around the clinical community's understanding of what is best practice. The framework supports the vast majority of care delivered for Tayside patients to be provided locally in Tayside.

This overarching framework is supported by individual strategies aligned with the national clinical strategy. The aim of these individual clinical services strategies is to enable people to live longer healthier lives where health equity is promoted, individuals are empowered to help themselves and are at the centre of all decisions. We will do this by delivering clinical services where community provision is the norm, health and social care are integrated, and care is sustainable, safe, effective and affordable.

The primary drivers for change are:

- Focus on prevention, maintaining existing health through anticipation, co-production and self management
- Joined up pathways between primary and secondary care and between clinical services
- Enhanced community provision
- Hospital admissions are prevented or as short as possible and people are enabled to go home as soon as it's appropriate
- Safe, effective and high quality person-centred care
- Enabling infrastructure, workforce and organisational culture

The individual strategies focus on older people, maternity services, paediatric services, adult mental health services, surgical services and primary care.

Cancer and medical specialities clinical services strategies have had preliminary NHS Board discussion with full strategies planned for 2017-18.

These endorsed clinical strategies are being implemented in operational service. This means that other patients will benefit from changes in practice that promote greater community working, integration of health and social services and redesigned safer and more sustainable services with patients experiencing reductions in delayed discharge from care settings. Extensive work has been undertaken and transformational changes are linked to some of the Board endorsed clinical strategies that will continue to be implemented throughout 2017/18.

## Patient Safety

NHS Tayside has a strong track record of delivering high-quality, safe and effective care for all our patients. Our continued focus for 2017-18 is to bring together the deteriorating patient elements from across the Acute Adult, Mental Health and Primary Care Programmes. Adopting a patient pathway approach we aim to make improvements to the way clinicians identify, treat and appropriately escalate patients by standardising tools and techniques across the organisation working in partnership with colleagues from across the Health and Social Care Partnerships.

This focus is also reflected within the ambitions of the Scottish Patient Safety Primary Care Programme, with the aim to deliver improvements to the recognition and management of deteriorating patients in primary care using the National Early Warning System (NEWS). Work is now underway to spread this work to community nursing, out-of-hours service and prison service. The work plan will also include a focus on sepsis and acute kidney injury adopting a pathway approach to ensure improvements span the breadth of acute and primary care.



One of the aims of the Scottish Patient Safety Programme is to reduce avoidable harm to patients by improving medicines safety at all points of care delivery. Our ambition is to make improvements to medicines safety across the whole system including acute care, primary care, maternity and children's services and mental health services.



NHS Tayside will do this through a system wide approach to medication reconciliation using the Measuring and Monitoring Framework for Safety. This will include one GP cluster, out of hours, the Scottish Ambulance Service, an admissions ward and downstream wards.

NHS Tayside will establish reliable processes for medications on admission and discharge across Tayside with a focus upon testing alternative methods of measuring for improvement e.g. case note reviews and provide medication information to patients/carers at discharge.

In addition to the above local priorities, work continues to support teams to deliver specific national programme related improvements in acute care, maternity, paediatrics and neonatal and Mental Health.

### Healthcare Associated Infection (HAI)

Within NHS Tayside the Infection Control Annual Work Plan is aligned to the Scottish Antimicrobial Resistance and Healthcare Associated Infection Delivery Plan.

This plan will be supported by Infection Control, Directorates and Health and Social Care Partnerships therefore augmenting infection control and prevention activities within NHS Tayside. The key priorities include working towards achieving targets set by the Scottish Government Health and Social Care Directorate which include reducing Staph aureus bacteraemias (SABs), Clostridium difficile infections (CDI), improving antimicrobial prescribing and compliance with good infection control practice e.g. hand hygiene, standard infection control precautions and transmission based precautions.

Infection prevention and control is an integral part of quality healthcare and as not all HAIs are preventable swift action to problems such as cross-infection and infection outbreaks will always be a necessary element of the work of Infection Control. A proactive and collaborative approach is vital to reduce preventable HAIs.

### Clinical and Care Governance

During 2017-18 effective arrangements for clinical and care governance and risk management across health and social care will continue to be monitored and reviewed through the two strategic documents: The Clinical and Care Governance Strategy for Tayside NHS Board; and the Integrated Health and Social Care Partnerships 'Getting It Right for Everyone – A Clinical, Care and Professional Governance Framework'.

In addition, action plans will be developed and monitored and staff will be prepared and supported, in relation to a number of Government directives which will be implemented, including:

- [The Duty of Candour](#)
- [The BSL \(British Sign Language\) National Action Plan](#)
- [The new model of Complaints Handling Procedures for the NHS and Social Work](#)
- [The introduction of Healthcare Improvement Scotland Quality of Care Reviews](#)
- [The Carer Act](#)

The process by which health and social care is monitored and assured creates a culture where delivery of the highest quality of care and support is understood to be the responsibility of everyone working in the organisations – built upon partnership and collaboration within teams and between health and social care professionals and managers.

The Medical Director and Nurse Director have a responsibility for clinical and care governance, working collaboratively with management and social care colleagues. However, all staff have a responsibility and are accountable for clinical and care governance. Every clinical area reflects on local data and practice and reports to a local clinical governance group. All these groups across NHS Tayside and Health and Social Care assess their clinical governance and risk management performance and report through to their respective Board.

Outcomes and assurances from Directorate Performance Reviews are reported to Tayside NHS Board through the Clinical Quality Forum which is jointly chaired by the Medical and Nurse Directors. The Clinical Quality Forum reports to the Clinical and Care Governance Committee of Tayside NHS Board, which is the Board's designated clinical governance committee. The Clinical and Care Governance Committee is required annually to formally report to Tayside NHS Board on the activities delegated to it by the Board.

## 5 Planning Assumptions



NHS Tayside's delivery of our one-year plan for 2017-18 is based on the following planning assumptions:

- 1. Patient Safety Standards, Clinical Quality and Service Performance will be maintained**
- 2. Whole system approach in identifying and optimising all efficiencies, unwanted variation and productive opportunities**
- 3. Delivery of 72-hour standard across all inpatient sites for the discharge of patients clinically assessed as being ready for discharge by the responsible clinician in consultation with all agencies involved in planning that patient's discharge**
- 4. Delivery of Health and Social Care Partnership planned reductions in emergency admissions**
- 5. Whole system approach to reduce occupied bed days for unscheduled care and planned care**

## 6 Our Programme of Transformation

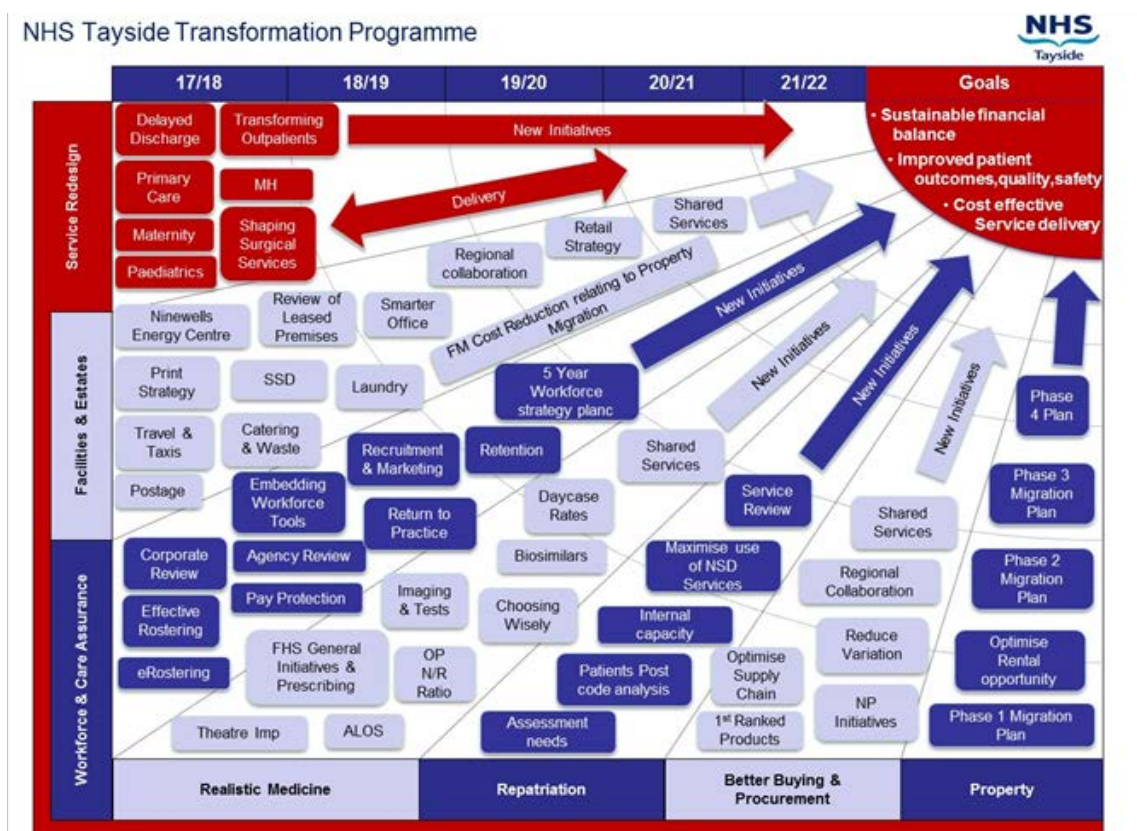


The NHS Tayside Transformation Programme was established in December 2015 to address the need to transform services in order to maintain quality of care delivery and performance while returning to sustainable recurring financial balance over the medium term.

The programme is focused around six workstreams, underpinned by our local clinical strategies and service redesign priorities. These workstreams are interconnected with our local service delivery plans to ensure governance, focus and accountability.

The Workstreams are:

- Workforce and Care Assurance – for all staff
- Realistic Medicine – Pathways diagnostics and prescribing
- Repatriation – of patients to NHS Tayside and ensuring appropriate out of area referrals
- Better Buying and Procurement – optimising the supply for all goods and services
- Facilities and Estates – managing the infrastructure and support environment for all services
- Property – managing the disposal and sale of premises not required for delivering healthcare services



The Transformation Programme is sponsored by the NHS Tayside Chief Executive Officer and is overseen by the Transformation Programme Board under the chairmanship of the NHS Board Chairman and with both Executive and Non-Executive membership.

The transformation approach is being supported by Scottish Government and NHS Scotland through a tailored support package including direct involvement of NSS staff and resources, ISD data support and HIS specialist support.

## Productive Opportunities

Analysis of national benchmarking data has identified a number of productive opportunities where NHS Tayside activity or costs are at negative variance when compared with other Scottish Health Boards.

These potential productive opportunities may not necessarily lead to direct cash-releasing savings but may facilitate cost-avoidance, productivity and/or other benefits. Nevertheless, it is an opportunity to consider specific areas where we will wish to direct improvement activity. Where there is a zero against our potential productive opportunity for any indicator, this does not mean that improvement is neither possible nor achievable.

## Strategic Themes

Running through our ambitious transformation programme are four strategic themes to which all our service improvement and delivery plans are aligned:

### 1. Pursuing quality improvement to be the safest, most effective and person-centred organisation in the NHS in Scotland

- For our patients this means receiving care that is centred on their needs, delivers the best possible outcomes that are important to them, in settings that are appropriate for their needs
- For our staff this means working in an ambitious work environment, within high-performing teams in an organisation that is seen as the employer of choice
- We will compare ourselves rigorously with best practice in the NHS and pursue every improvement opportunity to give consistent and reliable care

### 2. Safely reduce our costs

- For our patients this means removing any elements of their care pathways that do not add value to their experience or outcomes
- For our staff we will ensure we make best use of their skills and ideas as they are best placed to identify duplication, waste and ineffective use of resources

### 3. Supporting high performance through productivity and efficiency

- For our patients this means being supported by staff who are highly educated, skilled, caring and compassionate, delivering services which are clean and safe
- For our staff, this means, through their actions, demonstrate the values of accountability and understand the clear link between their personal practice, their team's goals and those of the wider organisation
- As an organisation, part of our improvement focus will be driven through benchmarking our performance and against best in class

### 4. Improving health and preventing illness through collaboration and partnership

- For our patients this means they will experience care which is integrated through primary, community, mental health, hospital and social care and feel supported to manage their own conditions with a focus on preventing illness and crises and reducing the need for urgent care
- For our staff and those working in the wider health and social care system being involved in the development in new models of care and ways of working for the benefit of patients, their families and their carers

# 7 Service Plans

## Primary Care



### Service Overview

Primary care encompasses all healthcare taking place outside secondary and tertiary centres. Primary care is provided 24/7 by multi-disciplinary teams and covers a diverse range of services over the care spectrum with a whole range of professionals contributing to the care of individual patients. Many patients are seen in their GP practices, own homes or community hubs by a variety of community services, and larger numbers of complex procedures and interventions are now taking place in the primary care setting.

### LDP Performance Standards

- Sustain and embed alcohol brief interventions in the priority settings of Primary Care, A&E, Antenatal Care, and broaden delivery in wider settings
- 48 hour access or advance booking to an appropriate member of the GP team (90% performance)
- Sustain and embed successful smoking quits, at 12 weeks post quit, in the 40% most-deprived datazones in the NHS Board area

### NHS Tayside Strategy

This service plan is supported by the NHS Tayside Primary Care Strategy.

### Strategic Context

#### National

Primary and community care will be at the heart of the healthcare system, with highly-skilled, multi-disciplinary teams delivering care both in and out of hours, and a wide range of services that are tailored to each local area. That care will take place in locality clusters, and our primary care professionals will be involved in the strategic planning of our health services. The people who need healthcare will be more empowered and informed than ever, and will take control of their own health. They will be able to directly access the right professional care at the right time, and remain at or near home wherever possible.

#### Regional

Primary care does not currently come under the remit of regional working however there is an acknowledgement that future planning could incorporate more partnership working with IJBs to support development of care pathways across the whole care spectrum. Tayside contributes to regional support networks through Associate Medical Directors and Primary Care Managers and is part of the Remote and Rural workstream.

#### Local

The Tayside Primary Care Strategic Framework supports the principles of the NHS Tayside Clinical Strategy and Health and Social Care Partnership Strategic Commissioning Plans by focusing on:

- People looking after their own health
- Living at home or in a homely setting for longer
- Positive experience of services
- Providing a service which improves quality of life
- Reducing inequalities
- People using services which are safe from harm
- Having an engaged workforce
- Efficient use of resources



The Transforming Primary Care Programme aims to build towards a future where primary care and mental health support within primary care is delivered through multi-disciplinary teams with general practitioners, other health professionals and social care partners working across clusters of practices, integrated into health and social care partnerships 24/7.

This programme of work will focus on:

- [Service Planning](#)
- [Interfaces](#)
- [Infrastructure](#)
- [Workforce](#)
- [Leadership](#)

### **Workforce Plan**

A full detailed workforce plan is currently being developed. Key points are detailed below:

- [Sustainability framework tool has been developed and tested](#)
- [Involvement in a number of national groups reviewing GP workforce and sustainability](#)
- [Medical leadership structure now in place](#)
- [Primary care workforce planning is included in the overall workforce strategy, with organisational support to develop marketing and recruitment strategies across all Primary Care posts, including support for GPs and other independent contractors](#)
- [All parts of the Primary Care workforce must be considered, taking account of the new GP contract in 2017 and with Prescription for Excellence there will be opportunities to consider how staff traditionally employed by independent contractors can contribute to the overall workforce plans for community](#)
- [Career start scheme has been developed supporting future workforce](#)
- [Expansion of Advanced Nurse Practitioner roles and Allied Health Professions within Primary Care](#)

### **Realising Realistic Medicine**

1. [Primary care services better contribute to improving population health](#)
2. [Primary care infrastructure – physical and digital – is improved](#)
3. [Primary care workforce is expanded, more integrated and better co-ordinated with community and secondary care](#)

### **Property and Estates**

Report from the National Premises Short-life Working Group is awaited, however a project team supporting primary care premises is currently being established and will undertake a diagnostic piece of work to review the suitability and functionality of GP premises in the first instance. This will be incorporated into the wider NHS Tayside Property Programme.

# Medicines Management



## Service Overview

The Prescribing Management Group (PMG) in Tayside, has been established to develop an evolving five year prescribing strategy, developed in collaboration with clinical teams across Tayside supported by horizon scanning national data and local system intelligence. The strategy will address improving our patients' experience of care (including quality and satisfaction); improving the health of our populations; and reducing the per capita cost of prescribing. This is a clinically-focused programme which considers whole pathways of care and not just the single dimension of prescribing costs.

PMG will deliver a whole system approach to developing prescribing action plans, implementation of prescribing projects and monitoring, identification and management of financial risks within prescribing.

The Health and Social Care Partnership and NHS Tayside prescribing forums have a responsibility to ensure actions are delivered to make certain their local prescribing performance is safe, clinically effective and cost effective and the identified opportunities set by PMG are delivered.

Within the Health and Social Care Partnerships are local Medicines Management Groups (MMGs), led by the Clinical Directors and supported by locality pharmacists and the Prescribing Support Unit (PSU). These MMGs generate and interrogate information regarding prescribing priority areas and financial targets, explore variation between practices, and examine prescribing processes between primary and secondary care.

Following consultation with prescribers across Tayside, PMG identified a series of key challenges faced by prescribers. These challenges form the basis of the prescribing strategy: Variation, polypharmacy, waste, safety and harm, and formulary compliance.

## NHS Tayside Strategy

A Prescribing Strategy is being developed in 2017/18.

## Strategic Context

### National

The primary objective of the Realistic Medicine Workstream is to engage with clinicians, managers and staff in considering the international, national and local evidence that underpins all our activity from assessment, diagnosis, testing, referral, treatment, procedures, medication and processes to ensure that we use our scarce resources wisely, in the most cost-effective way, and that we make the best choices for patient outcomes. There may be difficult choices and decisions ahead and we want to encourage all of our staff and clinical teams to rigorously review what we do and identify where there are opportunities to make different choices that can drive up quality and outcomes while removing waste, duplication and over-production.

### Regional

We are currently working across the north and south regions collaborating and sharing prescribing work plans and ideas, alongside the Scottish Prescribing Advisors Association.

### Local

The Realistic Medicine Workstream is integral to the NHS Tayside Five-Year Transformation Programme, Health and Social Care Partnerships' Strategic Commissioning Plans and the NHS Tayside Clinical Strategies. We have additional tailored support from NHS National Services Scotland to address key programmes in particular our prescribing strategy.

## Challenges

Following consultation with prescribers across Tayside, PMG identified a series of key challenges faced by prescribers; these challenges form the basis of the prescribing strategy.

*Challenge One: Prescribers often find it difficult to know whether or not they are prescribing in line with best practice*

The actions to support this challenge will include:

- Design of a dataset which highlights opportunities to improve compliance with formulary in primary and secondary care
- Tailored analysis and facilitated discussion on specific medicines with prescribers
- A focused analysis of specific medicines of interest at Tayside and locality level, which considers quality improvement opportunities around variation, waste, harm, links to outcomes, efficiency gains and impact on care pathways
- Engagement with clusters to develop packs of data that can be used to generate improvement opportunities
- Strengthening the capacity and capability within Tayside to undertake health economic analysis around prescribing
- Strengthening the process between formulary changes and Scriptswitch updates/communications to secondary care prescribers
- Working closely with NSS to deliver real time robust, well-presented data for prescribers at all levels throughout the system

*Challenge Two: Prescribers experience pressure from patients to prescribe treatments that differ from their clinical judgement*

The actions to support this challenge will include:

- Engagement with patient groups to work on how to reliably stop or switch medicines when it is right for the patient
- Working with Medicines Advisory Group to seek to influence government policy and messaging regarding medication/patient expectation where local and national messaging do not align
- Creation of a public campaign (long-term) regarding the safe use of medicines
- Development of a learning session focusing on management of patient expectations within and across practices/clusters

*Challenge Three: Prescribers have lots of ideas about how to improve prescribing, but need time, support, and funding to act on those ideas*

The actions to support this challenge will include:

- Development of a standard approach to improvement and resulting learning that can be easily shared across the system
- Collaborative working by Clinical Directors on how best to release GP time to support effective prescribing linked to reducing costs
- Facilitated Protected Learning Time (PLT) workshops to partnerships that identify improvement opportunities around prescribing, bringing together primary and secondary care colleagues
- Working with Associate Medical Directors in secondary care to identify specific prescribing activities that could be incorporated into job plans

*Challenge Four: As patients move between different parts of the health and social care system, communication about their prescribing needs can be ineffective*

The actions to support this challenge will include:

- Working with Area Drug and Therapeutic Committee (ADTC) and Quality and Safety sub-group of ADTC and other stakeholders to identify key priorities for PMG around management of prescribing at transitions
- Clear description of the role of PMG in implementing and evaluating the key priorities identified

*Challenge Five: Repeat prescribing processes are perceived to be wasteful*

The actions to support this challenge will include:

- Working with Practices using the Scottish Therapeutics Utility (STU) and available guidance to test out whether it leads to improvement of the repeat prescribing processes
- Capturing and sharing examples of effective, efficient processes within General Practice around repeat prescribing
- Exploration of ways to incentivise practices that can demonstrate well-run managed repeat processes
- Capturing and sharing examples of effective, efficient processes for patients around repeat prescribing
- Capturing and sharing examples of effective, efficient processes within Community Pharmacy around repeat prescribing
- Supporting improvement in practices around managed repeat processes for non-medicine products



Critical to the successful delivery of these initiatives is the clinical leadership and clinical engagement required to deliver on the medicines management opportunities, across Tayside. Each clinical specialty will support the continued development and review of cost effective prescribing choices across the whole system, engaging with primary care and our relevant standing committees such as the Area Drug and Therapeutics Committee and the Medicines Advisory Group. This will ensure that we develop a greater understanding of the outcomes of drug treatment. We will ensure our patients receive the best possible care from a finite resource.

### 2017-18 Actions with Associated Efficiencies

The table below sets out 2017/18 full year effect savings from Tayside wide FHS initiatives:

Initiative	
Oral nutritional supplements pathway	
Quality prescribing visits	
Rosuvastatin reviews	
Lidocaine plasters review	
Pregabalin pathway	
Formulary compliance	
Price changes	
Angus HSCP initiative	
Review of 6 National Therapeutic Initiatives	
<b>Total FHS Savings 2017/18*</b>	<b>£6.2m</b>

\*Given the emerging evidence since 2016 around cost per treated patient, increased disease prevalence and the associated cost of these increases, this is being considered high risk in relation to the 2017/18 savings target. Full delivery of the £6.2m in 2017/18 is being risk assessed.

Secondary Care Prescribing Savings in 2017/18 amounting to £1.5 million will be achieved by addressing waste initiative, generics coming to market, reducing medication on discharge initiative, and maximum achievement of uptake of biosimilar medicines.

Note that the following 2017/18 savings have already been factored into the Board's financial framework:

Price reduction from Drugs coming off patent	
Tariff price reductions	
<b>Total Savings Incorporated in Financial Framework</b>	<b>£3.8m</b>

### Workforce Plan

The Pharmacy Workforce Plan will take account of the national drivers and local strategy which will shape the future requirement for Pharmaceutical Care and Medicines Supply. It will also manage significant service redesign across NHS Tayside and within the service. It will ensure NHS Tayside has a workforce which is operationally effective and can meet the health needs of the population. The national strategy "Prescription for Excellence; A Vision and Action Plan" outlines the national strategy for Pharmacy over the next 10 years for the service.

# Planned Care



## Service Overview

NHS Tayside provides a wide range of medical and surgical specialties on a planned basis, with outpatient and diagnostic services being delivered from a variety of acute and community facilities across Tayside. Inpatients and day case services are provided from three main acute sites, Stracathro Hospital, Perth Royal Infirmary and Ninewells Hospital.

## LDP Performance Standards

- 12 weeks treatment time guarantee (TTG) for inpatient and day cases (100% performance)
- 90% of patients seen and treated within 18 weeks from initial referral (RTT)
- 95% of patients waiting no more than 12 weeks from referral (all sources) to a first outpatient appointment
- 90% of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment
- Sustain and embed alcohol brief interventions in the priority settings of Primary Care, A&E, Antenatal Care, and broaden delivery in wider settings
- Obtain a maximum rate of 0.32 cases of Clostridium difficile infections in patients aged 15 and over per 1,000 total occupied bed days
- Obtain a maximum rate of 0.24 cases of staphylococcus aureus bacteraemia (including MRSA) per 1,000 acute occupied bed days

## NHS Tayside Strategy

This service plan is supported by NHS Tayside's Clinical Services Strategy.

## Patient Activity

Priorities for the delivery of scheduled care in 2017-18:

- Clinicians and managers access Discovery Tool which provides information on their performance relative to their peers to identify the productive opportunities that will be delivered
- Effectively manage site capacity to meet Treatment Time Guarantees and outpatient stage of Treatment Standards which includes close working with theatres and anaesthetics within capacity, demand and workforce projections
- Close working with Health and Social Care Partnerships and local services to manage demand to enable reduction in dependence on external capacity, including review of what procedures and treatments can be undertaken in community hospitals and care settings aligned to transforming community hospitals
- Performance management of the 2016-19 agreement with the Golden Jubilee National Hospital for foot and ankle procedures to ensure NHS Tayside optimises the agreed capacity for orthopaedics
- Continue to redesign orthopaedic, ophthalmology, dermatology, general surgery and vascular services, oral & maxillofacial surgery (OMFS) pathways of care locally and regionally
- Establish elective surgery strategy for NHS Tayside including, regional vascular services, upper GI, robotically assisted surgery
- Implement and establish collaborative regional approaches to service delivery with adjacent health boards to promote and foster a regional approach to service, workforce and financial planning, where regional working has been deemed to add value
- Continue to develop operating theatre strategy to optimise utilisation of theatre resource and ensure appropriate surgical procedures are undertaken in the appropriate operating theatre and site
- Develop and implement plans to increase day of surgery and BADS performance and working with Health and Social Care partners to prepare patients for discharge needs through pre-assessment
- Working with our Health and Social Care partners to identify the best provision for surgical services within the future planning of the new Diagnostic and Treatment Centre
- Continue to develop local protocols relating to arrangements for authorising referrals to and from other health board areas

- Delivery of improvements aligned to the national Modern Outpatients Programme to provide alternative to outpatients and follow-up

The vision for planned (elective) care is to optimise the patient journey and experience from referral through to treatment and discharge taking account of realistic medicine and this will encompass delivery of cost effective sustainable models of care based on best evidence and underpinned with new/contemporary treatments, techniques and technology.

The key drivers for change and prioritisation are:

- Reducing unwarranted variability
- Reducing operating costs of service units whilst ensuring sustainable high-quality care

### Operational Service Plans 2017/18

A key focus of the one-year operational plan is on areas where cost reductions and productive opportunities can be achieved, as well as planning the service redesign to transform care in the medium to long term.

Our vision for planned care:

- a single end-to-end pathway
- patients empowered to participate in decisions about their own care empowering them to self-care where safe to do so
- improvement in the way referrals are made, received and managed
- support for clinicians to determine the right intervention and make appropriate referrals to the person best able to address the patient need
- day case as the norm
- no unnecessary pre-operative stays
- optimisation of theatre capacity to ensure timely treatment for patients
- reconfiguration of service delivery to promote effective use of resource, safeguard clinical quality and provide healthy working environments for staff
- discharge arrangements anticipated pre-admission and no patient's discharge is delayed

The national Discovery tool and our local data systems have been used to identify the productive opportunities for 2017/18 across the Operational Unit.

### 2017/18 Actions with Associated Efficiencies

Service Area	What	How	Workstream
Referrals	Redesign of Outpatient Clinics	Reduce number of new referrals to Scottish average rate through redesign	Realistic Medicine
		Reduce number of return appointments by 10% (98,801)	Realistic Medicine
		Reduce number of DNAs to Scottish average rate	Realistic Medicine
	Improve electronic ways of working	Introduce new patient letters protocol	Facilities and Estates
		Implement text reminder system (renal)	Facilities and Estates
Diagnostics	Optimisation of diagnostic resource	Reduce outsourcing of reporting MRI/CT scans through service redesign	Realistic Medicine
		Redesign Endoscopy Services - commence Oct 17	Realistic Medicine

<b>Theatre</b>	Optimisation of operating theatre resource	Ensuring optimal use of all theatre lists through effective planning leading to: <ul style="list-style-type: none"> <li>• Effective planning of theatre lists</li> <li>• Reduction in late starts</li> <li>• Reduction in early finishes</li> <li>• Local anaesthetic procedures being undertaken in non theatre environment</li> <li>• Redesign of patient pathways leading to release of theatre sessions</li> </ul>	Realistic Medicine
		Review use of mobile theatres on Ninewells site	Realistic Medicine
		Transfer of local anaesthetic procedures from day case theatres PRI – gain of 13 sessions	Realistic Medicine
		Adoption of first ranked product	Better Buying and Procurement
<b>Day Case/Inpatient Redesign</b>	Reduce pre-operative stays to reach Scottish Average equating to 1128 bed days	Change to patient pathway to eliminate need to be admitted day before surgery	Realistic Medicine
	Reduce length of stay to reach Scottish Average equating to 2256 bed days	Redesign patient pathway for general surgery and trauma and orthopaedics	Realistic Medicine
	Increase number of BADS cases to reach the Scottish Average	Perform 1920 additional procedures as a day case	Realistic Medicine
		As a result of National Burns Review, remodel service delivery	Realistic Medicine
<b>Discharge Management</b>	Improvement of discharge process	Establish discharge lounges in Ninewells and PRI	Realistic Medicine
		Roll-out of discharge ticket	Realistic Medicine
		80% of appropriate patients discharged before noon	Realistic Medicine
		Pre-planning of discharge requirements at pre-assessment and/or on admission	Realistic Medicine
		Restrict Board resourced TTG capacity	Realistic Medicine

<b>Workforce</b>	Reduce reliance on non-contract agency, supplementary staff and overtime	Introduce standardised shift pattern - 10 hours night shift	Workforce and Care Assurance
		Effective deployment of staffing resource utilising rostering information to its optimum level leading to: <ul style="list-style-type: none"> <li>Reduction in rostered additional duty hours</li> <li>Reduction in overtime</li> <li>Reduction in non contract agency</li> </ul>	Workforce and Care Assurance
		Introduction of Safecare to match available nursing resource to clinical need, reducing non-contract agency	Workforce and Care Assurance
		Reduced reliance on call outs OOH	Workforce and Care Assurance
		Effective management of medical rotas to reduce breaches of compliance	Workforce and Care Assurance
		Effective recruitment and vacancy management	Workforce and Care Assurance
	Workforce plans to support service redesign	Implement local workforce plans in Ninewells, PRI and Stracathro	Workforce and Care Assurance
		Access workforce plans, including diagnostics, HAI, Dental Services, Pharmacy	Workforce and Care Assurance
		Specialist Service workforce skill mix changes	Workforce and Care Assurance
<b>Ward Management</b>	Improved stock control	Improvements to stock level management across specialist services	Better Buying and Procurement
<b>Total Efficiency Savings</b>			<b>£11m</b>

### 2017/2018 Planned Care Performance

NHS Tayside has undertaken a review of service capacity and anticipated demand for 2017-18. Each clinical service has agreed an activity plan based on known activity and demand, seasonal variations and planned service changes to optimise available capacity. This work aligns to the national 'Getting Ahead – sustainable whole systems management for elective services' (DL (2016) 2) programme.

### 2017/18 service planning

#### Shaping Surgical Services

NHS Tayside's key objective is to be an organisation which continually strives to improve patient experience and outcomes. The Shaping Surgical Services Business Case was considered by NHS Tayside Board on 27 October 2016. The Board approved option one, recommending that NHS Tayside progress to a single site acute surgical receiving unit on the Ninewells site ensuring that all NHS Tayside patients have access to a dedicated specialist surgical acute receiving unit and 24/7 CEPD Theatre (emergency theatre), and that major elective general surgery is increased on the PRI site increasing the number of patients who can be treated locally. The Board also agreed that Stracathro Hospital would continue to be an integral part of the elective care model for NHS Tayside. In light of the decision a document to support a three-month formal public consultation in line with the Scottish Government's CEL 4 (2010) was submitted to the Scottish Health Council who have advised this is major change and therefore a three-month public consultation is being planned to run from 8 May to 8 August 2017.

### *Ninewells Treatment and Diagnostic Centre*

NHS Tayside is to benefit from a share of the £200m capital investment being made available to NHS Boards in Scotland to enhance elective care capacity to meet the needs of the growing and changing population over the next 10+ years. We are therefore working with our North of Scotland (NoS) and South East and Tayside Regional Planning Network (SEAT) partners to ensure our plans for elective care make best use of the capital investment available to provide maximum benefit for the population of North East Fife and the North of Scotland. The programme board will develop a regional strategic assessment to inform NHS Tayside's Initial Agreement by May 2017. A programme manager will be identified in April 2017 with the intention of delivering the initial agreement in December 2017.

## **Regional Planning**

### *East of Scotland Regional Vascular Service*

A network arrangement between NHS Tayside and NHS Fife based on population as per the Vascular Society framework document was established initially 2002. The service continued to evolve and by 2004 all emergency vascular referrals from NHS Fife were referred in to Ninewells Hospital. As of 2012 all (Tayside and Fife) aortic aneurysm procedures (both open and endovascular) have been carried out at Ninewells. Furthermore in line with the quality framework for vascular services all tier 3 and tier 4 elective surgical interventions must be provided from a site with 24/7 interventional radiology and this has been in place since 2013.

NHS Fife have requested consideration be given to a further 100 patients being referred to Ninewells Hospital requiring 700 bed days. To support this a commissioned review of the service is underway to conclude by the end of April 2017 to address the following:

- NHS Fife concerns relating to the continuing delivery of vascular inpatient services from Victoria Hospital, Kirkcaldy that is not in line with the Provision of Vascular Services Document (Vascular Society 2015)
- The impact of the current vascular network arrangements upon NHS Tayside and the resource requirements required to deliver an efficient and effective vascular service for both NHS Tayside and NHS Fife patients
- The resources associated with the current demand from NHS Fife and a proposed Service Level Agreement

### *Upper GI Cancer*

The national cancer quality work programme in NHS Scotland, in partnership with the regional cancer networks, produced a set of quality performance indicators (QPIs) for all the main tumour specific groups. These QPI sets are focused and brief (approximately 10 to 15 indicators per tumour group) and reflect the key areas in terms of improving survival and patient experience.

There is a large amount of evidence supporting the volume effect on outcomes in complex surgery including Oesophago-Gastric surgery. The overwhelming evidence supports hospital volume as the main factor in improving patient outcomes.

A network arrangement will look to be agreed to ensure the surgical volumes for sustainable service delivery is met in 2017-18.

### *Robotically Assisted Surgery*

Work is underway to present NHS Tayside Board with a case for the establishment of multi-specialty, surgical healthcare robotic service in NHS Tayside. This reflects the joint ambition of NHS Tayside and the University of Dundee, working collaboratively under the Academic Health Science Partnership in Tayside (AHSP), to create a leading facility for robotics that will deliver a high quality and cost-effective clinical service for Tayside healthcare training and research. The vision is of an environment rich in innovation and which would capitalise upon the unique mix of internationally recognised expertise and facilities operated by NHS Tayside and the university. Currently there is no other such mix in Scotland that could provide the training and innovation opportunities possible within Tayside while articulating fully with service delivery.

Investment in a clinical service delivery robot for NHS Tayside, combined with the university securing a training robot to be used in conjunction with its unique cadaveric training resource, could lead to Tayside becoming the Scottish centre for robotics healthcare service and training. This would provide a seamless continuum across training, research and healthcare delivery and would undoubtedly be a major asset for NHS Scotland. The first phase of the exploratory work will be completed in April 2017.

### *Oral Maxillofacial Service (OMFS)*

OMFS surgery is unique and bridges between surgical care and dentistry, treating conditions that require expertise from both backgrounds such as head and neck cancers, salivary gland diseases, facial disproportion, facial pain, temporomandibular joint disorders, impacted teeth, cysts and tumours of the jaws as well as numerous problems affecting the oral mucosa such as mouth ulcers and infections. There is also concomitant interest in Surgical

Dermatology reflected in joint working for diagnosis, biopsy and surgery for extensive skin lesions and skin cancers. Both NHS Tayside and NHS Fife have experienced challenges with recruitment and retention of consultants with the relevant expertise to deliver a fully comprehensive Oral Maxillofacial Service; therefore it is proposed that these risks are minimised by the amalgamation of the medical senior workforce in OMFS from both health boards providing OMFS services through a network arrangement across both regions.

NHS Highland OMFS service has also experienced recruitment and sustainability challenges, therefore discussions have commenced to test the feasibility of a extended regional model that includes Tayside, Fife and Highland OMFS.

### *Dermatology*

The potential for a long term regional network arrangement, with an associated service vision and strategy for Dermatology in NHS Tayside and NHS Grampian is being explored as this will have a number of significant advantages for both Boards including clinical safety, sustainability, expertise, improved recruitment and retention of consultant staff, cost effective use of resources and a cohesive team based approach to deliver exemplar care for the benefits of patients.



# Unscheduled Care



## Service Overview

Tayside provides urgent and emergency care through a network of services including community services (including Enhanced Care in the Community, Primary Care, Out of Hours, Emergency Departments), and medical and surgical receiving services from two acute sites, Perth Royal Infirmary and Ninewells Hospital.

### LDP Performance Standards

- Sustain and embed alcohol brief interventions in the priority settings of Primary Care, A&E, Antenatal Care, and broaden delivery in wider settings
- 95% of patients attending Emergency Departments to wait less than 4 hours from arrival to admission, discharge or transfer for accident and emergency treatment
- Obtain a maximum rate of 0.32 cases of Clostridium difficile infections in patients aged 15 and over per 1,000 total occupied bed days
- Obtain a maximum rate of 0.24 cases of staphylococcus aureus bacteraemia (including MRSA) per 1,000 acute occupied bed days

## NHS Tayside Strategy

An Unscheduled Care Strategy will be developed in 2017/18.

## Our Vision

Our vision is for an improved, simplified and sustainable 24/7 urgent and emergency care system that supports the right care in the right place at the right time for our population.

In accordance with the Scottish Government 20:20 Vision for Health and Social Care, the Health and Social Care Partnerships are expected to deliver on a number of key outcomes including improved management of unscheduled care. This is set out in the Scottish Government Health and Social Care Delivery Plan published in December 2016 and in the requirement for partnerships to submit plans for "Measuring Performance Under Integration – Objectives and Targets 17/18". The partnerships and the acute services across the local areas are expected to evidence delivery on the unscheduled care outcomes using the joint commissioning powers and set aside budgets. A national strategy, A Framework for Sustainability of Unscheduled Care, has been developed involving a set of six essentials actions which local Health and Care systems are required to address over time.

Our one-year plan builds upon this and focuses on the following priorities.

### Priorities for the delivery of unscheduled care in 2017-18:

- Put a greater emphasis on prevention and caring for people in their own homes
- Develop services which provide our populations with information and choice, ensuring care closest to home is offered wherever possible
- Expand and strengthen the role of primary and out of hospital care
- Strengthen Health and Social Care contingency plans for Perth & Kinross to reduce dependency upon acute hospital beds for patients no longer requiring acute care
- Close working with Health and Social Care, Community and Locality services to manage demand to enable reduction in attendance and admissions to the Emergency Department and Acute Medical Unit
- To focus on principles of assess to discharge models of care, removing focus from inpatient hospital stay unless necessary
- Continue to redesign the acute frailty pathway
- Continue to develop local services that support timely discharge from hospital and care close to home meeting the 72 hour discharge standard



- Deliver improvements aligned to the national 6 Essential Actions Programme and focus on unscheduled trauma patient admissions and reducing falls
- Review community support for palliative and end of life care to avoid unnecessary admission to acute hospital

### **Operational Service Plans 2017/18**

A key focus of the one-year operational plan will be on areas where cost reduction and productive opportunities can be achieved, as well as planning the service redesign to transform care in the medium to long term.

Each of the Health and Social Care Partnerships' Strategic Needs Assessments evidenced and reported on the high levels of deprivation and associated morbidity, multi morbidities and health inequalities in specific areas within the region. For example, a detailed analysis of the 54 natural 'neighbourhoods' of Dundee highlighted the higher emergency admission rates in the most deprived neighbourhoods, particularly due to substance misuse and mental health problems. The increasing levels of emergency admissions impacts adversely on a number of aspects including:

- Management of capacity and patient flow through hospitals
- Impact on planned care and elective capacity
- Availability of suitably qualified and skilled staff in the right place at the right time
- Patients boarded outwith specialty
- Pressure on discharge planning and management of care

### **Dundee Health and Social Care Partnership**

#### *Emergency Admissions*

Emergency admissions on Scottish average at 12,000 per 100,000 of population. Strategic Needs Assessment reported on high levels of deprivation and associated morbidity. Achievements to date in tackling demand include expansion of the Enhanced Community Support service, increased nursing input to homeless people, remodelled care management teams to provide a locality model and recommendations to expand the Learning Disability Acute Liaison Service.

Plans for 2017/18 to continue to manage demand include, for example, redesign of Tayside Neurological Rehabilitation, develop an Assess to Admit model and expand the Acute Frailty team to a seven day model. There will also be an increase in investment in intermediate forms of care such as step up/step down accommodation and support for all adults, further use of technology and efforts to increase the availability of nursing resource to care for people with profound and multiple learning disabilities.

#### *Unscheduled Occupied Bed Day Rates*

Unscheduled occupied bed day rates in Dundee City are amongst the highest in Scotland. In 2017/18, the projected emergency bed day rate will be 78,355 admissions per 100,000 population. This is an expected decrease of 2.7% from 2016/17. Actions to be taken that will lead to this reduction include enhanced post discharge support to people with long term conditions, further implement the planned date of discharge model, support more people to be assessed at home and work collaboratively with a range of providers to increase the availability of care at home.

#### *Emergency Department*

All attendances at an Emergency Department (ED) are unscheduled. NHS Tayside ED is not experiencing an increase in attendances from members of the public, and currently has a low rate of attendance, below that of the Scottish average. There is a low rate of admission from ED to our Acute Medical Receiving Unit for a variety of reasons, namely the Professional to Professional advice line for Scottish Ambulance Service (SAS), GPs, NHS 24 and care homes, re-routing of inappropriate attendances to OOHs or NHS24. We plan to reduce Dundee population attendances by 3% in 2017/18. Actions to be taken include for example, identifying earlier entry to social care services prior to consideration for admission and expanding the Acute Frailty Team to a seven day model.

## Angus Health and Social Care Partnership

### Emergency Admissions

Emergency patient admissions have increased from 9,882 to 10,524 per 100,000 of population. Achievements to date in tackling demand include expansion of the Enhanced Community Support service, proactively assessing older people with frailty and improvement to the Help to Live at Home programme. Plans for 2017/18 to continue to manage demand include, for example, developing a neighbourhood care model using the principle of Burtzog, better use of technology enabled care and development of an improvement plan to address the increasing fall rate within the population in Angus.

### Unscheduled Occupied Bed Day Rates

Angus performs well against the Scottish average for bed use but there remains significant room for improvement. Rates have decreased since 2012/13 from 120,252 to 105,533 per 100,000 population in 2016/17. There has been an improvement in patient average length of stay following an emergency admission and this has contributed significantly to reduction in bed days. There are plans to address the variance in length of stay between localities through ECS. The roll out of programmes to support self management of long term conditions will continue and the recommendations of the care home review will be implemented once approved.

### Emergency Department

A programme to support self-management of long term conditions has been delivered and peer support groups have been developed. An increase in the uptake of the community alarm service has also been achieved. Better use of technology-enabled care to support self-management of long term conditions is planned. With support from Public Health, areas of best practice across Scotland to further address the increasing fall rate in Angus are being identified.

### Delayed Discharges

The number of days people spend in hospital when they are ready to be discharged as a rate per 1,000 population is 368 in Angus. This is below the Scottish average of 915. The delayed discharge bed day rates for people over 75 years has fallen sharply in Angus between 2013/14 and 2015/16 by approximately 53%. Actions being taken to further improve the position for people in Angus include:

- Through the Help to Live at Home programme review and redesign enablement and early support discharge and prevention of admission services
- Embed ECS in practices in north localities
- Work with housing colleagues to ensure availability of community-based accommodation

### Out-of-Hours

The Out-of-hours Service in Tayside is hosted by Angus Integrated Joint Board. The objective of this delegation is to enable Angus Integration Joint Board to align and integrate the arrangements for the provision of hosted services by operationally overseeing and delivering these services on behalf of all the Integration Joint Boards within NHS Tayside Health Board area.

In response to the Pulling Together: Transforming Urgent Care for the People of Scotland, the Report of Independent Review of Primary Care Out-of-Hours Services, the OOH Service in Tayside is currently working with partnerships to develop a multi-disciplinary, multi-agency team that interfaces seamlessly across out-of-hours and localities; using the wider MDT to support care planning, sign posting and preventative care. Utilisation of the whole team, including nurses, AHPs, pharmacists, paramedics and social care staff will also be factored in to deal with the rising demand for people who feel they need to be seen. The Advanced Practitioner role is explored for OOH in conjunction with the wider community teams, offering support to specific patient groups such as older people, care home populations and some long term conditions along with the role of community paramedics and paramedic practitioners.

A number of actions have been taken forward within Tayside to support the challenges around workforce including career start scheme for GPs; improved access to training for nurses to upskill them; employment of Associate Physicians in the acute sector (however it is noted that these roles could be extremely effective within community based care settings).

Working with our partners in social care and public health, we will develop a population-based model predicting where our growth (and reduction) is likely to happen, to enable better planning of services and workforce, including demographics, deprivation etc. The supply and demand model, and the principles set out in the pan-Scotland workforce evaluations should be utilised to develop workforce models and create a workforce which has appropriately skilled professionals who are able to deliver a service safely and competently.

## Perth and Kinross Health & Social Care Partnership

### *Emergency Admissions*

Emergency admission rates for adults per 100,000 of population were 11,023 for the financial year 2015/16. This is an increase of 5% from 2014/15.

In 2016 the Perth and Kinross Partnership commenced a transformational change programme, working with colleagues in the acute, Primary Care and third sectors to identify opportunities to improve services and enhance quality of care. Enhanced Community Support has been implemented in the majority of GP Practices in the Strathmore and Perth City Localities. In 2017/18, Enhanced Community Support will be rolled out across the rest of Perth & Kinross through the Integrated Locality Management Teams. Locality Managers are now in post across all localities in Perth & Kinross. The next phase will be to embed Integrated Care Teams who will have a focus on early intervention and prevention and people with complex care needs in their local communities. A review of care at home services is being undertaken to improve the outcomes for service users to ensure there is capacity within our systems to support people home from hospital to their own homes as soon as they are medically fit, and to support them to remain living in their own home for as long as they can. A redesign of the Front of House model and the development and implementation of an Assess to Admit model of care in 2017/18 will also support reductions in emergency admission rates.

### *Unscheduled Occupied Emergency Bed Days and Delayed Discharges*

Perth and Kinross Partnership was ranked 16th out of 32 Partnerships for the amount of bed days used by emergency admissions and has approximately the same emergency bed rate as the Scottish average at 112,152 per 100,000 population for 2014/15. The number of delayed discharge bed days has a direct impact on the unscheduled emergency bed days. In 2015/16 there was a total of 19,871 bed days lost due to delayed discharges (including complex).

As part of Perth and Kinross Partnership's Transformation Programme, work is ongoing with acute sector colleagues to specifically focus on improvements to capacity and flow within the acute system by establishing a discharge hub and discharge lounge, redesigning the front of house and implementing assess to admit and discharge to assess models. The redesign of the care at home services will be an important co-dependency of the capacity and flow programme to ensure that there is capacity in the community to support people at the appropriate time. In addition, the Partnership will integrate intermediate care with reablement and rehabilitation services and commission intermediate care beds in Perth City to provide alternative options for admission and discharge support.

Perth and Kinross Partnership will also be transforming the inpatient bed base to continue to shift resources to ensure more care is provided in the community by reviewing community hospital and dementia services. These services will focus on providing more responsive early intervention and prevention, and implementing the frailty and deteriorating patient pathways.

### *Palliative and End of Life Care*

Perth & Kinross performs better than the Scottish average for the percentage of time people spend at home or in a community setting in the last six months of life but there still remains room for improvement. The Transforming District Nursing Transformation Programme has commenced reviewing and redesigning their integrated pathways, one of them being End of Life Care. Perth & Kinross have also been successful in becoming one of the demonstrator sites to work with the Scottish Government over the next two years to improve palliative and end of life care in the community as part of the 'Living Well in the Community' national programme.

The plans outlined by Dundee, Angus and Perth & Kinross Health and Social Care Partnerships will support the following improvements if delivered sustainably:

- Reduction in hospital attendances through management of care for people more effectively in the community
- Reduction in occupied bed days which will release staff and running costs and reduce the need for supplementary staffing
- Reduce the number of bed days lost to delayed discharge from hospital which will reduce occupied bed days and cancellations of elective procedures
- Reduced length of stay for emergency admission patients which will also reduce occupied bed days, running costs and supplementary staffing

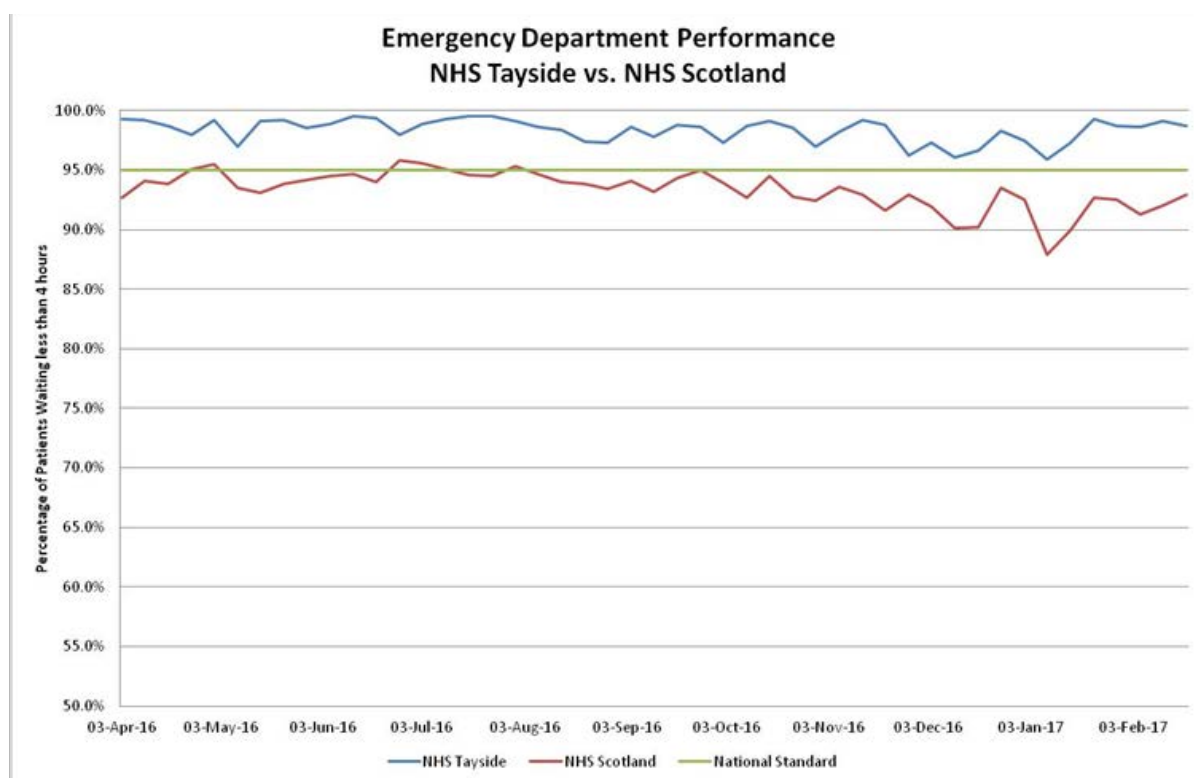
## 2017/18 Actions with Associated Efficiencies

Service Area	What	How	Workstream
<b>Referrals</b>	Reduce number of referrals to the Emergency Department	Integrate new health and social care model	Realistic Medicine
	Reduce number of referrals to AMU	Rapid acceleration of Acute Medical Receiving Model at PRI which should be linked to the reduction in unscheduled bed days through working with H&SC	Realistic Medicine
<b>Diagnostics</b>	Reduce the number of unnecessary tests	Service remodelling	Realistic Medicine
<b>Inpatient Downstream Beds</b>	Redesign bed models to optimise patient care (April - October 2017)	PRI - Non-contract agency reduction	Workforce and Care Assurance
		Reduction in cancelled operations due to capacity	Realistic Medicine
<b>Discharge Management</b>	Facilitate timely discharge from hospital	Establish discharge lounges in Ninewells and PRI	Realistic Medicine
		Roll-out of discharge ticket	Realistic Medicine
		80% of appropriate patients discharged two hours from ready to go to improve pre noon discharges	Realistic Medicine
	Decrease number of patient who experience a delay in discharge across acute and community hospitals  Achievement of 72 hour target for patients with delayed discharges following being assessed as clinically fit for discharge from hospital	Work collaboratively with local HSCP's that will: <ul style="list-style-type: none"> <li>• Provide the ability to reconfigure the bed base</li> <li>• Minimise the level of planned elective surgery being cancelled due to non availability of beds</li> <li>• Optimise the patient's pathway through the secondary care setting</li> <li>• Increase provision of Care at Home – Care Packages timely to avoid patients being admitted and then delayed</li> </ul>	Realistic Medicine
<b>Clinical Supplies</b>	Reduce clinical supplies costs	Adoption of first ranked products	Better Buying and Procurement

<b>Workforce</b>	Reduce reliance on non-contract agency, supplementary staff and overtime	Introduce revised shift pattern to release time to care	Workforce and Care Assurance
		Effective deployment of staffing resource utilising rostering information to its optimum level leading to: <ul style="list-style-type: none"> <li>Reduction in rostered additional duty hours</li> <li>Reduction in overtime</li> <li>Reduction in use of non contract agency</li> <li>Reduction in non-compliant junior doctor training grade rotas</li> </ul>	Workforce and Care Assurance
		Introduction of Safecare to match available nursing resource to patient acuity and clinical need, reducing the use of non-contract agency	Workforce and Care Assurance
		Effective recruitment and vacancy management	Workforce and Care Assurance
	Divert orthopaedic trauma at weekends to Ninewells	Reduced Ward 7, PRI bed complement at weekends with revised workforce plan	Realistic Medicine
<b>Total Efficiency Savings</b>			<b>£5.1m</b>

### 2017/2018 Unscheduled Care Performance

NHS Tayside remains the highest performing Board in this area and our performance against the national four hour standard for Emergency Departments is presented below, demonstrating that the national 95% standard has been achieved throughout 2016/17.



Data Source: NHS Performs, Emergency Department Activity (<http://www.nhsperforms.scot/hospital-data?hospitalid=27>)

## 2017/18 Service Planning

### National/Regional

Over 2017/18 NHS Tayside will continue to develop and implement the plan to enable us to become one of the four major trauma centres in Scotland, operating as part of a national network to ensure all those with major trauma injuries have access to responsive high quality care. No additional funding has been assumed however enabling costs will be required to support early implementation during 2018/19.

A Programme Board has been established and funding secured to support two sessions of clinical lead time and a programme manager to support the necessary work required to develop the major trauma network that will serve Tayside and North East Fife.

### Local

Improving unscheduled care across Scotland is a key ministerial priority for the Scottish Government. This is a long term programme over the next three-to-five years looking at redistribution of existing resource to support enhanced integrated working across the community and acute sectors. Through the introduction of the National Unscheduled Care – 6 Essential Actions Improvement Programme, the aim is to improve patient safety, flow and sustainable performance in unscheduled care. This will be achieved by the introduction of six work-streams to address the following six actions:

1. Clinically focused and empowered management
2. Hospital capacity and patient flow (emergency and elective) realignment
3. Patient rather than bed management (operational performance management of patient flow)
4. Medical and surgical processes arranged to improve patient flow through the unscheduled care pathway
5. Seven day services appropriately targeted to reduce variation in weekend and out of hours working
6. Ensuring patients are optimally cared for in their own homes or homely setting

The Unscheduled Care Programme Board has responsibility for supporting and facilitating the implementation of the National Unscheduled Care – 6 Essential Actions Improvement Programme across NHS Tayside and the three Health and Social Care Partnership residing within the Tayside boundary. This will include the formation of relevant strategic plans and associated work-streams and projects; the monitoring and review of relevant actions and the reporting of progress.

The Board is co-chaired by the Medical Director (Operational Unit) and the Head of Health and Community Care, (Dundee Health and Social Care Partnership) with membership representing the following:

- Relevant clinical directorates
- Health and Social Care Partnerships
- Primary Care
- Allied health
- Professional leads
- Clinical Leads
- Third and independent sectors
- Patient/service user representatives
- Staff side representatives

In taking forward the programme, the Board has recognised that there are currently a number of initiatives which support improvements across six essential actions both within hospital setting and the community, and at the point of transition between hospital and home. Over the next three years, the Board will seek to facilitate the roll out and embedding of those projects currently demonstrating improvements and will take a leadership role in progressing a smaller number of large scale changes. The initial review of available information has identified the following four areas as priorities for 2017–2020:

- Move to extend the period in which successful, safe and timely discharges from hospital settings can take place (linked to essential action 5)
- Realign existing care, primary and secondary services to maintain people at home (linked to essential action 6)
- Explore readmission data to identify and act on areas for further improvement (linked to essential action 6)
- In partnership with lead officers, identify further improvements from the day of care audits and monitor outcomes



# Mental Health



## Service Overview

NHS Tayside and the three local joint integration boards currently provide a range of Mental Health and Learning Disability inpatient, day patient, outpatient and community-based services across the region. Mental Health covers a range of specialities such as General Adult Psychiatry, Psychiatry of Old Age, Local Low and Regional Medium Secure Forensic, Learning Disabilities, Child and Adolescent Mental Health Services (CAMHS) and Substance Misuse. Inpatient services are currently provided from a number of hospital sites across Tayside: Susan Carnegie Centre and Whitehills Health and Community Care Centre in Angus, Carseview Centre, Strathmartine Hospital, Dudhope Young People's Unit, Kingsway Care Centre in Dundee and the Murray Royal site and Crieff Hospital in Perth and Kinross, plus a number of community bases within each local area.

## LDP Performance Standards

- 90% of patients referred for Psychological Therapies are to start treatment within 18 weeks of referral

## NHS Tayside Strategy

This service plan is supported by the Mental Health and Learning Disability Strategy.

## Strategic Context

### National

Realistic Medicine (2016) is driving a conversation across the clinical professions about the redesign of services through reductions in variation and in considering how the most effective care can be delivered in future. In addition to the workforce challenges a number of policy drivers and specialist opinion demonstrate that a strategic shift is required. Services in all settings must be safe and effective, however, national strategy and clinical evidence propose enhanced community-based care and development of specialist centres for those people with the most complex needs. We need to redress the remaining imbalance of inpatient and community-based services across Tayside.

### Regional

CAMHS and Forensic Medium Secure already have regional inpatient services located and managed within Tayside. There is currently an Eating Disorder Service provided regionally with regional inpatient services in Aberdeen.

### Local

#### Case for change

In line with the Mental Health Service Redesign Transformation Programme's aims and objectives there is a need to provide:

- Models of care which support safe, effective and person-centred care
- Improved care and treatment across hospital and community mental health services that focus on prevention of admission and timely supported discharge
- Hospital services which are designed to provide interventions and care that can only be delivered in an inpatient facility (only 6% of people who access secondary care mental health services each year, need to access care within inpatient services)
- A shift in the balance to primary and community care and care at home
- Models of care that ensure equity of access to services across Tayside
- Service models that support safe, effective and sustainable deployment of staff across Tayside
- Best Value and optimal use of resources to ensure that services are provided from flexible, fit for purpose, patient focused facilities. Opportunities to disinvest in outdated estates and capital assets to reinvest in patient care

To achieve this NHS Tayside and the Integration Joint Boards are developing future service models for General

Adult Mental Health and Learning Disability that will meet the requirements of patient quality, safety and service sustainability, within the constraints of workforce availability and financial affordability.

IJBs have a specific responsibility to design services that are centred on the needs of patients and carers, to reduce the dependence on institutional care and to provide a range of services that are based in communities. This obligation requires engagement with a wide range of stakeholders from service users through statutory and non-statutory provider organisations, professions and the wider public. Integration bodies also have an obligation to, wherever possible, move from traditional responsive services towards services that are designed to anticipate and prevent the avoidable consequences of ill health and inequalities. The Health and Social Care Delivery plan (December 2016) places an expectation of a measurable decrease in emergency hospital admissions and has set a target of a 10% shift in the year 2017/18. As well as improving patient environments NHS Tayside aims to make best use of existing PFI/NPD buildings and dispose of surplus properties that are no longer fit for purpose or able to provide appropriate accommodation to deliver modern healthcare. A three-month public consultation will begin in the summer of 2017 relating to a preferred model of care to deliver adult inpatient mental health and learning disability services across Tayside. During the consultation period, all stakeholder views will be gathered and collated to form part of a report which will be presented to the NHS Tayside and Integration Joint Boards for a final decision.

### 2017/18 Actions with Associated Efficiencies

Service Area	What	How	Workstream
<b>Models of Care</b>	Review model of care delivery	Design and implement new model of care across Tayside to shift the balance of care to community and provide high quality care within affordable resourcing	Realistic Medicine
<b>Service Redesign</b>	Complete consultation on Mental Health Service Redesign Programme and commence implementation of preferred model	Rationalise inpatient sites to shift the balance of care and deliver productivity and efficiency gains	Realistic Medicine
<b>Operational Delivery</b>	Consolidate current operational delivery changes	Deliver intermediate care services as a single service across Tayside	Realistic Medicine
		Delivery of a series of operational efficiencies	Workforce and Care Assurance
		Review of administration and clerical processes	Workforce and Care Assurance
<b>Workforce</b>	Realign medical staffing and redesign roles	Reduce by 50% requirement for medical locums	Workforce and Care Assurance
	Reduce reliance on supplementary staff and overtime	Effective deployment of staff resource including use of eRostering information	Workforce and Care Assurance
<b>Total</b>			<b>£1.4m</b>

### Workforce Plan

The mental health workforce plans address the current and future models of care reflecting the age profile of our staff and benefit anticipated from integrated health and social care.

### Realising Realistic Medicine

The transformation of the service includes reviewed and improved clinical pathways, revised service delivery models, and most beneficial utilisation of hospital accommodation, aimed at improving patient experience, and providing sustainable, safe and effective, recovery focused services.

### Property and Estates

As well as improving patient environments we aim to make best use of existing PFI/NPD buildings and dispose of surplus property no longer fit for purpose or able to provide appropriate accommodation for modern healthcare.



# Older People



## Service Overview

Health and Social Care Services for Older People are fully devolved to our Health and Social Care Partnerships in Angus, Dundee and Perth & Kinross in accordance with the Public Bodies Joint Working (Scotland) Act 2014.

The Health and Social Care Partnerships (HSCP) deliver services for older people across the whole system pathway from hospital services into the community, working with other statutory services and third sector independent services.

Each HSCP has co-produced with a range of partners and statutory stakeholders, a Strategic Commissioning Plan. They will work in collaboration with acute services to use shared resources for unscheduled care to improve the whole system pathway and to shift the balance of care to support people outside of the acute hospital environment where appropriate, reducing emergency admissions and delays in discharging people home from hospital.

## LDP Performance Standards

- People newly diagnosed with dementia will have a minimum of one year's post-diagnostic support

## NHS Tayside Strategy

This service plan is supported by the Care for Older People Strategy.

## Strategic Context

### National

The intended transformation of services for Older People in Tayside is aligned to the Scottish Government's "Achieving Sustainable Quality in Scotland's Healthcare: A 2020 Vision" and to "A National Clinical Strategy for Scotland" (2016), the recently published national "Health and Social Care Delivery Plan" and "Scotland's National Dementia Strategy". At its centre is the commitment to deliver safe, equitable and effective, person-centred care by an integrated service that is designed around the needs of the local population and delivered as close to home as possible while ensuring that older people, their families and carers, are empowered partners in their own healthcare.

The Scottish Government has published national measures for 2017/18 on the following aspects:

- Unplanned admissions
- Unscheduled hospital beds
- A&E performance
- Delayed discharges
- End of Life Care
- Balance of care/spend

It is the intention of the HSCPs in Tayside to see steady and sustained improvements in these measures and across the national and local outcomes for older people across Tayside.

### Regional

The HSCPs will work in collaboration with NHS Tayside to identify and explore the potential for regionalisation of certain services where appropriate e.g. Acute Stroke Care.

### Local

The NHS Tayside Older People's Strategy was developed in 2015 by the Older People Clinical Board which has a Tayside wide multi-disciplinary membership and it describes how our clinical services will deliver healthcare to older people and people with dementia across the three HSCPs in Tayside for the next five years. Our HSCPs will integrate

work around GP Practices, community pharmacy, third sector providers, statutory health and social care services and communities to ensure a focus on care being provided is to the highest standards of quality and safety. Our resources will be used effectively to deliver services that meet the needs of our increasing older population, and for those living with long term conditions and complex needs.

Older Peoples' Services in Tayside are currently undergoing major transformational change, identifying opportunities to improve services in each partnership area in collaboration with communities, third sector and other statutory services to improve the safety and sustainability of services and enhance the quality of care.

The focus will be on supporting more older people to live at home or in a homely environment, shifting the balance of care from more traditional bed based models, whilst continuing to ensure the safe delivery of services and improving quality of care based on local and individual need. Our services will be planned and designed with our local communities through our locality management and integrated care team structures to ensure collaborative and coordinated care.

### 2017/18 Actions with Associated Efficiencies

The main aim is that services will be developed in a multidisciplinary/multiagency framework within the three HSCPs organisational and strategic commissioning functions. Such services will provide timely access for older people and people with dementia with appropriate, smooth and evidence-based pathways of care across Tayside. For this we will focus on:

- Implement an Enhanced Community Service for frail older people across Tayside
- Multi-disciplinary and multi-agency model
- Dementia diagnosis and post-diagnostic care and treatment
- NHS Tayside clinical guidelines
- Intermediate care services
- Telehealth
- Functional mental illness
- POA Inpatient Service Review – Phase 1
- Anticipatory care plans
- Reshaping Care for Older People
- Specialist older people health teams
- Transformation of district nursing
- Review of community hospitals

Service Area	What	How
<b>Angus</b>	Expand Enhanced Community Support model	Roll-out ECS across remainder of Angus to enable reduction in emergency admissions
	Review community hospital inpatient provision	Consolidation of inpatient numbers and sites in line with demand
	Transform district nursing	Agree business case to implement new model role and implement scheduling and mobile working to improve patient facing time
	Redesign Minor Illness and Injury Service	Implement new model across Angus
	Operational efficiencies and non-recurring	Including management and admin review
<b>Dundee</b>	Consolidate Enhanced Community Support	Build on ECS model across Dundee to enable reduction in emergency admissions
	Transform district nursing and service redesign	Agree business case to implement new model role and implement scheduling and mobile working to improve patient facing time
	Reduce bed capacity	Reduce inpatient provision across Dundee to move to single site

<b>Perth &amp; Kinross</b>	Expand Community Support model	Roll-out ECS across remainder of Perth & Kinross to enable reduction in emergency admissions
	Transform district nursing	Agree business case to implement new model role and implement scheduling and mobile working to improve patient facing time
	Review community hospital inpatient provision	Consolidation of inpatient sites in line with demand
	Further develop Community Dementia Model	Develop Community Dementia provision in Strathearn Locality
	Improve frail elderly care	<ul style="list-style-type: none"> <li>Development of integrated care teams across each locality</li> <li>Redesign of AHP service provision</li> </ul>
<b>Total Efficiency Savings</b>	<b>£4.2m</b>	

### Workforce Plan

Recruitment and retention of qualified nurses for inpatient services managed through the Partnership remains a challenge and has an impact on the increased costs from supplementary staffing needed to ensure the delivery of safe, quality care. Taking account of the age profile of the health workforce, services will continue to be shaped by the needs of the population, with a particular focus on supporting and enabling people to live healthy and independent lives at home or in a homely setting.

The remodelling of the district nursing workforce through the Transforming District Nursing Programme will be based on redesign of the role and ways of working . A review of the Allied Health Professions workforce will seek opportunities for Occupational Therapy (OT) integration and to deliver on requirements for current service demands. A move toward seven day working will be an essential component of workforce plans.

### Realising Realistic Medicine

A fundamental aspect of the new models will be the working with communities and individuals to deliver tailored, person-centred care and support and shift away from a reliance on medical models of care toward psycho-social models. This will include a programme of embedding the principles of realising realistic medicine through focusing on what people need to be supported to live well rather than a process-driven approach.

### Property and Estates

As stated previously, there will be a move away from hospital and institutional care and a shift from hospital based care to community and home-based care. We will seek to eliminate the need for outdated and not fit-for-purpose properties and a reduction in our overall property footprint through transformation of our service delivery models.

# Women and Child Health



## Service Overview

Women, Children, Young People and Families Service is a pan-Tayside service covering Dundee, Angus and Perth & Kinross. The service consists of Health Visiting, School Nursing, Early Years Support Workers, Looked After Children staff, Allied Health Professions Teams, Immunisation Team, Maternity, Neonatal, Community Child Health, Surgery of Childhood, General Paediatric and Medical Subspecialty, Gynaecology and the Assisted Conception Unit teams.

Key to service delivery is partnership working with the local authorities, Police Scotland and third sector organisations. The NHS Tayside Children's Service is currently undergoing restructuring with governance provided from the recently established Children's Board.

## LDP Performance Standards

- Sustain and embed alcohol brief interventions in the priority settings of Primary Care, A&E, Antenatal Care, and broaden delivery in wider settings
- At least 80% of pregnant women in each Scottish Index of Multiple Deprivation (SIMD) quintile will have booked for antenatal care by the 12th week of gestation
- 90% of eligible patients commence IVF treatment within 12 months
- 90% of patients referred for Child & Adolescent Mental Health Services (CAMHS) are to start treatment within 18 weeks of referral

## NHS Tayside Strategy

This service plan is supported by the Paediatric Strategy.

## Our Vision

NHS Tayside recognise that health inequalities arise from variations in social, economic and environmental influences across the life course. Therefore giving children the best possible start in life is crucial to reducing health inequalities. Our ambition in NHS Tayside mirrors the national drive for Scotland to be the best place to grow up with a focus on early intervention and prevention of health inequalities in early years.

Our vision is underpinned by the requirements of the Framework for Maternity Care in Scotland 2011, the Children and Young Peoples Act 2014 and Getting it Right of Every Child (GIRFEC) with a key focus on:

- Improving access and preventing health inequalities
- Prevention, maintaining existing health through anticipation, co-production and self management
- Joining up pathways of care between local authority, primary, secondary care and between clinical services
- Enhancing community care provision
- Hospital admissions are avoided if safer to do so or are as short as possible and people enabled to go home as soon as it is appropriate
- Working towards Ready to Act, incorporating GIRFEC into all aspects of service delivery
- Growing the health visiting workforce
- Implementation of the Children and Young People's Act (Scotland) 2014
- Corporate parenting and improving the experience of looked after children
- Protecting children and young people from harm

## Priorities for 2017/18

- To consider the implications arising from the National Review of Maternity and Neonatal Services in Scotland January 2017 and action accordingly
- Complete a review of maternity theatre utilisation
- Review the provision of community midwifery service currently provided in Angus

- Optimising service efficiency through reduction of cancellations and DNAs
- Implementation of the re-focused roles of health visitors and school nurses
- Delivery of the National Universal Health Visiting Pathway to all children
- Delivery of the nine National Priority Pathways for School Nursing
- Implement the Health Visiting and School Nursing transformational programme led by the Scottish Government
- Implementation of a new immunisation service delivery model
- Assessing to admit rather than admit to assess – enhancing PAU
- Improving patient pathway in OOH to prevent avoidable admission for children
- Redesign of CAMHS outpatient pathways to improve access for this vulnerable group
- Delivery of Tayside wide Integrated Children Services Plan
- Implementation of Ready To Act for the Allied Health Professions

### 2017/18 Actions with Associated Efficiencies

Service Area	What	How	Workstream
Maternity Services	H&SC inpatient redesign	Redesign community maternity units in Angus	Realistic Medicine
	Ensure timely access to theatre	Improve maternity theatre utilisation	Realistic Medicine
	Reduce waste (cancellation and DNA) in outpatients	Service redesign including technology enhancements	Realistic Medicine
Health Visiting	Increase in health visitor workforce as per agreement with Scottish Government	Robust management of staff vacancies and turnover	Workforce and Care Assurance
School Nursing	Re-focused role for school nurses	Redesign of service provision	Workforce and Care Assurance
Immunisation	Vaccination Transformation Programme	Efficiencies through new model of delivery	Realistic Medicine
Children's Homecare	Skill mix review	Workforce plan incorporating change to skill mix within homecare teams	Workforce and Care Assurance
Ambulatory Care	To eliminate unnecessary hospital attendance	Redesign of patient pathway by providing rapid access to outpatients within 48 hours	Realistic Medicine
Paediatric Service	Reduction in unwarranted variation and waste	Focus on outpatient DNA rates (Paediatric and CAMHS) and ALOS for inpatients	Realistic Medicine
Outcome Bundles	Maximising ACU capacity	Liaise with other Boards to identify potential additional activity	Realistic Medicine
Workforce	Efficient deployment of resources	Reduction in avoidable additional duty hours	Workforce and Care Assurance
	Supervision payments	Review of workforce plans	Workforce and Care Assurance
Total Efficiency Savings			£1m

### 2017/18 Local Service Planning

NHS Tayside is working with parents, carers, young people and key partners to develop the first Tayside Collaborative Plan for Children Services. By bringing together universal services including health, education, social work and working with the voluntary sector across Dundee, Angus and Perth & Kinross we want to provide support which can make a difference to parents and carers who need a little information and support or to those with long term needs, from pre-birth through to adulthood.

Locally, we work with our key partners to produce Integrated Children Services Plans and significantly contribute to Local Authority Local Outcome Improvement Plans (LOIP).

# Cancer



## Service Overview

Cancer Services within the Operational Unit are broadly categorised into three domains: Acute Oncology, Surgical Oncology and Radiotherapy. The service delivery outcomes, budget resource, performance standards and monitoring are undertaken by the individual Directorates who have ownership of specific cancer pathways. These individual elements are brought together under the leadership of the NHS Tayside Cancer Overview Group which has responsibility for creating an integrated approach across operational cancer services, as well as responsibility for ensuring regional collaboration through the North of Scotland Cancer Advisory Network.

## LDP Performance Standards

- Cancer waiting times: 31 days from decision to treat (95% performance); 62 days from urgent referral with a suspicion of cancer (95% performance)
- 25% increase in patients diagnosed and treated in the first stage of breast, colorectal and lung cancer

## NHS Tayside Strategy

This service plan is supported by the Cancer Strategy.

## Chemotherapy Activity

- There is a general year on year increase in the number of patients receiving cancer therapy with the ageing population. Cancer incidence over the next 10 years is expected to increase by 30%.
- With nearly all cancers the opportunities for additional courses of treatment increase for patients as new second and third line treatments have become available in the palliative setting.
- In some diseases such as renal and melanoma there has been a shift from there being very limited effective anti-cancer treatment options to two to three treatment options that can continue for protracted periods of time.
- For a number of cancers there has been a move from three-weekly treatment to people receiving lower doses of treatment given weekly.
- The general lower toxicity of weekly treatment has resulted in clinicians being more willing to consider additional courses of treatment for patients where previously this may not have occurred.
- In some patient cases there has been a change in treatment practice from a maximum of six cycles of therapy to continuous treatment until disease progression.
- Recently approved medicines like Nivolumab and Pembrolizumab are provided until disease progression and can therefore be provided over protracted periods of time. Such treatments have now been supported for lung cancer patients.

## Radiotherapy provision

- IMRT for prostate cases started in September 2015, also increased gynaecological IMRT, and now offering IMRT for some colorectal cases.
- Breast cancer is treated in Tayside using field-in-field (FIF) boost technique that optimises the dose distribution. In terms of technique, IMRT optimises the dose to target therefore FIF could be described as a form of IMRT.

## Priorities for the delivery of cancer care in 2017-18

- **Therapeutic Radiotherapy** – Progress plans for the modernisation of our existing radiotherapy facilities to improve flexibility in the service model and address capacity issues. We will complete a Feasibility Study to agree the location for two new linac bunkers and develop the underpinning business case. When complete this will improve the percentage of patients receiving Intensity Modulated Radiotherapy (IMRT).
- **Oncology** – Progress the Initial Agreement and Outline Business Case for the refurbishment and redesign of the Oncology Unit at Ninewells Hospital to respond to the current and forecast increases in demand for Oncology Care and treatments. The project will be delivered in partnership with Macmillan Cancer Support.



- **Diagnostics** – Make qFit available to all GP practices as, for the first time, we had a 14% reduction in referrals for colonoscopy over 2016/17 as a result of this initiative.
- **MDTs** – Upgrade to accommodation and technology to support MDTs in NHS Tayside to ensure that people with cancer have equity of access to sustainable, high-quality, timeous treatment
- **IMT** – Agree and implement systems and processes that support access to laboratory radiological and pathological investigations results between the North of Scotland Health Boards through SCI gateway.
- **Data and Intelligence** – Design, develop and implement training modules for Cancer Tracking and Information staff for all tumour sites. To support MDT, Quality Performance Indicators, Detect Cancer Early and Cancer Waiting Times data.
- **New roles** – Introduction of cancer patient care co-ordinators in surgery to minimise avoidable system-related delays, improving access to treatment and patient experience through active management of the patients' pathways and improved booking processes.
- **Collaboration** – Establish a Cancer Pathway Forum to provide a dedicated forum to support cross-directorate review of cancer pathways alongside review of the cancer waiting times performance with a focus on the breast, prostate and colorectal pathways, as these areas experienced consistently lower levels of performance against the cancer standards in 2016.
- **Health and Social Care Integration** – working in Collaboration with Dundee Health and Social Care Partnership, Macmillan Cancer Support and other statutory and voluntary bodies, we will deliver the Dundee Macmillan Improving Cancer Journeys project due to launch May 2017. The learning from this community-based project to support patients living with, and beyond cancer (Ambition 8) will be shared with other local authority areas.

Clinical cancer research is of central importance in providing high quality cancer services and the strategic merit of undertaking an integrated review was recognised. A concurrent review of cancer research is being undertaken by the University of Dundee as part of the development of a funding proposal to re-establish a Cancer Research UK centre of excellence in Dundee. Work is in progress to create an alignment between the key cancer research themes from within University of Dundee and NHS Tayside's approach, this will:

- Enable individuals with cancer to access latest diagnostic and therapeutic approaches through clinical trials
- Create a working environment and culture, with the needed clinical knowledge and skills that will allow the early adoption of the latest new research findings into clinical care in the form of innovative patient centred service developments, to the benefit of cancer patients
- Enable the recruitment and retention of the highest calibre clinical staff who will be attracted by the opportunity to be active in cutting edge cancer research and/or the opportunity to rapidly translate the latest research findings into state of the art cancer care and treatment
- Opportunity and support for interactions between NHS Tayside clinicians, clinical academics and cancer scientists
- Capacity for precision cancer diagnostics

In order to improve levels of engagement between clinicians and researchers and create the needed interdisciplinary teams with the required scientific and clinical skills, the development of the Cancer Academic Partnership in Tayside (CAPiT) is being progressed to provide the structure to allow interactions and align research and service development. CAPiT will provide an umbrella structure for a number of groups – Academic Cancer Partnerships (ACPs) – focused on disease and clinical areas of highest unmet need where research and service progress will have greatest impact.

## 2017/2018 Cancer Care Performance

### National Planning

NHS Tayside aims to promote access to high-quality cancer care for all patients and families on the basis of need, recognising that need varies and therefore so may access. Through the Cancer Overview Group, NHS Tayside will set plans and priorities in relation to the national Cancer Strategy Beating Cancer: Ambition and Action and promote improvements through best practice, research, education and audit in service delivery at a local level.

A key aim over 2017/18 is to develop prioritised plans for the achievement of the ambitions set out in the strategy, and oversee implementation. Plans will articulate how all relevant services across primary, community and acute/tertiary care, are joined up in pursuit of improved outcomes thus ensuring the strategic improvement of cancer services in Tayside.

### Regional Planning

NHS Tayside is one of six Boards operating within a collaborative framework for the North of Scotland Cancer Network (NOSCAN), which is one of the three regional Scottish Cancer Networks responsible for supporting cancer service delivery across Scotland. NOSCAN aims to ensure that consistent and high-quality care is provided equitably across the North of Scotland region.

An infrastructure has been put in place to support regional shared management pathways for a number of low activity tumour groups and the creation of the Regional Oncology Clinical Board (ROCB) is working on developing further collaboration. This regional "safety net" continues to develop by using real patient pathways to develop relationships and more collaborative ways of working.

Recent Scottish Government statistics forecast the number of new cases of cancer in Scotland is predicted to rise by 33% over the next decade, significantly exceeding oncology capacity within the north. Rapidly increasing demand, combined with an ongoing global shortage of oncology professionals, creates significant risk to all three cancer centres if the regional oncology service does not progress from its current embryonic position, to one of a substantive operational service.

Benefits of the Regional Oncology Board include:

- Provision of high-quality specialist oncology services to patients across the north of Scotland, delivered as close to home as possible
- Equity of patient access to specialist oncology services within the north of Scotland region
- Availability of a stable oncology workforce, capable of sustaining service provision during periods of capacity shortfall across the north
- A regional service that consistently meets both quality targets and waiting times
- Effective contribution to board, regional and national service developments
- Regional contingency planning
- Regional level Workforce Planning

### Local Planning

**National Scottish Cancer Experience Survey (2016).** Overall patient and carer feedback was positive however areas where improvement is required were around supportive care and signposting to supported self-management. These align to recommendations from Transforming Care after Treatment (TCAT) Programme Phase I Project in NHS Tayside which is due to report in March 2017. The implementation of recommendations will primarily be delivered by the cancer site-specific teams and monitored through Cancer Overview Group. The roll-out of holistic needs assessment and care planning as per TCAT project for all patients will contribute to meeting Ambition 8 of Beating Cancer Ambition and Action (2016). Some future investment will be required to sustain community based Health and Wellbeing events and effective patient involvement.

**Primary Care** Macmillan Lead Cancer GP - In order to provide leadership within primary care and to ensure primary care involvement around cancer prevention; screening; cancer referral; living with and beyond the Associate Medical Director for Primary Care has negotiated the appointment of a lead cancer GP March 2017.

**Risk Stratified Follow-up TCAT Phase III** - NHS Tayside has secured funding to implement risk stratified follow-up for patients diagnosed with colorectal cancer through regional TCAT funding. This will be reported through Cancer Overview Group so that learning can be shared with other site specific groups and facilitate implementation.

# Support Services



## Service Overview

Support Services currently deliver services to many key sites across Tayside, whether directly employed on that site or delivering to and from that site. The main areas of employment are the main hospital sites of Ninewells, Perth Royal Infirmary, Stracathro, Royal Victoria Hospital, Kings Cross Hospital and all community hospitals, Dental Hospitals and some health centres, GP practices and dental practices. The service employs around 1,500 staff.

Support Services works in partnership with the three local authorities.

The main NHS Tayside/IJB factors we will address in 2017-18 are changes in the delivery of care, the NHS Tayside property strategy and extended hours of working for additional clinic capacity at weekends/evenings.

The longer term impacts include the National Shared Services Agenda and Once for Scotland as well as the National Clinical Strategy and Health and Social Care Local Delivery Plan for Tayside.

The performance of Support Services is captured in returns to NSS/HFS and through local performance scrutiny forums.

## NHS Tayside Strategy

This service plan is supported by the People Matter Strategy.

## Priorities for the service delivery in 2017-18:

- Portering – the implementation of new rosters
- Catering – review of Ninewells site retail outlets (in-house) to provide a more modern service that meets demand and promotes the concept of 'grab and go' healthy options
- Catering – catering strategy to be developed to include a review of Tayside production kitchens and standardisation of menus
- As part of the transformation programme property optimisation workstream, the redesign of the property portfolio will provide opportunities to review site support service workforce
- Transport review to determine need against efficiency – multiple vehicle transfers between sites; reduction in fleet; moving capital purchased vehicles to lease
- Reduction in food waste – initiatives include the reduction in over-ordering of meals by wards

## 2017-18 Actions with Associated Efficiencies

Service Area	What	How	Workstream
Portering	Implementation of the recommendation from the portering review	Implementation of a new roster	Workforce and Care Assurance
Catering	Reduce food waste	Introduction of Prod Plan	Facilities and Estates
		Transfer of snack provision to ward	Facilities and Estates
		Systems and processes to manage over-ordering of meals	Facilities and Estates
		Review skill mix across retail outlets	Workforce and Care Assurance

<b>Domestic Services</b>	Workforce	Resource management	Workforce and Care Assurance
<b>Residences</b>	Price change	Annual price increase for accommodation	Facilities and Estates
<b>Site Support Services</b>	Workforce plan	Review of skill mix across all sites	Workforce and Care Assurance
<b>Transport</b>	Use of transport	Review of the use of taxis, goods and deliveries to look at efficiencies that can be achieved	Facilities and Estates
<b>Production Unit</b>	Redesign sterile services	Consolidation of Central Decontamination Unit facilities	Facilities and Estates
	Workforce plan	Resource management	Workforce and Care Assurance
	Utilities	Support efficient ways of working to reduce the cost of utilities within the production unit waste and variation	Facilities and Estates
<b>Workforce</b>	Reduce reliance on agency staff and overtime	Effective management of annual leave, sickness absence and rotas	Workforce and Care Assurance
<b>Total</b>			<b>£1.1m</b>

## 2017/18 Planning

### National Planning

Participating in the National Shared Services Strategies for Catering and Portering.

### Regional Planning

Partner with Fife in a Fleet Management Consortium.

### Local Planning

Reviewing the management of services in partnership with IJBs to reflect locality working and community planning taking account of changes in service delivery and local facilities across health and social care. Taking opportunities to review how services are managed and delivered going forward.

### Portering

The Tayside Portering Service is nearing completion of its Portering Review and is due to conclude Phase 2 by April 2017. The review recommendations include a new more clinically responsive delivery model, based around a revised roster of working for all portering in Dundee including Ninewells (circa 140 staff). The new roster will be rolled out in early 2017/18. Thereafter a review of the changes will refine elements within 3-6 months.

Complementary reviews have also taken place in Perth and Angus to ensure efficient ways of working across all sites. A review of Murray Royal Hospital portering services is also due to be completed shortly.

In late 2018, an automated system will be available to enable direct paging of porters by clinics/wards and the automatic allocation of work to the staff in the vicinity of the clinical areas requiring service. This will further support the workforce plan.

### Catering

There have been a number of catering trials associated with the NHS Tayside Transformation Programme. A review of timing of meal ordering reduced waste through the introduction of ProdPlan+; a system that standardises recipes and ingredient ordering and amounts to regulate the financial outlay in meal preparation. The system also measures the related waste in food unused. NHS Tayside is working in partnership with Health Facilities Scotland, RhFM and Zero Waste Scotland to achieve a programme of reduction in food waste. The National Catering Strategy promotes four or five large national cook/freeze production units. The Transformation Programme is engaged in drafting a business case in order that Tayside maybe considered for a review of Ninewells site retail outlets (in-house).

### *Domestics*

Whilst there is no current Shared Services Agenda in place for domestic staff, any changes in service delivery will be influenced by local clinical strategies. The current intention is that domestic services will align more closely with ward areas and become more part of the overall multi-disciplinary team. If this proposal goes forward then the way in which staff are allocated, managed and supported may change in terms of the daily allocation of tasks and overall middle and senior management.

### *Site Support*

There are a number of specifics regarded as 'site' that capture a number of tasks passed to Site Support by other services over time. Each locality (Dundee, Angus, Perth & Kinross) and Ninewells itself has a lead for site support. This ranges from managing fire response to parking, signage, CCTV, pool cars, keys, badges, mortuaries and residences. A proposal has been made to 'repatriate' some of the tasks transferred to Site Support from Estates. This could further release management resource targeted at sustaining these areas and incorporate into existing structures. The review of Site Support Services will fundamentally improve productivity and enhance the quality of service provided whilst enabling a review of the senior management middle grade workload and consider re-aligning the workforce to reflect the strategic vision of acute services.

### *Transport & Logistics*

A review of the print strategy is also underway that may influence potential for savings in 2017/18.

# Estates and Infrastructure



## Service Overview

The Property Department (approx 270 staff) provides services across a diverse property portfolio to ensure statutory compliance and that the build environment is fit-for-purpose and managed effectively. The department is made up of six divisions: Estates/Grounds/Specialist Services; New Works/Minor Works; Administration; Fire Safety; Asset Management; and Environmental & Technical including Health & Safety compliance, Quality Assurance and Environmental. Performance standards include Internal Audit, e-KSF, iMatter, Absence, Financial Performance and SCART as well as National reporting via FMS. External performance monitored via the BSI, ISO 9001 Audit.

## NHS Tayside Strategy

This service plan is supported by the People Matter Strategy.

## Priorities for the service delivery in 2017-18

NHS Tayside is committed to using the estate as an enabler to support our emerging clinical strategies, new models of care and to deliver long term savings and efficiencies. Our focus for the one year plan is to:

- Develop and deliver our Clinical Strategies that enable the development of an NHS Tayside Master Plan
- Develop and submit an Initial Agreement and Outline Business Case to Scottish Government to secure essential infrastructure investment across the estate to provide resilience, assurance and allow for future clinical expansion
- Support the delivery of our capital programme
- Monitor and review energy efficiency across the estate with our partners focusing on resilience and cost reduction
- Review of Estates Division workforce structure, location and skill mix to align with the developing property portfolio and national, regional and local strategies including Health and Social Care partnerships
- Update the current Property and Asset Management Strategy (PAMS) to align with our strategic vision

## 2017-18 Actions with Associated Efficiencies

Service Area	What	How	Workstream
Estates	Workforce plan to underpin clinical strategies and re-design programmes	Management of staff vacancies	Workforce and Care Assurance
	Grounds maintenance	The continuation of the grounds maintenance review to deliver further efficiency	Facilities and Estates
	Property optimisation	Alignment of property to clinical service redesigns	Property
	Energy efficiency	Release of savings through the Carbon Energy Fund	Facilities and Estates
	Electronic ways of working	Property Department payment of utility charges through Direct Debit scheme	Facilities and Estates
	Review of rates revaluation	Through the national rates revaluation exercise NHS Tayside has been working with the local assessors to ensure the costs are contained within in our existing recurring budget	Property
	Materials best value	Adoption of first ranked products	Better Buying and Procurement
Total			£1.1m



## 2017/18 planning

### *National Planning/Regional Planning*

NHS Tayside Property Department chairs the Tayside and Fife Property and Asset Collaborative meeting whose intention is to develop strategic resource review and planning between NHS Tayside and the four neighbouring Local Authorities to explore a wide range of opportunities for collaboration with partners and other authorities where benefits may exist. The potential benefits could be local, regional and/or national.

### *Local Planning*

The Property Department leads on the development and issuing of the Property Asset Management Strategy (PAMS). The Property Department via its focus and strategic intentions will align its resources to support the strategic demands of NHS Scotland (NHSS), NHS Tayside, the IJBs and Local Authority/Public Sector partners.

The Property Department plays a critical role in NHS Tayside's ability to deliver the five year transformation programme, the clinical strategies and the IJBs through a robust and effective property portfolio management and disposal strategy and is a key participant in the development of NHS Tayside's Strategic Plans in relation to the development and delivery of Site Master Plans. This is the essential requirement to enable NHS Tayside to realise its strategic plans.

The Property Department faces an ambitious programme of property portfolio review and rationalisation over the next five years and beyond. To facilitate the effective delivery of this, the department has reviewed and aligned available resources to ensure NHS Tayside is best placed to deliver on these. The primary focus of the review has been the creation of the Asset Management Team and the commencement of a restructure within the Estates Division. The other primary focus for the Property Department will be greater emphasis on energy efficiency and compliance of statutory obligations to ensure a clear focus on quality and improvement leading to efficiencies.

## Realising Realistic Medicine

It is the intention that the PAMS and the developing master plan would reflect such requirements and the Property Department would align its resources to facilitate clinical demands. The Property Department is actively involved in the development of the Ninewells and PRI master plans and is a key participant in the service redesign requirements that emerge through the delivery of the clinical strategies and service reviews.

## Property and Estates

The main implications for the Property Department for any service or organisation redesign will be seen within the property portfolio and a reduction to the footprint. The Estates Division will align its service resources, skill mix and workforce/workshop locations across the estate to ensure the most effective use of resources is in place.

## 8 Workforce



Our workforce is at the centre of the NHS Tayside's transformation, leading our quality and safety, delivering our development and productivity gains, and ensuring effectiveness of our care and services. Without our workforce in the best shape possible and empowered to deliver excellence every day, NHS Tayside's vision will not be achieved.

Priorities for 2017/18 to enhance our workforce:

- Delivering the right workforce – developing a robust integrated workforce plan that reflects delivery of our clinical strategies and partnership arrangements, embedding a joint approach to delivery of health and social care
- Securing talent – creating the right conditions to attract and retain the best people through efficient, effective and value-based recruitment underpinned by continuous development processes
- Growing the right culture to create a great place to work and deliver excellent care
- Ensure an environment which values wellbeing, where all staff feel healthy, happy and safe
- Create a culture of engagement where all staff are actively involved in the decisions that affect them about the services they provide, and a culture of active support through change

NHS Tayside's path to transformational change means redesigning how we deliver our services in the future. To do so we must secure an overall reduction in our workforce costs so that we can better invest in the range of services our population relies on. This change will be achieved by the reprofiling of our workforce, reducing our use of supplementary staff and supporting the retraining and redeployment of staff to our new and transformed models of care.

Our future workforce profiles are shaped by our clinical strategies and the requirement for transformational change within our services. The workforce planning process is therefore driven by our overall strategic aims. Through a focus on local service planning and devolved authority to our Local Partnership Fora, the Board ensures both effective clinical and partnership leadership and engagement in the local workforce planning process and that these play a key role in the development of our corporate workforce plan.

At the same time, we understand that in order to deliver a good patient experience, we also have to ensure a positive staff experience. Alongside our plans to ensure operational and cost effective delivery of care, our workforce strategy will also ensure our continuing development of partnership working, both with our trades unions and with every member of our team, through a culture and leadership ethos that fosters staff engagement.



## Strategic Workforce Priorities for 2017/18

<b>Delivering the right workforce</b>	<p>Services delivered by permanent staffing secures high-quality, reliable care for patients. Reducing our use of agency and other temporary staffing improves our delivery and reduces our costs. Achieving reductions in our establishment-equivalent costs forms a key part of budget and workforce plans, we will also challenge those areas, particularly back office functions, where our cost base is above the national average.</p> <p>Effective recruitment and retention is therefore a key feature of our plans, and in the year ahead more structured career planning will become more feasible as our hiring plans deliver and talent management systems mature.</p> <p>Across the NHS there have been a number of national reports and recommendations relating to nursing and midwifery staffing and skill mix. Through application of the National Nursing and Midwifery Workforce Tools we have been carrying out our own work to make sure our nurse staffing is mapped, not only to the number of patients, but also the complexity of each individual's needs.</p> <p>Through our daily safety huddles we ensure safe staffing levels on our wards, including escalation processes where staffing levels do not meet recommendations for managing patient acuity. This means prompt action is taken to ensure we meet and exceed the care standards our patients deserve.</p> <p>In 2017/18, we will invest in the concept of a 'nursing pool' aimed at supporting individuals to work in a way that suits their personal lives, while supporting those who may have left the profession to return to practice as a stepping stone to securing future roles and careers. Through this, we will aim to target areas where recruitment has proved challenging.</p> <p>We will continue our investment in the Modern Apprenticeship Programme seeking opportunities to expand the scheme further, while continuing the work of our Health and Social Care Academy, which offers training and essential work experience to support individuals' employability.</p>
<b>Securing talent</b>	<p>People are key to successfully delivering the NHS Tayside vision, mission and strategy. We expect that vacancies are filled by individuals with the appropriate expertise and experience to enable us to fulfil our aims and objectives.</p> <p>The promotion and adoption of a 'Values Based' approach to our recruitment and induction aims to attract and select future employees on the basis that their individual values and behaviours align with the values of the Board and NHS Scotland. By recruiting against our values, we believe we will improve recruitment standards and empower the business to make good recruitment decisions that aid our long-term retention and development of staff.</p> <p>This use of values-based recruitment is one element in a broader values strategy to promote effective individual and team working, in order to support the delivery of high-quality services and care.</p>

<b>Growing the culture</b>	<p>We believe we are judged by how we act and that our reputation is defined by how we deliver against our vision and put into practice our core values. A key focus of our workforce strategy is therefore to embed an organisational culture focused on delivering a great place to receive care by ensuring we are a great place to work.</p> <p>In 2016/17 the Board commissioned a review of our culture, using expert input drawn from the King's Fund and NHS Improvement to identify our strengths and begin our development looking at the aspects of our culture today and their contrast with where we aim to be. 2017/18 will see us focus on our design and implementation of action plans in the priority areas of:</p> <ul style="list-style-type: none"> <li>• <a href="#">Recruitment and Talent Management</a></li> <li>• <a href="#">Leadership development (key roles)</a></li> <li>• <a href="#">Leadership behaviours (all staff)</a></li> </ul> <p>This design stage will support NHS Tayside to develop a robust, focused Collective Leadership Strategy from Autumn of 2017, combining the priorities of improving both patient and staff experience.</p>
<b>Wellbeing</b>	<p>Ensuring the safety, mental health and overall wellbeing of those who work within our team is a central aim of the Board. As one of NHS Scotland's most improved Boards around reducing sickness absence, we recognise that staff wellbeing is a primary driver for improving attendance rates, which in turn can positively impact patient care. We have already taken action to improve the support available for staff, from provision of specialist independent advice from our Occupational Health, Healthy Working Lives and Wellbeing Services, through to developing a toolkit such as 'Live Positive' to help staff and managers identify and address stress and anxiety inside and outside the workplace.</p> <p>2017/18 will see the launch of a wider Wellbeing Strategy that seeks to improve long-term absence performance through the development of individual resilience and self-management.</p>
<b>Engagement</b>	<p>We have set out our commitment to staff to continue to develop our organisation through involving our staff in defining what great experience is, and helping to shape the systems and processes that deliver it.</p> <p>Alongside a communication strategy that ensures staff are informed through internal bulletins, staff magazine, and regular email communication, we continue to actively seek staff views on where we can enhance their day-to-day experience through our positive promotion of iMatter. This work is already seeing benefits, with NHS Tayside enjoying the highest response rates of any health board in Scotland.</p> <p>At the heart of our engagement strategy is a strong history of promoting staff engagement through partnership working with our Professional and Trades Union groups. By ensuring the full, early and ongoing engagement through the work of the Area Clinical Forum, Area Partnership Forum, Local Partnership Fora, and across the range of the professional infrastructure, we will build on this to ensure a full understanding of the importance of change, ensure equality of opportunity, and by empowering ownership and personal leadership enable delivery of our safety, planning, quality and transformation agendas.</p> <p>2017/18 will see a comprehensive partnership work plan, developed with our key trade union partners, delivering a joint commitment to openness and a mutual and meaningful commitment to long term strategic and service change built on full involvement in leading change.</p>

In delivering the highest quality, safe, effective and person-centred care and transforming our services, our workforce is the critical enabler. NHS Tayside has already published a people strategy that describes our key priorities and sets out our approach to delivering the NHS Scotland 'Everyone Matters 2020 Workforce Vision'. Against the Board priorities identified for delivery in across 2017/18 within Scottish Government circular DL (2016) 23, the following will be actioned:

Aims	Key Programmes of Work 2017-18
<p>Healthy organisational culture - ensure delivery of iMatter plans, involve staff in decision making, and take meaningful action on staff experience for all staff.</p>	<ul style="list-style-type: none"> <li>• Refresh our approach to delivering NHS Scotland's values</li> <li>• Roll out iMatter to the whole organisation including staff across Health and Social Care Partnerships, producing iMatter engagement reports and action plans in 2017</li> <li>• Progress with pilot of redesign of senior Board officer appraisal process</li> <li>• Drive forward full eKSF compliance</li> </ul>
<p>Sustainable - take action to promote health, wellbeing and resilience of the workforce, to ensure that all staff are able to play an active role throughout their careers and are aware of the support available to them.</p>	<ul style="list-style-type: none"> <li>• Launch of framework, co-produced with our trade unions and professional experts, that will further support individual staff taking ownership of their own physical and emotional wellbeing, helping them lead healthy lifestyles.</li> </ul>
<p>Capable - build confidence and competence among staff in using technology to make decisions and deliver care by encouraging active participation in learning.</p> <p>Capable - work across boundaries (between professions, between primary and secondary care, between sectors and so on) to share good practice in learning and development, evidence-informed practice and organisational development.</p>	<ul style="list-style-type: none"> <li>• Continue to work in partnership together in the delivery of training and education for our workforce, in areas such as ensuring all staff have opportunity to have a development review, and access to a computer in order to undertake e-learning opportunities</li> <li>• Refresh of Learning and Development and Organisational and Development strategies</li> </ul>
<p>Workforce to deliver Integrated Services - working with partners, develop workforce planning capacity and capability in the integrated service.</p>	<ul style="list-style-type: none"> <li>• Development of a joint workforce/organisational plan for each Health and Social Care Partnership that aims to promote a fully integrated workforce</li> <li>• Creation of an internal nursing 'pool' to enable rapid deployment of resources as a capacity tool designed to flex according to patient service need</li> <li>• Return to Practice programmes to commence in June 2017</li> </ul>
<p>Effective Leadership &amp; Management - implement the new development programme for board-level leadership and talent management.</p>	<ul style="list-style-type: none"> <li>• Delivery of NHS Scotland leadership and talent management development programmes</li> <li>• Application of national Board-level appraisal arrangements</li> <li>• Delivery of management development programmes</li> </ul>



## 9 eHealth



There are a number of critical elements which will enable NHS Tayside to achieve success as it transforms services, care and treatment over the next five years. The key programmes of work in three of these enablers – eHealth, capital plan and workforce – are detailed below.

### eHealth

The aim of the five-year eHealth Strategy is to consolidate work to replace current systems to ensure a robust platform that will be the foundation of our Electronic Patient Records, as well as supporting information transfer between NHS boards to support local, regional and national patient pathways. We are committed to delivering the national patient administration system (TrakCare) and we have committed to replacing our community/mental health system, implementing a system to support Health and Social Care Integration and continuing the development of our local portal to ensure integration across systems. These systems, once implemented, along with the improvements in our current infrastructure, mobile working and the use of telemedicine and telecare, will deliver our 2020 vision.

The eHealth priorities for 2017-18 are matched to the seven national strategic aims:

Aims	Key Programmes of Work 2017-18
To enhance the availability of appropriate information for healthcare workers and the tools to use and communicate that information effectively to improve quality	<ul style="list-style-type: none"> <li>Implementation of TrakCare</li> <li>Implementation of EMIS Web for community</li> <li>Deployment of new laptops and mobile devices for easy access</li> </ul>
To support people to communicate with NHSScotland, manage their own health and wellbeing, and to become more active participants in the care and services they receive.	<ul style="list-style-type: none"> <li>Implementation of GP on-line services</li> <li>Development of patient portal facilities</li> <li>Test use of home monitoring devices</li> </ul>
To contribute to care integration and to support people with long term conditions	<ul style="list-style-type: none"> <li>Extend use of telehealth/telemedicine facilities</li> <li>Enhance predictive modelling tools to provide information on long term conditions</li> <li>Enhance data sharing capabilities between agencies</li> </ul>
To improve the safety of people taking medicines and their effective use.	<ul style="list-style-type: none"> <li>Promote wider implementation of the national pharmacy solutions</li> <li>Provide greater access to pharmacists for Clinical Portal</li> <li>Develop business case for implementation of a Hospital Electronic Prescribing and Medicines Administration (HEPMA) solution</li> </ul>
To provide clinical and other managers across the health and social care spectrum with the timely management information they need to inform their decisions on service quality, performance and delivery.	<ul style="list-style-type: none"> <li>Implementation of Strata Pathways as referral tools</li> <li>Work towards a single Electronic Patient Record and removal of redundant silo systems</li> <li>Enhance information management systems across partners</li> </ul>
To maximise efficient working practices, minimise wasteful variation, bring about measurable savings and ensure value for money.	<ul style="list-style-type: none"> <li>Implementation of mobile technology</li> <li>Further reduction of local hosting computer rooms</li> <li>Development of device management strategy</li> <li>Implementation of erostering</li> </ul>
To contribute to innovation occurring through the Health Innovation Partnerships, the research community and suppliers, including the small and medium enterprise (SME) sector.	<ul style="list-style-type: none"> <li>Work in partnership with Academic Health Science Partnership to deploy home electronic devices to support patient care</li> <li>Support new digital health initiatives in a local setting</li> </ul>



# 10 Financial Plan



## LDP Performance Standard

- Operate within agreed revenue resource limit; capital resource limit; and meet cash requirement

NHS Tayside receives resources nationally to provide health services to its catchment population of the residents of Tayside. The principle revenue resource is determined through the National Resource Allocation Formula (NRAC) with Tayside's current target share calculated at 7.85% of all territorial boards. The resources received are within 1% of this target share following an allocation of NRAC parity funding.

An uplift on our Baseline Revenue Resource for 2017/18 has been provided for based on a GDP uplift of 1.5% for 2017/18. Of this uplift 1.1% will be directed towards Integration Authorities for delivering improved outcomes in social care, and to support the commitment on Living Wage for social care workers. The Baseline Revenue Resource confirmed for NHS Tayside for 2017/18 is set out in the table below:

	2017/18
	£m
<b>Baseline Resource B/fwd</b>	702.6
<b>Baseline Uplift</b>	10.5
<b>Transfer to Integration Authority</b>	(7.8)
<b>NRAC parity funding</b>	8.0
<b>Total</b>	<b>713.3</b>

Other key elements of the funding implications on Boards for 2017/18 is the continuation of an Outcomes Framework providing a focus on delivering strategic priorities. In order to provide Boards with greater flexibility on decisions on how to maximise value from this resource against clearly defined outcomes, the intention is to "bundle" together a range of earmarks previously distributed individually. To this end the Board will be provided with a total resource and left with the flexibility of deploying this resource to meet the targets set within the Outcomes Framework. The table below recognises the elements of the Outcomes Framework. NHS Tayside will receive an allocation of close to £11.3m in 2017/18, reflecting a similar value to that received in 2016/17.

Outcomes Framework	
eHealth Bundle	IVF Heat Target
HAI Bundle	Support for Neonatal Managed Clinical Networks
Maternity Services & Maternal & Infant Nutrition Bundle	Effective Prevention Bundle
Dental Services Bundle	

The Board's revenue resources will also be supplemented by a range of known allocations in 2017/18. The key allocations are in relation to Research and Development, Stracathro Regional Treatment Centre, New Medicines allocation together with a range of others. In total in excess of £25m is expected.

The Scottish Budget sets out an investment programme of £128m to be allocated to Boards as part of the investment in reform. Of this sum, approximately £58m is new investment. At this stage, it is not clear what allocation will be made to NHS Tayside.

This is set out in the table below:

	<b>2017/18</b>	
	<b>Total Investment</b>	<b>Of this: new investment</b>
	<b>£m</b>	<b>£m</b>
<b>Primary Care</b>	60.0	27.0
<b>Mental Health</b>	30.0	11.0
<b>Transformational Change</b>	25.0	15.0
<b>Trauma Networks</b>	5.0	5.0
<b>Cancer</b>	8.0	
<b>Total Investment in Reform</b>	<b>128.0</b>	<b>58.0</b>

At this stage Scottish Government has not confirmed the level of resource to be deployed to each Board, although some of this resource is an extension of existing programmes. The Primary Care and Mental Health resources will be directed towards the Health and Social Care Partnerships for governing.

For Primary Care, it is identified that particular focus should be given to developing and expanding multi-disciplinary teams; sustainability of provision; development of GP clusters; and responsiveness to a new GP contract. For mental health, particular focus should be given to developing new models of care and support for mental health in primary care settings, improving the physical health of people with mental health problems, and improving mental health outcomes for people with physical health conditions, reducing unwarranted variation in access and assuring timely access, and developing services that focus on the mental health and wellbeing of children, young people and families, including improved access to perinatal mental health services. This investment will facilitate the commitment to shift the balance of care, so that by 2021/22 more than half of the NHS frontline spending will be in Community Health Services.

Further national investment is expected for both IVF treatment and Insulin Pumps. National investment of £4.9m is identified of which £4m is new investment.

A range of external contributions is provided for from the Board's Core Revenue Resource principally in relation to national services.

A summary of the revenue plan is set out below:

	<b>2017/18</b>
	<b>£m</b>
<b>Forecast Resources Available</b>	
Baseline Allocation	713.3
Outcomes Framework Allocation	11.3
Other Anticipated Allocations	25.6
External Contributions	(4.9)
Primary Medical Services	60.0
Depreciation	(18.1)
<b>Sub-Total – Core Revenue Resource Limit</b>	<b>787.2</b>
Non Core Revenue Resource Limit	31.6
Primary Care Services (Non Discretionary)	42.4
<b>Total Resources</b>	<b>861.2</b>
<b>Expenditure Plan</b>	
Core Operational Unit	425.1
Integrated Joint Boards	393.7
Income from Other Boards	-78.9
<b>Sub-Total</b>	<b>472.9</b>
Healthcare Providers outwith Tayside	20.2

Corporate Services	33.5
Depreciation	21.8
Expenditure charged to non core RRL	31.6
Earmark to meet deferred expenditure c/f	22.5
Non recurring funds from deferred expenditure	(16.5)
Other committed earmarks	6.9
Contingency	5.3
<b>Total Expenditure</b>	<b>865.2</b>
<b>Surplus/(Deficit)</b>	<b>(4.0)</b>

Against a required efficiency saving programme of £49.8m to deliver financial break even, the programme is currently assessed at £45.8m with £5m identified as high risk. The Board is continuing to work closely with the Scottish Government to mitigate the high risk of £5m that remains within the plan.

The Public bodies (Joint Working) (Scotland) Act 2014 provides a framework for the effective integration of adult health and social care services. Its policy ambition is to:

"...improve the quality and consistency of services for patients, carers, service users and their families: to provide seamless, joined up quality health and social care services in order to care for people in their own homes or a homely setting where it is safe to do so; and to ensure resources are used effectively and efficiently to deliver services that meet the increasing number of people with longer term and often complex needs, many of whom are older."

The arrangements for the establishment of the three Health and Social Care Partnerships were set out within the Integration Schemes established between NHS Tayside and the respective Local Authorities aligned to each partnership. The Integration Schemes for each of the three health and social care partnerships were approved by Scottish Ministers in October 2015.

The creation of the Integration Authorities from 1 April, 2016, saw a reconfiguration and transfer of resources through delegation of functions to each of the new Joint Boards together with the transfer of resources in relation to Hosted Services. The previous table indicates the scale of the resource delegated to the Integrated Joint Boards and under their direct delegated control.

The table below provides an assessment of the annual incremental changes in 2017/18 for which the Board requires to budget. This derives a level of over commitment of resources.

	<b>2017/18</b>
Pay Uplifts	5.9
Apprenticeship Levy	2.0
PPRS Receipts Reduction	2.0
Medicines Uplifts	5.1
General Uplifts	1.5
Children's Hospice Association	0.5
NSD (top-sliced risk share)	1.0
Revenue to Capital	1.5
Patient Administration System	1.2
Depreciation	0.6
Pressures/Developments	5.0
Board Contingency	4.0
<b>Total New Commitments</b>	<b>30.3</b>
Recurring Savings Gap b/fwd	30.2
<b>Total Commitments</b>	<b>60.5</b>

Less Uplift	(10.7)
<b>Efficiency Savings Required to Deliver Financial Break Even</b>	<b>49.8</b>
<b>% of Baseline RRL</b>	<b>7.0%</b>

The following is assumed within the plan in terms of saving delivery.

	<b>2017/18</b>
Recurring	50%
Non Recurring	50%

Our programme of efficiency continues to focus on our workstream programme (shown below) that adopts a close correlation to the national direction and is informed through the work initiated in 2015 and progressed in 2016/17.

The programme is also informed through the work being progressed nationally through the close collaboration of all Scottish Boards, in conjunction with Scottish Government, driving greater efficiency, and leading to a lower cost base for all.

The Sustainability and Value programme will require the Board to demonstrate:

- implementation of the Effective Prescribing programme
- delivery of a quality and cost assessed improvement plan to respond to Productive Opportunities identified from benchmarked performance
- reduction in medical and nursing agency and locum expenditure, as part of a national drive to reduce spend by at least 25% in-year
- implementation of opportunities identified by the national Shared Services Programme

In addition a focus will be on the practical early steps being taken to ensure the Board is co-operating fully in regional planning and delivery of services during 2017/18. By September, regional planning and delivery aspects will be more fully developed.

A risk assessment of the 2017/18 efficiency programme is set out in the table below.

	<b>Risk Assessment</b>			<b>Total</b>
	<b>High</b>	<b>Medium</b>	<b>Low</b>	
Workforce & Care Assurance	0.7	3.9	4.2	8.8
Realistic Medicine	0.4	0.5	2.5	3.4
Better Buying & Procurement			1.5	1.5
Repatriating Services		1.4		1.4
Facilities & Estates/Site Services			0.7	0.7
Service Redesign & Productive Opportunities	1.5	1.3	4.0	6.8
Regional Working Opportunities				
Property – Asset Proceeds		0.4	2.5	2.9
IJBs – Hosp & Comm Services	0.5	1.8	3.3	5.6
IJBs – Prescribing	1.9	0.7	1.6	4.2
Financial Flexibility		2.0	8.5	10.5
<b>Total</b>	<b>5.0</b>	<b>12.0</b>	<b>28.8</b>	<b>45.8</b>

## Capital Plan

The capital funding estimated to be made available in 2017-18 is as follows:

Funding Source	2017/18
	£000
Formula capital allocation	9,473
Project specific	911
Radiotherapy	270
Transfer from RRL to CRL	3,500
<b>Totals</b>	<b>14,154</b>

For planning purposes, boards have been advised to assume a flat position on formula capital allocations. No further Scottish Government allocations have been anticipated in 2017/18 over and above the indicative formula capital allocation, the ring fenced radiotherapy rolling replacement programme, the ring fenced energy initiatives agreed in conjunction with Health Facilities Scotland, and the agreed slippage from 2016/17 to be returned from Scottish Government in 2017/18. Project specific funding includes charitable sources of funding.

The net book value (NBV) of asset sales is deducted from capital funding in order to supplement the national Capital Resource Limit. Discussions will be advanced with Scottish Government for a continuation of the agreement reached in 2016/17 that the NBV of asset disposals can be transferred to revenue in order to assist the overall NHS Tayside revenue position for the period up to and including 2019/20.

## Capital Forecast

The 2017/18 capital forecast is shown in the table below and is subject to amendment in the face of changing clinical risks and priorities and the availability of sources of funding.

Capital Expenditure Description	2017/18
	£000
Radiotherapy equipment	1,010
State of The Estate	5,024
Medical equipment	3,500
<i>Priority projects including:</i>	
ICT telephony	1,000
Central Decontamination Unit investment	1,000
eHealth investment programme	905
Biomass boiler	234
All other Capital Expenditure	1,481
<b>Total Forecast Capital Expenditure 2017/18</b>	<b>14,154</b>

There is a pressing need for preliminary infrastructure works (e.g. power supplies, air handling) on the Board's ageing facilities necessary to provide resilience and compliance, before major improvement projects can be commenced. This has a particular impact on the Ninewells site and a revised Initial Agreement has been shared with Scottish Government colleagues for comment prior to the formal submission to the Scottish Government CIG Capital Investment Group (CIG) for approval. Accordingly, amounts for infrastructure have been earmarked in the plan, subject to a successful approval process through CIG.

The draft forecast schedules the projects according to clinical priority and ability to deliver within the anticipated available resources, recognising the requirement for appropriate decant facilities. An overview of the Capital Forecast is set out as follows:

### Key programmes of work during 2017/18

<b>Statutory Compliance and Backlog Maintenance</b>	The expectation of Scottish Government is that a proportion of the formula capital allocation should be spent addressing statutory compliance and backlog maintenance as identified through the Estates Asset Management System (EAMS) and Property and Asset Management Strategy (PAMS). An earmark of circa <b>£2.5 million</b> has been included in 2017/18 to progress such works.
<b>Medical Equipment</b>	<p>In 2017/18 the earmark has been set at <b>£3.5 million</b>. There is an expectation that £2.0 million of the medical equipment top-slice will be utilised by the Rolling Replacement Programme, which covers radiology, scopes, anaesthetics, renal and ultrasounds.</p> <p>Scottish Government provides capital funding for certain projects of national significance. The replacement CT Scanner and PET CT Scanner for cancer treatment, funded in 2016/17, are expected to become operational in early 2017/18. Additional funding to purchase radiotherapy supporting equipment is expected in 2017/18.</p>
<b>Information Management and Technology (IMT)</b>	The top-slice for IMT has been increased for 2017/18 to <b>£1.1 million</b> (£0.95 million Acute and £0.15 million Primary Care) in 2017/18. There is also a further <b>£0.905 million</b> earmarked in 2017/18 for the eHealth Investment Programme to support the implementation of TrakCare. Approval for this project was given in February 2015 by Tayside NHS Board. An earmark of <b>£1.0 million</b> has been included in 2017/18 to support the replacement of the current telephony system.
<b>Primary Care Developments</b>	A top-slice of circa <b>£0.25 million</b> per annum is applied to fund Primary Care works. In relation to Bridge of Earn surgery a range of options have been developed which require further detail to be worked up in conjunction with the Capital Projects Team. Options for the provision of Primary Care facilities across the Carse of Gowrie are also being reviewed.

### Corporate functions

NHS Tayside's corporate functions ensure that corporate, information, clinical and staff governance responsibilities are met in full at all times, creating a secure environment in which health and care services may be delivered.

NHS Tayside corporate functions consist of Public Health/Health Promotion, Finance, eHealth, Human Resources, Corporate Board, Corporate Medical and Corporate Nursing directorates.

All of the corporate functions' budgets consist almost entirely of staff costs. While cash releasing productive opportunities will emerge in future years through enhanced use of technology and enhanced regional working, savings made in the 2017-18 financial year are dependent on natural staff turnover, allowing changes to be made to workforce profiles.

Each area has identified efficiency savings which will be made in 2017-18 which amount to a total of **£1.7m**.



# 11 Property Asset Disposal



The Five-Year Transformation Programme for Property will reduce the property footprint in Tayside, releasing a significant capital receipt and reduce the existing backlog maintenance on these properties. Delivery of this programme will enhance the quality of care for patients and improve staff experience by providing a more effective and efficient way of caring for them in the community or in a building which is fit-for-purpose, with highly-skilled multi-disciplinary and, potentially, multi-agency teams. Service redesign and any subsequent sale of property will be based on clinical evidence or achieving cost-effective use and will have the patient, staff member or member of the public at the heart of every decision.

## 2017/18 Asset Disposal Programme

Property Name	Current Position	Expected Completion Date
<b>Exchequer Properties 2017/18</b>		
<b>Little Cairnie</b>	Demolition complete, preferred bidder status	April 2017
<b>Aberfeldy</b>	Progressing legal documents for sale of property	April 2017
<b>Domestic Properties</b>	Marketing April 2018	June 2017
<b>Liff Fields A and B</b>	Marketing commenced	June 2017
<b>Strathmartine Hospital (clawback)</b>	Progressing with developer's professional advisors	June 2017
<b>Whitehills Lodge</b>	Marketing being progressed	June 2017
<b>Chapel Bond</b>	Discussions ongoing	March 2018
<b>Trades Lane</b>	Offer to purchase received from local community group who is still to obtain funding. Parallel marketing of property ongoing.	March 2018
<b>Maryfield House</b>	Development site status proceeding to consultation stage	March 2018
<b>Sunnyside overage</b>	Capital receipt on developer's planning approval	March 2018
<b>Wedderburn House</b>	Options being considered for marketing of property	March 2018
<b>4 Dudhope Terrace</b>	At preferred bidder status	April 2017
<b>Estimated Total Proceeds</b>		<b>£2.94m</b>

The above will result in £600,000 saved in ongoing revenue and £2.4m saved in backlog maintenance. Looking ahead, we will develop a Masterplan, which will inform the development of the Property Asset Management Strategy and Financial Strategies in the future and underpin any future cases for investment, and disinvestment, within the existing estate in NHS Tayside.

# 12 Communications and Engagement



An overarching Corporate Communications and Engagement Strategy 2017-2022 is a key pillar to delivering NHS Tayside's strategic objectives and priorities and will significantly contribute to the Five Year Transformation Programme.

A Communications and Engagement Workplan and Action Plan will be produced each year to reflect the priorities of the five-year programme.

## Communications Strategy 2017/18

### Internal campaign

#### Overview

The medium-term programme continues with information-sharing updates and engagement sessions for staff to keep them up-to-date with our programme of transformation, our plans for the future, how our whole organisation efforts to achieve financial stability are going and how they can help and get involved.

Staff can continue to share their ideas and plans to save money in their own departments across the organisation and with patients so everyone can see redesign ideas and suggestions on how to tackle efficiencies and waste are coming from those at the frontline.

The Transformation Programme office has established a team of champions to support the follow-up of ideas and initiatives in a new process for 2017-18 called 'Bright Ideas' to work with all staff who provide ideas or thinking about ways to transform NHS Tayside.

Campaign includes:

- Local staff awareness and understanding of Value Your NHS (VYN)
- Ongoing engagement sessions with staff across Tayside, in big and small, informal and formal events
- Value Your NHS bulletins to raise understanding of NHS Tayside approach
- New approach to clinical engagement driven by clinically-led programme to drive Realistic Medicine
- Chair and Chief Executive and Director Team lunch sessions with staff

- Coffee breaks with Chair and Chief Executive
- VYN 'ideas' Button on Staffnet – share frontline ideas
- VYN Staffnet zone
- VYN Roadshows and suggestion stands in canteens and public areas
- Transformation workstreams have a tailored Communications and Engagement Plan

## Public campaign

### Overview

The Value Your NHS brand and campaign will continue to be used widely in all of our stakeholder materials and engagement events. The public-facing campaign has proved successful in raising awareness of the steps they can personally and collectively take to support NHS Tayside by: knowing who to turn to when they are ill; reducing medicines waste; driving down 'Did Not Attend's'; helping us to prevent spread of norovirus; etc, and present a call to action to the public to join with us to take responsibility for their health and their family's health.

Campaign includes:

- Series of media releases with messages relating to transformation workstreams – medicines waste, DNAs, Know Who To Turn To, Using NHS Resources Wisely
- VYN Zone on NHS Tayside website where videos and information for the public (and staff) can be posted
- Social Media campaign on all initiatives, including patients, families and carers, the public and staff telling us why they value NHS Tayside

## Communications and Engagement Delivery Plan 2016/17

Actions	Objective	Methods	Frequency/timeline of communications and engagement
<b>Staff, public and all our stakeholders engaged in second phase of the Value Your NHS campaign</b>	Raise awareness of transformation of services, challenges and redesign key messages, public campaigns, etc	Value Your NHS Staff Bulletin	At least once per month April 17 to Mar 18
		Materials developed in partnership with Staffside	New materials developed - Summer 2017
		Staff engagement events	Quarterly
		Public Partner sessions	November 2017
		VYN at Public events where appropriate	Ongoing
		Spectra articles	Each issue in 2017-18
		Media releases	Ongoing
		Video releases	Ongoing
		Social Media	Ongoing
		NHS Tayside website	Autumn 2017
<b>Promotion of NHS Tayside and Value Your NHS Vision and Aims</b>	Deliver a coherent and consistent message to all stakeholders about NHS Tayside and what it does	Produce key messages and materials for organisational cascade and inclusion in public materials	Summer 2017
		Social Media campaign	Ongoing
		Videos of key themes released online and on social media	Ongoing
<b>Staff engagement – sessions, suggestion stands, roadshows</b>	Senior leaders and managers more visible and more accessible to all stakeholders	Value Your NHS mobile presentation in staff canteens and public areas to raise awareness and encourage feedback and ideas	2017-18
		Bright Ideas team to identify areas where tests of change can be implemented	2017-18
<b>Case studies for staff and the public from workstreams</b>	Showcase good work which is improving outcomes for patients and our staff with real life examples	Value Your NHS Bulletin	June 2017 onwards
		Staffnet site	August 2017
		Video podcasts of case studies	November 2017
<b>Public campaigns around Value Your NHS</b>	Our public know what they can do to support their NHS and a call to action to them to think twice about how they use NHS resources	Media Releases and social media campaigns to support: Reduction in Did Not Attends, Know Who to Turn To, Medicines Waste, Zero Tolerance on staff abuse, Using NHS resources wisely	Ongoing
<b>Work with Public Involvement Manager to encourage and promote feedback from patients and the public</b>	To inform current and future redesign and transformation and to gauge the strength and impact of our messages	Social media NHS Tayside Website Focus groups	November 2017



Please note any items relating to Board business are embargoed and should not be made public until after the meeting



**BOARD35/2017**  
**Tayside NHS Board**  
**27 March 2017**

**DRAFT FIVE YEAR TRANSFORMATION PLAN 2017-2022**

**Ms L McLay**  
**Chief Executive**

**March 2017**



# DRAFT Five Year Transformation Plan

2017-2022





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# Section 1

## Introduction



Welcome to NHS Tayside's Five Year Transformation Plan.

It sets out the strategic transformation required to deliver a radical programme of service redesign to improve health and wellbeing for the people and communities of Tayside.

This strategic direction was developed in partnership with clinicians and staff, as well as the public and many other stakeholders, and all involved acknowledge the need for change to improve the sustainability of services and enhance the quality of care.

The ambitions in this plan are challenging, but deliverable and will drive the longer-term service change – and support our staff – to ensure we continue to provide the best and safest care and treatment we can for our patients, their families and carers and the public.

We also need to acknowledge that an achievement of health equity must underpin all we do as a health and healthcare provider.

Whilst historically the NHS has been very focused on issues around hospitals, there is recognition and support across the system that the key issue is the move to community services, the prevention agenda, proactive care and the development and scale of self-care for many of the people who currently use services.

The choices we are required to make are complex and will involve change and therefore it is vital that we have public and professional input to the process. Therefore, we are committed to consulting, engaging and empowering our staff and our communities to help us to make the decisions on these important changes.

The people of Tayside deserve high-quality, safe and effective services, but these must be delivered through real transformation to ensure sustainability and affordability. Our Five Year Programme is key to fulfil our collective ambition to redesign health and healthcare services which are fit for the future.



***Lesley McLay***  
***Chief Executive***



***Professor John Connell***  
***Chairman***

# Section 2

## Strategic Context



### In this section we:

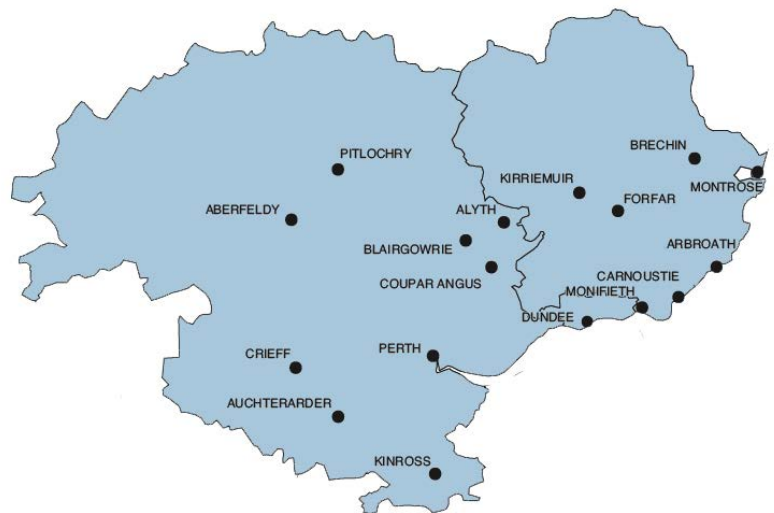
- Explain what we do in Tayside and North-East Fife, what our population challenges are, what we are proud of and where we are going
- Review in brief the national and local context – the environment in which we will pursue our programme of change
- Explain what our Five Year Transformation Programme is

### NHS Tayside – What we do

NHS Tayside provides primary, community, secondary and specialist care to around 450,000 people in Tayside and North-East Fife from more than 20 major and community hospitals and many more community health centres, GP practices and health and social care hubs. Ninewells Hospital in Dundee, Perth Royal Infirmary and Stracathro Hospital are teaching hospitals. We employ over 14,000 people and have an annual turnover of nearly £900m.

In 2016-17 our activity included the following:

- 108,758 A&E attendances
- 231,782 new outpatient appointments
- 1,005,672 follow-up appointments
- 16,464 day case procedures
- 85,698 outpatient procedures
- 15,589 elective inpatient stays
- 48,692 non-elective inpatient stays
- 1,101,546 community service contacts



## Our population challenges

In order to plan services that will deliver our vision it is vital that we understand our population challenges and their health and healthcare needs. This understanding will ensure that our strategic priorities supported by our initiatives, projects and programmes, are focused on where the greatest health gain can be made.

Our population is likely to increase by 14% over the next 25 years as opposed to 8.8% for the rest of Scotland. This means many older people living with complex and multiple conditions. We know that those who are disadvantaged often have poorer health and that is why tackling inequalities is one of our key priorities in Tayside, especially in the early years and with families. We have many successes in this area but we must keep targeting our health improvement programmes towards those most in need.

## What we are proud of

NHS Tayside has a strong track record in delivering high-quality, safe and effective care for all our patients. We have been pioneers in patient safety over the past decade with a relentless focus on improving quality and safety and reducing harm. We have delivered:

- Implemented NEWS (National Early Warning Score) across all inpatient areas including acute services, community hospitals and mental health services
- The successful implementation of Multidisciplinary Team safety briefings at all handover meetings in the Neonatal unit
- Successfully implemented the central line bundle in paediatrics reducing central line infection rates
- Established reliable processes for medications on admission and discharge across Tayside with a focus upon testing alternative methods of measuring for improvement e.g. case note reviews

We have also been at the forefront of new models of care:

- A new community dementia pathway which supports individuals and families with multi-disciplinary teams in their own home and their own communities
- The establishment of the Enhanced Community Service which involves health professionals, including GPs, pharmacists, allied health professionals, district nurses and others working together as a single team, in partnership with social care and voluntary sector colleagues, to support individual patients in their own home
- Opening of the new Young People's Unit at Dudhope
- Family Nurse Partnership has helped over 830 families

During 2016-17 we have achieved:

- Top performing Board for A&E four-hour waiting times
- 88% for our 12 weeks from referral to outpatient appointment target - fourth in Scotland
- 93.3% of our patients begin cancer treatment within 62 days of referral
- Exceeding national standard with 96.3% of our patients waiting no longer than three weeks for appropriate drug or alcohol treatment
- In the Inpatient Experience Survey 2016, 93% of patients rated care and treatment as excellent or good





## National and local context

## Scottish Government 2020 Vision<sup>1</sup> – and beyond

*By 2020 everyone is able to live longer, healthier lives at home, or in a homely setting.*

This is the Scottish Government's strategic vision for achieving sustainable quality in the delivery of health and healthcare services across Scotland, in the face of the significant challenges of Scotland's public health record, changing demography and the economic environment.

## Health and Social Care Integration – Public Bodies (Joint Working) (Scotland) Act 2014

The transfer of services for adults and older people to the new health and social care partnerships took place on 1 April 2016 across Scotland. In Tayside, there are three partnerships in Angus, Dundee and Perth & Kinross. At its heart, health and social care integration is about ensuring that those who use services get the right care and support whatever their needs, at any point in their care journey. It means all services are focused on person-centred planning and delivery, so that people get the right care, in the right place, at the right time.

## National Clinical Strategy

The new national Clinical Strategy for the NHS in Scotland<sup>2</sup> was launched in 2016. It sets out the framework for the development of health services across Scotland for the next 15 years. It is designed to give an evidence-based, high-level perspective of why change is needed and what direction that change should take.



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1      2020 Vision

2 National Clinical Strategy for Scotland

## The Health and Social Care Delivery Plan for Scotland

The Health and Social Care Delivery Plan for Scotland<sup>3</sup> was launched in December 2016. The plan sets out a programme to further enhance health and social care services in Scotland and we have a health and social care system that:

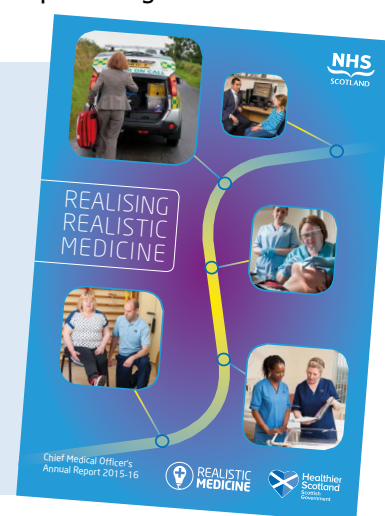
- is integrated
- focuses on prevention, anticipation and supported self-management
- will make day-case treatment the norm where hospital treatment is required and cannot be provided in a community setting
- focuses on care being provided to the highest standards of quality and safety, whatever the setting, with the person at the centre of all decisions
- ensures people get back into their home or community environment as soon as appropriate with minimal risk of readmission

While the plan concentrates on health services, it acknowledges that its aspirations will only be delivered through a wider focus on the support provided by a range of services. It is also clear that change must take place at pace and in collaboration with partners across and outside of the public sector, and that partnership working is essential for the planning that will deliver the actions described in it.

### Realising Realistic Medicine

Realising Realistic Medicine<sup>4</sup> is the annual report from the Chief Medical Officer which was published in February 2017. Realistic Medicine puts the person receiving health and care at the centre of decision making and encourages a personalised approach to their care.

Its aims of reducing harm and waste, tackling unwarranted variation in care, managing clinical risk, and innovating to improve, are essential to a well-functioning and sustainable NHS. NHS Tayside is progressing a Realistic Medicine programme led by a senior clinician with the aim of engaging other clinicians in the debate and setting out a roadmap for NHS Tayside.



### Building on strong local partnerships

We have built strong partnerships with our local partners over the years and we will develop these even further, as well as build a co-production approach with communities, as we recognise they are critical for us to ensure joint planning for future services.

Our partners include: local authorities and other public sectors; our universities colleagues; the Academic Health Science Partnership; third and voluntary sectors; community planning partners; and patients, public and communities. We have developed an NHS Tayside 2020 Vision which shows the importance of working with all our partners to deliver services in the future.

### Health Equity

NHS Tayside is committed to tackling health inequalities as we know that inequalities caused by relative poverty can have a devastating effect on the communities we serve. That effect is the enormous scale of poor mental health and wellbeing, long-term physical ill health and early death in the poorest communities.

We must build targeted community programmes with all our partners to make communities more resilient and support them to take control of their neighbourhoods and the health and healthcare services provided there.

3 Health and Social Care Delivery Plan for Scotland

4 Realising Realistic Medicine



## Our Five Year Transformation Programme 2017-2022

The NHS Tayside Transformation Programme was established in December 2015 to address the need to transform services in order to maintain quality of care delivery and performance while returning to sustainable recurring financial balance over the medium term. The projection financial plan identified a need to achieve productivity and efficiency measures of around £210m over the period of the five year programme.

The Transformation Programme was designed to start to address the specific challenges identified from an initial diagnostic analysis of the areas of current overspends and variations and from benchmarking data. The programme was therefore focused around six workstreams and underpinned by clinical strategy and service redesign priorities.

It also sets out the financial plans that underpin the transformation, and our commitment to fully comply with national policy, legislation and the requirements of the Scottish Government.

As a Board we are committed to ensuring that everyone has the best care experience possible. The NHS Tayside Clinical Services Strategy – Reshaping Clinical Services for the Future, sets the direction for the service redesign and transformational change required to reshape clinical services over the next five years and beyond.

The Transformation Programme is designed to support the delivery of changes that will result in the outcomes as follows:

- Improving patient outcomes, quality and safety as indicated in the NHS Tayside 2020 Vision
- Identifying and delivering a sustainable workforce achieving financial balance
- Cost effective service delivery across the whole spectrum of health and care in Tayside

## Programme Governance

NHS Tayside Transformation Programme is overseen by the Transformation Programme Board chaired by NHS Tayside's Board Chairman. This Programme Board meets on a monthly basis. The scope of the Transformation Programme supports the delivery of changes that will result in the outcomes as follows:

1. Sustainable financial balance
2. Improving patient outcomes, quality and safety
3. Cost effective service delivery

### Programme Structure

This will be through the oversight of the six Workstreams:

- **Realistic Medicine**
- **Right Patients in Tayside/Repatriation**
- **Workforce and Care Assurance**
- **Better Buying and Procurement**
- **Facilities and Estates**
- **Property**

A Transformation Executive Group, chaired by the Director of Strategic Change, reviews the activities of the Strategic Workstreams on a weekly basis, allowing for decision-making and deployment of resources to address issues or risks without delay.

The Executive Group is supported and receives reports from the Transformation Programme Office that will track progress of the workstreams on a day-to-day basis.

# Section 3

## Organisational Strategy



In this section we will describe our:

- **Vision and Values**
- **Strategic Themes and Essential Enablers**
- **NHS Tayside Clinical Services Strategy**
- **Financial Plan**
- **Communications and Engagement Approach**

### Our Vision and Values

We want everyone to have a positive experience of health and healthcare. Person-centred, safe and effective care is our priority for communities across Tayside. Our ambition for everyone is that every day we deliver standards of healthcare that we would want for our own loved ones.

We believe we are judged by how we act and that our reputation is defined by how we deliver against our vision and how we put our core values into practice.

We are committed to implementing the Health Promoting Health Service (Action in Acute Care) as laid out in CMO Letter (15) 2015 where every healthcare contact is a health improvement opportunity.

We developed a Vision and Values for NHS Tayside in partnership with our staff, our families and carers and the public and these promises are at the heart of everything we do.

To bring the values alive at the frontline for all members of staff, there are associated behaviours aligned to each of them.

#### Our Vision

Everyone has the best care experience possible

#### Our Values

We will:

Put patients first

Show compassion, caring and kindness

Treat everyone with dignity and respect

Take the time to have good, open communications and be accountable for our actions and behaviours

Do the best that we can by working as a team to provide excellent treatment and care

# Strategic Themes

NHS Tayside organisational strategy will be underpinned by four strategic themes which will be essential in delivering the transformational change required. Through the five-year planning process, each of the service groups/directorates are commissioning plans aligned to these strategic themes:

## 1. Pursuing quality improvement to be the safest, most effective and person-centred organisation in the NHS in Scotland

- For our patients this means receiving healthcare that is centred on their needs, delivers the best possible outcomes that are important to them, in settings that are appropriate for their needs
- For our staff this means working in an ambitious work environment, within high-performing teams in an organisation that is seen as the employer of choice
- We will compare ourselves rigorously with best practice in the NHS and pursue every improvement opportunity to give consistent and reliable care

## 2. Safely reduce our costs

- For our patients this means removing any elements of their care pathways that do not add value to their experience or outcomes
- For our staff we will ensure we make best use of their skills and ideas as they are best placed to identify duplication, waste and ineffective use of resources

## 3. Supporting high performance through productivity and efficiency

- For our patients this means being supported by staff who are highly-educated, skilled, caring and compassionate, delivering services which are clean and safe
- For our staff, this means, through their actions, demonstrate the values of accountability and understand the clear link between their personal practice, their team's goals and those of the wider organisation
- As an organisation, part of our improvement focus will be driven through benchmarking our performance and against best in class

## 4. Improving care through collaboration and partnership

- For our patients this means they will experience healthcare which is integrated through primary, community, mental health, hospital and social care and feel supported to manage their own conditions with a focus on preventing illness and crises and reducing the need for urgent care
- For our staff and those working in the wider health and social care system being involved in the development in new models of care and ways of working for the benefit of patients, their families and their carers

## Essential Enablers

NHS Tayside has identified seven essential enablers that are critical to achieving our vision and delivering on our strategic themes. These will support the operational and director-led workstream efficiency programmes:

- **eHealth**

NHS Tayside has a highly-developed five year eHealth strategy with a robust IT infrastructure supporting our transformational change.

- **Improvement and Business Change**

NHS Tayside must have the right skills to drive forward the transformational business change required. Directorates and services will be supported by specialist individuals and teams to make change, drive out inefficiencies and, most importantly, improve outcomes and patient experience.

- **Property**

A five year property improvement and disposal plan to reduce our ageing estate and allow us to re-align our services within a new footprint across Tayside to allow co-location and effective patient flow, improve patient experience and improve infection prevention and efficiency.

- **Strategic Profiling, National and Local Benchmarking**

In order to plan services that will deliver our vision it is vital that we understand our population challenges and their health needs. This understanding will ensure that our strategic priorities are focused on where the greatest health gain can be made. Independent benchmarking will identify areas of focus for our service redesign, workforce and financial plans in the context of the five year transformation programme.

- **Shared Services Infrastructure and Procurement**

NHS Tayside is committed to the Shared Services Agenda and supports the approach adopted that has sought to achieve efficiencies and improve productivity. We support the 'Once for Scotland' to realise opportunities in relation to quality, efficiency and savings.

- **Education and Training**

All of our staff, on every level, have opportunities to further their training and education. We provide training placements for student nurses, doctors, midwives and other healthcare professionals, as well as opportunities for modern apprentices and pre-work placements. The Improvement Academy is a valuable resource which offers a state-of-the-art environment for training and education.

- **Research & Development and Innovation**

Integral to the delivery of high-quality treatment and care for patients is pioneering research and development and opportunities to innovate across all areas. Expertise is critical and the establishment of the Academic Health Science Partnership in Tayside brings together University of Dundee and NHS Tayside to improve the health of the population through advancement of health research, education of healthcare professionals and improved quality and safety.

In addition to these seven essential enablers that are critical to the achievement of our transformation plans, Property, Medicines Management, Workforce and Care Assurance and eHealth are also key elements which will contribute to the success of our Five Year Programme:

## Property

NHS Tayside views Property and Asset Management as a contributor to core business resource planning so as to ensure that the physical asset base is aligned with the organisation's Strategic Service Planning. Asset management is strongly linked to investment planning to ensure that we can deliver our key primary objectives.

### Workstream Objectives

The Property Sales & Brokerage Plan Strategic Workstream will:

- Identify all assets for sale that ensure repayment of the brokerage to Scottish Government and deliver future revenue savings through the reduction of maintenance back-log and recurring operating costs
- Maximise the use of the existing property portfolio and optimise the use in conjunction with LA partnerships (and other agencies)

### Property and Asset Management Strategy (PAMS)

NHS Tayside's five-year property and asset management strategy (PAMS) is based on NHS Tayside's long-term vision to ensure that planning and investment in our estate is right and aligns with the timescale for our transformational change programme. The PAMS is reviewed every two years to ensure that this alignment is maintained and it has an important role to play in enabling change, ensuring that our plans accommodate the way services will be delivered in the future, taking full account of, improvements in technology, telemedicine and the impact of an ageing population whilst delivering savings, reducing our overall running costs and ensuring that all decisions to invest or disinvest are properly targeted.

Ultimately the plan will ensure NHS Tayside has high quality, fit-for-purpose buildings located in the right place in order to deliver safe, efficient and effective health and healthcare services to our local populations. Our estate is also often one of the factors which create a lasting impression in our patients' minds – our reputation depends in part on working from good quality physical environments. Finally there is a strong evidence base to support the therapeutic benefits of a good quality environment.

It is expected that during this five-year plan, NHS Tayside will have reduced the property base by 22 sites. This will ensure our existing property portfolio is fit for purpose and significant progress will have been made in providing alternative models of care within our community settings.

The plan will also focus resources on updating the EAMS data for all GP premises across Tayside.

In addition, new workstreams will emerge that will work towards transforming the property portfolio over the coming years to meet the needs of a range of strategies including critical care and trauma centres, shaping surgical and medical services and the multidisciplinary team model of care being implemented by the local Health and Social Care Partnerships.

However, the Board is also cognisant of the difficulties on occasions of either generating interest in assets held for sale, depending on either market conditions, or the constraints of properties on offer. All of this makes for challenging forecasting of either both timing of sales, or indeed the sales proceeds. The best offers often have significant conditions attached to them, all of which potentially delay the progress. Any offer that is subject to planning conditions also factors in the potential for not only delay, but also the risk of not completing. The Board, however, has to maximise the sales disposal proceeds and demonstrate best value.

In recognising this, asset proceeds in 2017/18 are indicated at £2.9 million with the two subsequent years at £2.5m per annum with an operating assumption that over this period that the Board will be able to retain the full asset receipt within the revenue stream.

In the light of the developing Clinical Strategies, it is anticipated that further site rationalisation will be identified. This, in particular, will come to fruition through consideration of the Older People's Strategy although other non clinical sites will also be considered. Collaboration with our Local Authority partners to consider opportunities for Smarter Office working will also feature.

NHS Tayside will utilise its Property and Asset Management Strategy (PAMS) to align asset objectives with Corporate Objectives, Strategic Plans and Clinical Strategy Direction to:

- Ensure overall efficient and effective use of assets in the medium and long term
- Provide a platform for structured and rigorous forward thinking
- Provide a basis for corporate and consultative strategy development
- Give an explicit description of the direction of the organisation
- Bring clarity to the way assets are managed within the organisation
- Provide corporate processes for assets
- Provide performance measures and targets for assets
- Ensure robust data management and measurement of estate performance
- Ensure that service need drives forward the asset strategies

A substantial property asset base underpins the delivery of NHS Tayside's wide range of health and healthcare services. This substantial asset base needs to develop to enable it to better support existing services and to reflect evolving new services. Even modest improvements in performance of these assets have the potential to deliver significant benefits for patients and staff as well as efficiency savings.

The Scottish Government's strategy for increasing efficiency in the public sector gives further impetus to effectively managing property and asset performance. Managing property and assets more efficiently results in NHS Tayside saving money, which it can invest back into services, while property and assets perform better and more sustainably for the benefit of patients and staff. At a strategic level, the Board of NHS Tayside is regularly faced with significant investment and disinvestment decisions as part of the ongoing modernisation of the asset base to respond to and support the delivery of service reconfiguration across Tayside. The challenge is heightened by funding pressures, which means that the Board must prioritise its investment and disinvestment requirements more rigorously, ensuring affordability and continued development of its Local Delivery Plan to support the transformational change required to deliver the Route Map to the 2020 Vision.



## Medicines Management

The Prescribing Management Group (PMG) has been established to develop an evolving five year prescribing strategy, developed in collaboration with clinical teams across Tayside supported by horizon scanning data and local system intelligence. The strategy will address the triumvirate of improving our patients' experience of care (including quality and satisfaction); improving the health of our populations; and reducing the per capita cost of prescribing. This is a clinically focused programme which considers whole pathways of care and not just the single dimension of prescribing costs.

The PMG functions as a collaborative to allocate, monitor and agree actions to make optimal use of the prescribing budget. They will deliver a whole system approach to developing prescribing action plans, implementation of prescribing projects and monitoring, identification and management of financial risks within prescribing.

The Health and Social Care Partnership Integrated Joint Boards and NHS Tayside prescribing forums have a responsibility to ensure actions are delivered to make certain their local prescribing performance is safe, clinically effective and cost effective and the identified opportunities set by the PMG are delivered.

Within the Health and Social Care Partnerships are local Medicines Management Groups (MMGs), led by the Clinical Directors and supported by locality pharmacists and the Prescribing Support Unit (PSU). These MMGs generate and interrogate information regarding prescribing priority areas, financial targets, explore variation between practices, and examine prescribing processes between primary and secondary care.

Medicines are the most frequency and widely used NHS treatment. Audit Scotland reminded us that during 2011/12 there were 91 million prescriptions issued by around 1,000 GP practices in Scotland, costing £974 million, which increased further in 2014/15 to £1.19 billion. Territorial NHS boards spend around 11% of their annual budgets on GP prescriptions. This expenditure is influenced by a multitude of diverse factors including an ageing population with increased requirements for long term condition management, new advances in therapy, the effects of deprivation on ill health, health behaviours and disease prevalence. Additionally implementation of national guidance on best practice and standards of care e.g. SIGN guidelines and HIS standards have had an overall effect of increasing the prescribing of medicines.

Medicines are therefore a significant and increasing area of expenditure for Boards in NHS Scotland. Added to this are the challenges presented by the current economic climate with tightening financial resources available to deliver current services and respond to the increasing demands for health and healthcare, including medicines.

In line with the NHS Scotland Quality Strategy there is therefore a need to ensure that the most effective medicine is provided to everyone who will benefit and that the treatment delivers best value for the NHS.

NHS Tayside currently budgets £80m annually for Family Health Service (FHS) prescribing and £45m for secondary care prescribing. The gap between NHS Tayside and the Scottish average for FHS spending has been growing over recent years, driven by early adoption of new medicines and indications for conditions such as anticoagulation and chronic and neuropathic pain.

There is national evidence that often there is too much medication prescribed and dispensed and that there may be considerable waste of medicines. The important principles are to ensure that the right patients have the right medicines and at the right time and that they are do not unnecessarily receive medicines or multiple medications that can result in unnecessary harm.

Prescribing expenditure in Primary Care in NHS Tayside has been increasing gradually over the last two years, and the gap from the Scottish average is widening. We aim to improve the quality of prescribing by reducing waste, variation and harm in the use of medicines while achieving financial efficiencies in medicines expenditure. Substantial progress has been made to reduce inappropriate prescribing expenditure within NHS Tayside, through a range of activities including cost minimisation initiatives, improved formulary access and optimised stock management and distribution.

### Unused medicines cost us £1.4m per year

Let your doctor know before discharge if you have enough medicine at home



Help us reduce waste

#lovenhstayside #valueyournhs



The aim of this work plan is to continue to embed cost effective prescribing within NHS Tayside in order to enable positive patient outcomes through the following three overarching objectives:



### Improved Information Provision and Analysis

We will engage with healthcare professionals through effective communication and information provision to influence prescribing behaviours and will improve Prescribing Information provided to practices on cost-effective prescribing from the Prescribing Support Unit.



### Building Capacity and Targeting Resources

We will use available tools and resources to maximise cost effective prescribing opportunities, linking with other initiatives to sustain change and where appropriate building further capacity to improve cost effective prescribing through increased ownership, incentives and collaborative regional/national.



### Integrated Approach

We will foster an integrated approach to cost effective prescribing across the health and social care systems.

On this basis, efficiency measures have been developed across three aspects:

### Centrally Negotiated, Locally Actioned

These interventions include implementation and monitoring of rebate schemes, and centrally directed tariff changes. There is always a level of variation around pricing in any given year; we have therefore included in our planning that a number of other cost increases will be offset against price falls compared to previous years.

### Medicines - Managed Interventions

This includes a range of measures that will help reduce core medicine spend across the five year period of the transformation programme. This will include the review of pathways and the application of a programme budgeting approach to ensure that the most appropriate, cost-effective medication is being adopted in for example respiratory, asthma, pain and mental health. We will also address variation in prescribing across primary care with the deployment of a practice review team under our Quality Outcomes Framework Plus (QOF+) programme, supported by flexible deployment of our locality pharmacy teams. In addition there are areas of work that have been previously identified as opportunities to mitigate increasing spend on medicines where we will deploy strong, clinical and organisational leadership to deliver. These include areas such as Cardiology, Urology and Pain pathway.

### Non Medicines - Managed Interventions

Non-medicine prescribing accounts for approximately 10% of the overall FHS prescribing cost across Tayside and there remains scope for improvement and cost reduction. Our focus will be on working with General Practices and Integrated Joint Boards (IJBs) to reduce prescribing costs as well as working with the Nursing directorate to work together to improve non medicine prescribing including aspects such as catheters, dressings and oral nutritional supplies.

### Improved Governance Framework

In light of the introduction of IJBs, and reflecting the NHS Tayside position regarding FHS prescribing costs, the overall Medicine Governance framework has been revised to focus on delivery of the transformation programme within the Realistic medicine workstream.

In addition the prescribing support unit are developing a cluster based report on medicines usage to identify and address areas of high cost, growth and variation across Tayside. The new form of data provision will allow practice clusters to identify areas of prescribing improvements. This supports our direction of travel to provide high quality data and information, to support meaningful improvement dialogue with GP practices.

## Workforce and Care Assurance

The role of our workforce is central to successful delivery of NHS Tayside's Transformation agenda. It is through the people who work within NHS Tayside, their commitment, their effort, and their talent, that our transformation will be delivered. How we deploy our workforce directly influences the ongoing safety, quality and effectiveness of the care and services on which our patients rely.

In a context where staff costs represent our largest revenue spend, NHS Tayside's approach to workforce deployment must also reflect our duty to ensure the most effective use of public resources. Our local service workforce plans, built to reflect clearly defined clinical strategies, must therefore balance our overriding commitment to maintaining safe and effective services, and help secure the delivery of our Five Year Financial Plan.

The scale of transformational challenge described within NHS Tayside's Five Year Strategy means financially 'more of the same' in relation to our staff cost base is no longer a viable position. Securing an overall reduction in costs will be achieved through the reshaping of the size and grade mix of our workforce, supported by the retraining and redeployment of staff to ensure their alignment with new and transformed models of care.

### Transformational Change Programme

Change can only be achieved if it is planned, prioritised and managed effectively using robust project, programme and performance management techniques combined with effective communication and with the involvement of the workforce.

We will strive to ensure we have the culture and capacity to deliver this transformation effectively, and the HR & Development function will prioritise supporting that change to ensure that good people, leadership, and change management practices are consistently followed, so that we enable, empower and support our employees to deal with the challenges and changes we face.

The NHS Tayside Board has approved a Five Year Financial Framework. In so doing, this recognises the need for key strategic and tactical workforce change. It is this change agenda that is central to the Workforce and Care Assurance Transformation Workstream, which will itself be key in securing our ongoing financial balance.

The detailed action plans which form the core of this workstream will be reviewed and refreshed annually with the Board to ensure they remain appropriately targeted to support the wider transformation of the Board's services.

These include building on the work already commissioned by the Board, Chief Executive, Director of HR and others, to benchmarking around our workforce – both in terms of cost, numbers, and around policy best practice – to inform our approach to our workforce agenda across all services.

By taking this system-wide approach to key issues, this will help ensure we minimise any detrimental impact on frontline clinical services, and therefore our patients.

As a central part of transformation, the Workforce and Care Assurance Workstream will target a range of identified, and interrelated, key enablers to support the delivery of the whole system service redesign.

These include:

- Transformational change management through whole-system workforce review to drive movement to 'best practice' grade and establishment benchmarks
- Reducing reliance on supplementary staffing through local service redesign and more effective staff deployment
- Ensuring effective and efficient rosters across all staff groups
- Supporting positive attendance and promoting employee well-being
- Reviewing our approach to management and administration support to secure lower costs

## Reducing use of agency staffing

We know that services delivered by permanent staffing secures high quality reliable care for patients. By reducing our use of agency and other temporary staffing, we will improve our delivery and reduce our costs.

Effective recruitment and retention is therefore a key feature of our plans, and in the year ahead more structured career planning should become more feasible as our hiring plans deliver and talent management systems mature.

Having successfully implemented a proactive nurse recruitment strategy in 2016/17 particularly targeting new graduates from universities, we secured 211 newly qualified nursing practitioners.

We will continue to actively recruit on an ongoing basis to both our full and part-time positions alongside offering opportunity for all registered nurses, midwives and healthcare support workers to join our Nurse Bank to increase capacity and further reduce any use of agency staff.



## Distribution of Service Delivery

The Board of NHS Tayside is actively progressing Clinical Strategy on the following programmes, including:

- Mental Health Optimisation
- Shaping Surgical Services
- Primary Care Strategy
- Maternity Services
- Older People's Strategy

Three further strategies are in development for cancer, paediatric services and medicine.

These clinical strategies, alongside other local clinical redesign and the Board's Estates Strategy, will inform the reconfiguration of the workforce. A variation to the locations for delivery of services will impact on the staffing projections required to deliver safe models of care. Redesign will require to be delivered within the financial envelope available.

NHS Tayside has an existing robust system for redeployment in accordance with our Organisational Change Policy. Numbers of staff requiring redeployment have been traditionally low, reflecting the effectiveness of managers in redeploying staff within their own services, thus minimising the numbers declared as displaced through organisational change.

People Matter  
Strategic Framework  
2016-2021



## Ensuring Effective Governance

The work of the NHS Tayside Transformation Board plays a key role in oversight of the workforce elements of our wider change agenda. Alongside this the work plan of Staff Governance Committee - one of the key committees of our Board - has been refreshed to ensure a full and ongoing focus both on the delivery of our strategic plans, and ensuring the delivery of the national and Board commitments to our workforce on delivery of the national Staff Governance Standard.

Key to our delivery agenda, is our 'People Matter' Five Year Strategic Framework. This framework describes all that we will do to attract, retain, support, develop, and recognise the efforts of those who deliver our service, and how we will make a difference to the day-to-day experience of workforce. This document, and through its monitoring by the Staff Governance Committee, also makes clear how we will deliver NHSScotland's commitments under its '2020 Workforce Vision - Everyone Matters'.

## Securing Engagement

Key to achieving any change is effective staff engagement. A continuous programme of corporate led, orally delivered positive engagement forms a central tenant of our approach to ensuring front line staff understand and are themselves engaged around need for recurring change and become active advocates in our transformation agenda.

This commitment to engagement is critical to ensure every member of our workforce - and each of our key clinical and professional leaders - understands that delivering financial change is a core aspect of their role to help us deliver the safety, quality, and improvement agendas.

There is strong empirical evidence that positive patient experience is built on positive staff engagement. That engagement is supported by effective systems that ensure individuals get high-quality feedback and meaningful appraisals that recognise good performance, that addresses directly behaviours at odds with the values of the organisation, and that ensures the positive engagement of staff partners in all we do.

### Promoting Staff Partnership

Central to our approach is an ethos of local empowerment to solve problems, identify improvements and exercise initiative to improve staff experience.

In 2016/17, we began a programme in partnership with our trade unions and professional organisations to build and embed Local service-level Partnership Fora, devolving ownership in partnership of our key service clinical strategies, financial plans and workforce plans; by doing this we help ensure our staff are influential in shaping the services in which they work.

This approach is already beginning to bear early fruit, with recent challenges in our Mental Health services addressed together by line managers, clinical leaders and trade union partners to ensure that for both staff and service users rapid and urgent change was delivered without impact on the care or experience of those affected.





## eHealth Strategy

NHS Tayside Board approved a five year eHealth Strategy early in 2016 which will see the replacement of a number of key systems over the coming years to deliver modern business focused systems supporting efficiencies and improvements in patient care.

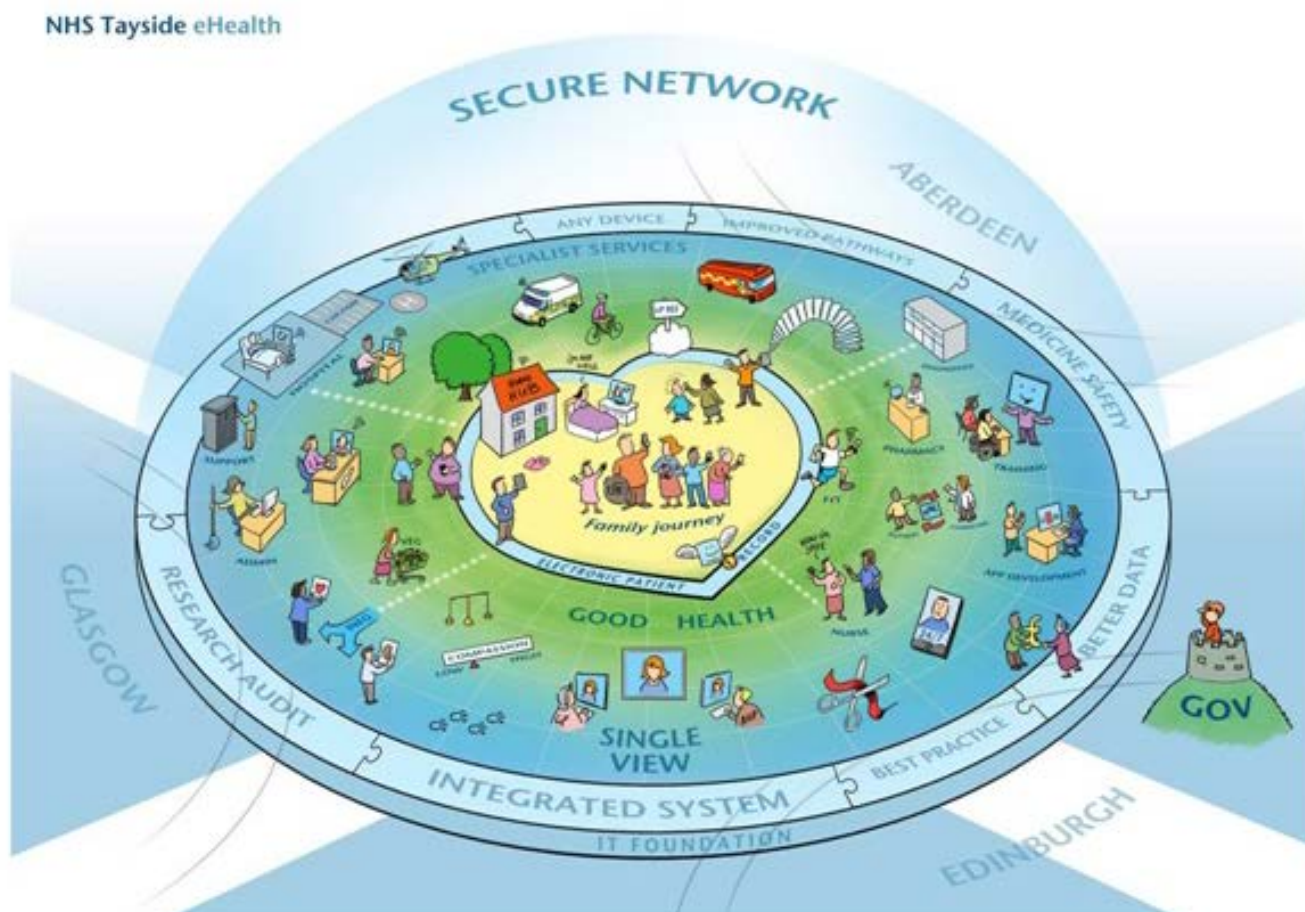
Replacement of these systems will equally compliment national ambitions for regionalisation of IT services and better information sharing across Health and Social Care Partnerships.

The aim of the eHealth five-year strategy is to ensure that the health and wellbeing of all Tayside residents will be supported by a single, integrated electronic record of care over their lifetime.

Healthcare practitioners in Tayside will have seamless and appropriate access to personal health information providing safe, high quality patient centric care.

The strategy attempts to encapsulate considerations needed for a change in strategic direction to one which places a far greater emphasis on the utilisation of key nationally procured solutions.

This is needed to meet the rapidly changing information technology requirements of the organisation and the first stage of this would see the immediate replacement of two critical clinical services through the introduction of nationally procured commercial product sets which would then become cornerstone products for clinical information delivery in NHS Tayside.





Our present patient administration system and our multidisciplinary system will be replaced with nationally procured product sets; Trakcare provided by InterSystems for patient administration and EMIS Web for Community and Mental Health functionality.

Both of these products sets will significantly enhance our abilities to progress forward with an Electronic Patient Record (EPR) which will then be further supported through the introduction of (Strata) a system supporting change across Health and Social Services.

The initial implementation of Trakcare will include a new maternity system and an emergency department which will facilitate a far better flow of patient information across all entry points in our healthcare system.

These platforms will also allow easier adoption of future critical functionality and particularly through Trakcare we will have a clear route to gaining a validated Hospital Electronic Prescribing and Medicines Administration (HEPMA) system.

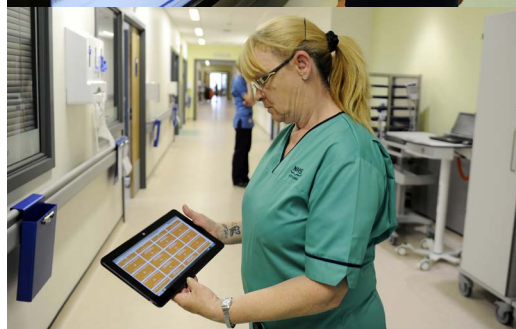
InterSystems  
**TRAKCARE®**

**emisWeb®**



Clinicians will continue to view all clinical data centrally through the locally developed clinical portal as this strategic change will actually enhance the capabilities for delivering further information to the portal in the longer term.

The clinical portal will be further enhanced to accommodate these new platforms allowing multiple current information technology solutions to be consolidated into a much smaller number providing less complex management needs, better information flow and better patient care.



The strategy also includes improvements in infrastructure and hardware to support access to information through a variety of devices and to include mobile working.

IT technology improvements will be supplemented with a modern Unified Communications telephony infrastructure enabling a far more agile workforce that is no longer tied into working from traditional fixed locations.



There will also be an increased use of internet based services and mobile technologies to give this greater flexibility but this will require us to modernise our information technology infrastructure to ensure we have a secure and reliable platform that supports this much more efficient way of working.

Following approval in principle of the full business case for the national implementation of HEPMA, NHS Tayside has secured clinical leadership and engagement to progress this key enabler.



We believe that HEPMA is a critical component of our eHealth clinical strategy, and will complement our current implementation of an electronic patient record. We take the view that HEPMA should be considered as part of an eHealth clinical strategy and not as a single component, strategy or endpoint.

Full consideration must be given to the wider clinical possibilities that could be realised across the whole healthcare system, not just within secondary care.

# Section 4

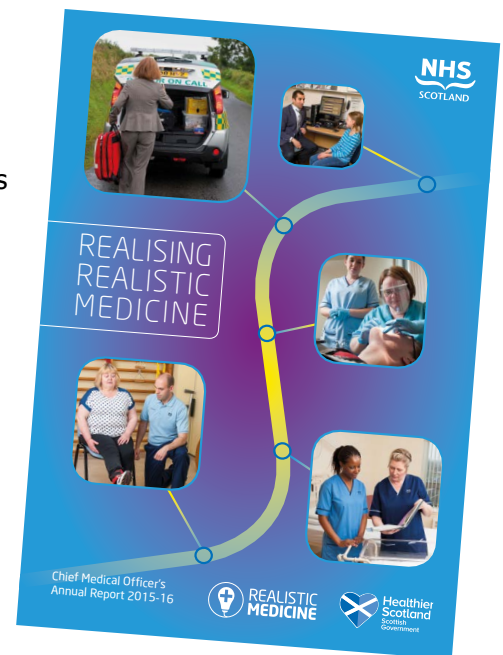
## Shaping Our Future



### Shaping Our Future – Realising Realistic Medicine

In January 2016 the Chief Medical Officer (CMO) for Scotland, Catherine Calderwood, published her annual report entitled Realistic Medicine. She described this as a letter to individual doctors asking them to consider a number of questions as we work in challenging times. The specific questions raised were:

- How can we further reduce the burden and harm that patients experience from over-investigation and overtreatment?
- How can we reduce unwarranted variation in clinical practice to achieve optimal outcomes for patients?
- How can we ensure value for public money and prevent waste?
- How can people (as patients) and professionals combine their expertise to share clinical decisions that focus on outcomes that matter to individuals?
- How can we work to improve further the patient-doctor relationship?
- How can we better identify and manage clinical risk?
- How can all doctors release their creativity and become innovators improving outcomes for people they provide?



These were questions for individual doctors to help them reflect on their practice. It has stimulated great interest within the medical community but also other clinicians and non-clinicians. Many see it as an opportunity for the health service to fundamentally reassess its approach to delivering care.

### NHS Tayside Response to the CMO Challenge

During 2016 NHS Tayside commissioned work to understand local clinical and managerial perspectives. This service wide consultation on Realistic Medicine has revealed unanimous support for the principle aims of shared decision making, managing risk, waste, harm, variation, innovation and personalised care.

Building on these responses NHS Tayside is adopting an approach based on 'best in class' systems internationally that adopt the principles contained with CMO report.

There are challenges in delivering these aims but it is important that these opinions are listened to and acted on. Significant change will be required to meet the challenges faced by NHS Tayside and this will be achieved by engaging those who deliver care.

There is a desire to help as evidenced by the number of people who were willing to spend a considerable length of time during the consultation. This is the first step to build on the many of the ideas might be seen as medium to long term aspirations and these will be developed with the support of the transformation programme Realistic Medicine Workstream.

The summary report from the consultation will be presented to the board during 2017 with view to implementation through the Transformation Programme thereafter as part of the Five Year Transformation Plan.

# Transforming Our Services

From early 2015, NHS Tayside has been developing a clinical services strategic framework with a number of service specific clinical strategies including mental health, surgery, older people, children, maternity, cancer and primary care. In addition during 2017 medical specialties will be commissioned through the unscheduled care board.

These are all at various stages of consultation and completion. Each of these strategies will then be brought together into a single document describe a clinical vision for NHS Tayside for the next 10 years. This document will support the Health and Social Care Partnerships' plans that will shape the service in each of the localities of Tayside.

Each of the clinical service strategies adheres to a core set of principles agreed by NHS Tayside and has been developed around the clinical community's understanding of what is best practice. The overarching advice will support the vast majority of care delivered for Tayside patients to be provided locally in Tayside.

However, when patients have care requirements that cannot be safely and effectively provided locally, then arrangements will be made to ensure the care is delivered as part of a network with other Scottish health boards in regional or national arrangements.

NHS Tayside will facilitate as local a delivery of services as possible in line with its 2020 vision and will support regional and national service when these provide additional benefit.

## Regional and National

Regional and national services tend to benefit patients who have rarer conditions or when highly specialist care is required. In some circumstances there can be a relationship between the minimum number of patients using a service and the quality of care provided. In these situations, the clinical outcome for patients is improved by ensuring the clinicians delivering the care see this minimum number by being clustered in highly specialist centres as part of a multidisciplinary team. All aspects of patient care can then be delivered safely and effectively by ensuring the greater experience of the clinical team with access to specialised facilities and equipment.

## Guiding principles for providing services in regional and national arrangements

NHS Tayside decision-making will take account of core principles to guide the provision of regional and national rather than local clinical service. In the situation that the greater concentration of care in a specialist area results in improved outcomes, and where the relationship between higher quality and better outcomes with minimum patient numbers is clear, NHS Tayside will work with regional and national partners to develop service networks over a wider area. These regional and national networks would centre on the requirements of patients and would plan all aspects of the patient journey. Many parts of the patient journey would still be delivered locally, but the more specialist aspects, such as surgery, would be delivered as part of our regional or national networks.

## Key issues to consider for regional and national service planning

The issues that Tayside would consider when deciding whether there is a clear benefit to patients and that services should be provided as part of a regional or national network include the following:

1. Where patient outcomes are shown to be improved when a larger population base than Tayside is required to provide minimum numbers and maintain professional skills and provide safe, high quality care
2. Where the sustainability and cost efficiency of maintaining the infrastructure is such that safe contemporary care can be more optimally provided as part of a regional or national network
3. Where the service delivered for patients would be improved with enhanced access to a multidisciplinary specialist team concentrated in one area, thereby improving patient experience

## NHS Tayside regional planning partnerships

NHS Tayside is also committed to working as part of regional planning networks to provide its regional and national services as a provider and as a partner. The North of Scotland Boards that form the North of Scotland Planning Group include NHS Tayside, NHS Grampian, NHS Highland, NHS Shetland, NHS Orkney and NHS Western Isles. NHS Tayside has close working arrangements with NHS Fife and is a partner in the South East and Tayside regional network that includes NHS Lothian and NHS Borders. Tayside staff will work with clinical and management colleagues in these

regional partnership arrangements to agree the best pathways of care for both the Board and the regions' population. In addition, NHS Tayside has links with all other Scottish boards as part of national networks when this is required for more specialist services, and for very small numbers of patients would offer care in England or internationally where necessary.

### **Location of regional and national service provision**

NHS Tayside would anticipate providing some of these regional and national services within its own board area. The advantages of Tayside hosting a regional and national service include building local multidisciplinary expertise that would promote research activity, academic links and teaching opportunity. The critical mass of services to support integrated care provision would be considered in the decision making.

Patients from Tayside may access other board areas for their specialist care as part of agreed regional and national arrangements. This would ensure that Tayside residents could access safe and sustainable services when these cannot be provided locally.

There are a number of approaches and strategies which are critical to transforming our services over the coming years:

### **Health Equity**

In 2010 NHS Tayside Health Board supported the implementation of a Health Equity Strategy (Communities in Control).

The Health Equity Strategy has been mapped against the nine strands of the health and wellbeing outcomes to identify gaps and determine future direction. NHS Scotland's 'A Fairer Healthier Scotland, Our Strategy (2012-2017)' outlines an approach that identifies the fundamental causes of health inequalities as being an unequal distribution of income, power and wealth leading to poverty and marginalisation of individuals and groups.

Following the 'Leadership in Action' session within Public Health the directorate is currently mapping the six strands of the Transformation Programme and will use the diagram to aid an assessment of where a public health approach can support service improvement and identify health equity improvement opportunities.

Each of the partners in health and social care are now fully engaged in addressing the implementation of the health equity strategy. A wide range of initiatives for tackling health inequalities are now clearly evident throughout the IJB strategic and commissioning plans and are being reported regularly to each of their Boards.

A Health Equity Governance Board, chaired by NHS Tayside's Chief Executive, has been established. This multi-agency board has agreed a mechanism for reporting actions and initiatives being undertaken aimed at addressing health inequalities to ensure shared learning.

Discussions are being held with NHS Tayside's transformation programme lead officer regarding how the public health staff can input into and support the outcomes of the transformation programme to ensure the principles of health equity are applied to initiatives.



## Prevention

A set of national prevention priorities for public health will be established for 2017 onwards as outlined in the Health and Social Care Delivery Plan. Local Delivery Plan (LDP) Standards now replace the system of HEAT targets and Standards. The majority of new LDP Standards being former HEAT targets.

As reported in, and monitored through, NHS Tayside's Local Delivery Plan 2016/17 it is anticipated our prevention priorities will continue into 2017/18. Public Health has a number of agreed priorities NHST's Directorate leads on and delivers in partnership with IJB's, Local Authorities, third sector providers and voluntary groups to promote health, well being and delivery of the health equity agenda. These include:

- Smoking: Prevention and Cessation Support
- Substance Misuse: Alcohol Brief Interventions (ABIs)
- Prevention of Obesity And Promoting Healthy Eating
- Maternal and Infant Nutrition (MIN)
- Child Healthy Weight (CHW)
- Adult Weight Management (AWM)
- NHS Tayside Workforce (Obesogenic Environment)
- Physical Activity: Active Travel
- Learning Disabilities



In addition to the above the Directorate of Public Health prioritises prevention initiatives within the following specialty areas:

- BBV and Sexual Health
- Early Years and Young People
- Healthy Working Lives/Workplace
- Mental Wellbeing
- Screening
- Vulnerable Groups
- Oral Health
- Health Promoting Health Service – Action in Acute Settings



The Directorate of Public Health Performance Review Framework was tabled and agreed at the Clinical and Care Governance Committee in November 2016. This framework illustrates and monitors progress against identified outcomes and is scrutinised through quarterly reporting to the Directorate Clinical Governance Committee and Audit Committee. Progress and outcomes of nationally funded initiatives are also regularly reported to the Scottish Government.

## Primary Care

GPs will work increasingly as part of an extended multidisciplinary team of health and social care professionals, and increasingly the patient and their carers within a locality framework. NHS Tayside will support the formation and development of these localities. Localities formed. Examples of MDT working - Brechin, NUKA practices in Forfar, roll out of Enhanced Community Services, Enhanced Pharmacy Support. In addition advanced practice roles in nursing and AHP will provide right care in right place at right time.

Support will be given to ensure that all practices in Tayside are engaged with the integration agenda and have an active part in shaping it. This will be in accordance with the best available evidence and meet mutually agreed outcomes. They will help shape new and innovative models of care, supported by a new contractual framework which will have an emphasis on person-centred care, safety and quality. Locality plans are developing and locality clusters formed with cluster leads identified.

Local communities will be given support to contribute to the better management of their own care recognising and addressing inequity and being equal partners in co-producing services that meet their needs. They should "know who to turn to" and be offered alternatives to the traditional GP model.

## Shaping Surgical Services



Shaping Surgical Services is a strand of NHS Tayside's Clinical Strategy to redesign General Surgery Services through undertaking a comprehensive whole system review across NHS Tayside. The aim of the programme is to ensure the provision of a sustainable high quality, person centred, safe, effective and affordable surgical service. In the redesign of the general surgery pathway four interlinked drivers have been considered: quality (including safety), workforce, access and cost. The challenge has been to arrive at a patient focused service configuration that optimises all these elements, as far as this is possible given the complex trade-offs that exist between them and the need to balance resources across unscheduled and elective care in order to achieve the highest quality of care. Quality considerations include timely access to highly trained professionals in all disciplines, compliance with clinical guidelines, access to diagnostic and interventional technologies, access to other support services and strong clinical governance. For some conditions, the time it takes to access these services will also be an indicator of quality. Shaping Surgical Services is a clinically led programme of redesign to enable NHS Tayside to meet the changing needs of the population and deliver sustainable services to ensure the right care is delivered at the right time in the right place at the best possible cost for the benefit of our population.

The aim of Shaping Surgical Services Strategy is to:

- Maximise the patient experience for both elective and unscheduled surgical pathways
- Improve effectiveness and service quality to meet changes in population demographics and the care needs of people
- Improve efficiencies in the throughput of services so that patients receive treatment at the right time with the right resources and that care is safe
- Meet the statutory requirements regarding workforce compliance and the changing workforce demographic
- Meet the statutory requirements regarding waiting time treatment guarantee (TTG) for elective general surgery and cancer care
- Provide economies in the provision of the existing service to deliver affordable care that is sustainable

For clarity elective surgery is surgery that is planned by being scheduled/booked in advance whereas unscheduled surgery sometimes referred to as emergency surgery is where patients are referred by their GP or hospital consultant or through self presentation at A&E services or through 999 response services. For the purpose of SSS Emergency surgery will be referred to as unscheduled and planned surgery will be referred to as elective.

## Children and Young People

NHS Tayside formally established a Children & Young People's Board as a vehicle to co-ordinate and govern service re-design and transformation within health and healthcare. The Board will oversee:

- The implementation of the Getting It Right for Every Child (GIRFEC) programmes and Children and Young People (Scotland) Act 2014, including children services plans, lead professional roles, named person provisions etc.
- Transformation of the Health Visiting, School Nursing, Looked after Children Nursing and Early Years Workers workforce to be fit for purpose and continued development of the Family Nurse Partnership
- The review and revision of acute paediatric patient pathways across Tayside
- The development and implementation of Children's Services Plans and improvement plans in response to recent Integrated Children and Young Peoples Service Inspections, including evidence-based commissioning based on the Dartington Social Research Programme

Scotland is launching the Active and Independent Living Improvement Programme, a three-year Allied Health Professions led national improvement programme in April 2017. One of the key priority workstreams for the programme is the localisation and implementation of Ready to Act, a transformational plan for Children and Young people, their parents, carers and families requiring support from allied health professionals. It connects to the current policy and legislative context for C&YP in Scotland and supports AHPs in their duties in relation to the Children and Young People (Scotland) Act 2014 and was formally launched in January 2016. The plan was developed following consultation in Board areas with the public, the workforce, and partners across health, social care, education and third sector. It builds on excellent practice happening across Scotland and in Tayside. The plan describes the changing model of service and subsequent workforce planning for children and young people's (C&YP) AHP services required to deliver on five key ambitions for AHP services for C&YP based on the outcomes they, their parents, carers, families and stakeholders told us mattered in their lives.



## Mental Health & Learning Disabilities

NHS Tayside's Mental Health Strategy (2015) highlighted the need to shift the balance of care from hospital-based care to services that provide care and treatment in the community as near to home as possible. Previous work including the Adult Mental Health Services Review of 2003-2004 allowed for investment in community aspects of mental health, however, did agree that inpatient beds would continue to be provided from three locations within Tayside.

NHS Tayside, when benchmarked against other Scottish Health Boards, continues to invest more resources and full time equivalent staffing in Mental Health Inpatient Services although is amongst the lowest investing Health Board in community services. As a result of this, NHS Tayside commissioned a review of the existing models of care to create proposals for redesigning Mental Health & Learning Disability Services in keeping with the future needs of the population to shift the balance of care in line with strategic intentions of Health & Social Care Integration across Angus, Dundee and Perth & Kinross. This includes a formal review of our inpatient provision.

The Mental Health Service Redesign Transformation Programme is aligned to NHS Tayside's Transformation Programme which will also look at reviewing the Board's large property portfolio and estates. There are a number of significant drivers to this change including Realistic Medicine, Chief Medical Officer's Annual Report (2014-2015), The National Clinical Strategy for Scotland – Scottish Government (February, 2016) and the Integration Joint Board Strategic Plans of Angus IJB, Dundee IJB and Perth & Kinross IJB (2016).

Tayside's population is estimated to increase overall in the next 25 years and this population change will also drive the way that future Mental Health and Learning Disability Services are provided to the population. We will plan for this shift in balance of care and will see the majority of service provision taking place within local communities within the service users' own home and with far greater interdependency with community third sector organisations and a wide range of care providers as well as the families and carers themselves. This is the key theme of emerging work with the three Integration Joint Boards and their focus on community Mental Health and Learning Disability Services to support the Mental Health Service Redesign Transformation Programme.

The Keys to Life – Improving Quality of Life for People with Learning Disabilities (2013) and the Scottish Strategy for Autism (2011) are key drivers in the area of Learning Disabilities. People with Learning Disabilities (LD) have a significant life long condition that begins before adulthood and affects their overall development. There are more men and boys than girls or women with learning disability and the overall rates for Tayside are 9.2 per 1,000 or roughly 1130 adults. The focus once again in learning disability has been towards shifting the balance of care from hospital-based treatment to community provision alongside third sector organisations and the full range of care providers and this remains a key element of the Mental Health Redesign Transformation Programme and the strategic intentions of the three Health and Social Care Partnership Boards.

## Care for Older People

This strategy was developed in 2015 by the Older People Clinical Board which has a Tayside wide multi-disciplinary membership and it describes how our clinical services will deliver healthcare to older people and people with dementia across the three Health and Social Care Partnerships (HSCPs) in Tayside for the next five years.

The intended transformation is aligned to the Scottish Government's "Achieving Sustainable Quality in Scotland's Healthcare: A 2020 Vision" and to "A National Clinical Strategy for Scotland" (2016). At its centre is the commitment to deliver safe, equitable and effective, person-centred care by an integrated service that is designed around the needs of the local population and delivered as close to home as possible while ensuring that older people, their families and carers, are empowered partners in their own healthcare.

We recognise that this strategy is essential to build on our current strengths and to develop opportunities to address our challenges in delivering an affordable, effective and equitable service for older people and those with dementia. In order to achieve this, we will require the commitment of a confident professional workforce who feel supported and valued, thus perpetuating the conditions that deliver excellence in the care of older people.

The desire for transformation is based on our fundamental belief that older people are of great value in society. Our intention is that services will be based on the individual needs and priorities of older people and people with dementia and delivered in such a way to ensure continuity and coordination of care by a knowledgeable, skilled and compassionate multidisciplinary and multiagency workforce.

The main aim of this clinical strategy is that services will be developed in a multidisciplinary/multiagency framework

within the three HSCPs organisational and strategic commissioning functions. Such services will provide timely access for older people and people with dementia with appropriate, smooth and evidence-based pathways of care across Tayside. For this we will focus on:

### Enhanced Community Service

The Implementation of an Enhanced Community Service for frail older people across Tayside will include:

- Multidisciplinary team working in the community around Primary Care
- Specialist Medicine for the Elderly and Old Age Psychiatry teams into GP practices aligned to the defined HSCPs localities
- Proactive identification of frailty
- Co-ordination of care by a named individual
- Effective continuity of care across the whole pathway in particular between hospital and community

### Multidisciplinary and multiagency model

This work will address the need to balance and maximise generalist and advanced practice skills with those of specialist services for the benefit of older people's care.

### National Dementia Strategy

The Implementation of the National Dementia Strategy will be delivered across the three HSCPOs and will specifically concentrate on diagnosis and post-diagnostic support, developing community mental health teams, to improve access to specialist services and developing robust liaison services into NHS and the private sector to improve knowledge and care delivery for patients with dementia.

### NHS Tayside Clinical Guidelines

The implementation of diagnosis and management and prevention of delirium in adults and older people throughout in-patient services with 4AT adopted as the screening tool of choice. Raising awareness of delirium and its management will develop in community care settings and care homes to increase recognition, appropriate treatment and prevent unnecessary and potentially distressing hospital admission.

### Intermediate Care Services

Provision of adequately equipped and staffed rehabilitation/ intermediate care services: This will prevent dependence, unnecessary hospital admission or readmission, and premature entry to long-term care.

### Telehealth

Enable and encourage staff to think innovatively and explore the benefits of telehealth opportunities to ensure equitable access.

### Functional Mental Illness

Development and implementation of standards of care for the assessment and treatment of older people with functional mental illness will be implemented as well as any national recommendations regarding psychiatry services for older people.

### Acute Frailty Model

Streamlining the pathway for older people and implementation of "hospital front-door frailty assessment" will impact on capacity and flow within our inpatient services by reducing the need for unnecessary movement of older people for non-clinical reasons which has been shown to increase length of stay. A reduction in hospital stay is also contingent on effective multi-disciplinary and multiagency arrangements to expedite discharge and access to appropriate resources in community to continue the patients' recovery pathway.

### Anticipatory Care Plans

Development of anticipatory care plans by key clinicians staff involved in person's life in partnership with service users is essential to effective care pathways for older people including end of life and Palliative Care.

## Reshaping Care for Older People

To embrace the Reshaping Care for Older People: A Programme for Change 2011-2021 (Scottish Government 2011) vision that “older people are valued as an asset, their voices are heard and they are supported to enjoy full and positive lives in their own home or in a homely setting”. We will therefore design our service to meet this ethos while recognising that the level of need and support required by each person is not static and a range of interventions are needed that span health and social service delivery.

### Specialist Older People Health Teams

Further joint working and integration between specialist older people health teams, in particular Medicine for the Elderly and Psychiatry of Old Age to provide an improved pathway of care for older people in Tayside.

## Maternity

The Maternity Strategy will focus on the configuration of maternity services across Tayside and will use an evidence base that is extensive and growing. It is the same evidence that will support discussion within the national maternity review. The strategy is predicated on the principles contained within the Clinical Services Strategy paper brought to the Board in June 2015.

The Maternity Strategy identifies the need to changes in antenatal, intrapartum and postnatal care across Tayside with greater emphasis upon home birth for low risk pregnancies. It identifies the need to acknowledge the impact of obesity and women conceiving later in life on the obstetric services. It highlights the role of antenatal care in developing a better understanding of the potential risks to both mother and baby as well as a focus on Improving Maternal and Infant Nutrition.



## Five Year Financial Framework

NHS Tayside receives resources nationally to provide health services to its catchment population of the residents of Tayside. The principle revenue resource is determined through the National Resource Allocation Formula (NRAC) with Tayside's current target share calculated at 7.85% of all Territorial Boards. The resources received are within 1% of this target share following an allocation of NRAC parity funding.

Uplifts for the five year period to 2021/22 have been planned for based on a GDP uplift of 1.5% for 2017/18, followed by a planned uplift of 2.1%, 1.8%, 1.9% and 2.0% respectively for each of the following four financial years to 2021/22. This is based on planning guidance received from SGHSCD. The Baseline Revenue Resource anticipated by NHS Tayside over the five years of the plan are set out in the table below:

	<b>2017/18 1.5%</b>	<b>2018/19 2.1%</b>	<b>2019/20 1.8%</b>	<b>2020/21 1.9%</b>	<b>2021/22 2.0%</b>
	<b>£m</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>
Baseline Uplift	10.5	15.1	13.3	14.2	15.3
Transfer to Social Care	(7.79)	(7.8)	(7.8)	(7.8)	(7.8)
<b>Balance of Uplift</b>	<b>2.71</b>	<b>7.3</b>	<b>5.5</b>	<b>6.4</b>	<b>7.5</b>

A range of earmark allocations are anticipated each year to provide the total resource envelope that NHS Tayside requires to operate within. The total anticipated resources available are set out in the table below:

	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>Year 5</b>
	<b>2017/18</b>	<b>2018/19</b>	<b>2019/20</b>	<b>2020/21</b>	<b>2021/22</b>
	<b>£m</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>
<b>Forecast resources available</b>					
Hospital & Community Health Services – Baseline Allocation	721.1	736.2	749.5	763.7	779.0
Transfer to Health and Social Care Partnerships/LAs	-7.8	-15.6	-23.4	-31.2	-39.0
Net Baseline Allocation	713.3	720.6	726.1	732.5	740.0
Hospital & Community Health Services – Outcome Framework Allocations	11.3	11.3	11.3	11.3	11.3
Hospital & Community Health Services – Other Anticipated Allocations	25.6	25.6	25.6	25.6	25.6
Investment in Reform	TBC	TBC	TBC	TBC	TBC
Other Investment	TBC	TBC	TBC	TBC	TBC
External Contributions	-4.9	-4.9	-5.0	-5.1	-5.2
Primary Medical Services	60.0	61.3	62.4	63.6	64.8
Depreciation	-18.1	-17.1	-16.5	-17.0	-18.1
<b>Sub Total – Core Revenue Resource Limit</b>	<b>787.2</b>	<b>796.8</b>	<b>803.9</b>	<b>810.9</b>	<b>818.4</b>
Non Core Revenue Resource Limit	31.6	31.8	38.0	47.6	33.3
Primary Care Services (Non-discretionary)	42.4	43.2	44.0	44.9	45.8
<b>Total Resources</b>	<b>861.2</b>	<b>871.8</b>	<b>885.9</b>	<b>903.4</b>	<b>897.5</b>

Recognising anticipated changes in relation to pay awards and other pay related issues, medicines growth, and also general price increases over the five years of the plan the table below sets out the total commitments set against the total resources available to identify the level of the efficiency challenge the Board faces in delivering a balanced budget in each year of the plan.

	Year 1	Year 2	Year 3	Year 4	Year 5
	2017/18	2018/19	2019/20	2020/21	2021/22
	£m	£m	£m	£m	£m
Total Resources	861.2	871.8	885.9	903.4	897.5
Total Commitments	911.0	911.8	925.9	943.4	937.5
<b>Total Overcommitment</b>	<b>49.8</b>	<b>40.0</b>	<b>40.0</b>	<b>40.0</b>	<b>40.0</b>

The following is assumed within the plan in terms of Savings Delivery Assumptions:

	2017/18	2018/19	2019/20	2020/21	2021/22
Recurring	50%	55%	60%	60%	60%
Non recurring	50%	45%	40%	40%	40%

In addition the following is assumed in relation to brokerage repayment:

	2017/18	2018/19	2019/20	2020/21	2021/22
Brought Forward	33.2	37.2	35.6	28.7	16.9
Further brokerage	4.0				
Repayment		(1.6)	(6.9)	(11.8)	(14.3)
Carried Forward	37.2	35.6	28.7	16.9	2.6

The Efficiency Savings challenge to the organisation is recognised as being significant in terms of cash releasing savings. Over the five years of the plan, approximately £210.0 million of efficiencies are identified as being required. This equates to 5.8% of the Board's RRL. If recurring savings were met in full year each year, then the savings profile would reduce to £144.0 million. This reflects that £67.0 million of savings over the five year period are assessed as being delivered on a non recurring basis.

This savings target incorporates over the five year plan close to 1.3% of the Board's Revenue Limit to be returned to SGHSCD to repay the outstanding brokerage. Year 1 of the plan indicates the highest level of savings, but is consistent with the reported savings for 2016/17. In delivering on this agenda a focus on delivering a stepped change in mindset and focus is required that will see the organisation transform. The Health and Social Care Partnerships will be integral to the development of models of care within the primary care sector that will see the balance of care shifting towards more community based care.

The wider communication strategy of Value Your NHS has seen a dialogue open up with the wider community of both patients and the public. It is essential that this strategy is open and engaging. This will also involve all staff groups within the health and care environments.

The Sustainability and Value programme will require the Board to demonstrate:

- implementation of the Effective Prescribing programme;
- deliver a quality and cost assessed improvement plan to respond to Productive Opportunities identified from benchmarked performance;
- reduce medical and nursing agency and locum expenditure, as part of a national drive to reduce spend by at least 25% in-year, and
- implementation of opportunities identified by the national Shared Services Programme.

The local workstreams programme will continue to drive opportunities for efficiency and will be reported through the Transformation Programme Board.



With respect to Capital Resources the table below indicates the estimated Capital Funding over the five years of the plan.

Funding Source	2017/18	2018/19	2019/20	2020/21	2021/22
	£000s	£000s	£000s	£000s	£000s
Formula capital allocation	9,473	9,473	9,473	9,473	9,473
Project specific	911	13,802	33,115	30,014	4,205
Radiotherapy	270	766	2,614	625	3,160
Transfer from RRL to CRL	3,500	2,000	2,000	2,000	2,000
<b>Totals</b>	<b>14,154</b>	<b>26,041</b>	<b>47,202</b>	<b>42,112</b>	<b>18,838</b>

For planning purposes, Boards have been advised to assume a flat position on formula capital allocations. No further SGHSCD allocations have been anticipated in 2017/18 over and above the indicative formula capital allocation, the ringfenced Radiotherapy rolling replacement programme, the ringfenced energy initiatives agreed in conjunction with Health Facilities Scotland, and the agreed slippage from 2016/17 to be returned from SGHSCD in 2017/18.

The projects indicated for national support over the five years of the plan include investment in the Ninewells Infrastructure, Critical Care Unit and the Neonatal Intensive Care facility.

# Communications and Engagement

The NHS Tayside Corporate Communications and Engagement Strategy – Value Your NHS is a key pillar to delivering NHS Tayside’s strategic objectives and priorities and will significantly contribute to our Five-Year Transformation Programme 2017-21. It recognises the value that good communications and engagement can add by enabling an organisation to achieve its objectives, deliver high-quality services and to continuously improve its performance.

Communications and engagement in NHS Tayside has at its core two-way communications and prioritises the value of listening to and learning from our staff, our patients and their families and our communities.

We are committed to delivering safe, high-quality services for all of our patients and their families. The effectiveness of how we deliver our vision here in NHS Tayside is determined to a major extent by the quality of our communications and engagement.



## Communications and Engagement Strategic Aims

### Aim 1

We will establish fit-for-purpose communications and engagement resources which are targeted to enable the delivery of NHS Tayside’s corporate objectives and strategic aims, and the delivery of the Five-Year Transformation Programme.

### Aim 2

We will increase the value we gain from communications and engagement by making intelligent use of the information we gather when we listen to and learn from the views, knowledge, experience and ideas of all our stakeholders and partners.

### Aim 3

We will be renowned for excellent, meaningful communications and engagement by embedding it at every level of NHS Tayside so everyone feels equipped to communicate and engage well with stakeholders they encounter in their day-to-day work.

NHS Tayside staff have tens of thousands of contacts with people and organisations every day and every one of them is a reflection of our approach to communications and engagement. Making sure that all our stakeholders – every patient, relative, carer, staff member, independent contractor, partner organisation, member of the public or journalist – experiences high-quality communications is not down to one particular team or department.

Everyone in NHS Tayside is responsible for the way we communicate and engage. This strategy will only succeed if each member of staff understands that they have a role to play and feels equipped to communicate and engage well. In doing so, they will be able to show how the views of our stakeholders have informed how together we can co-produce our services for the future.

## Key Strategic Outcomes – Where Do We Want to Get To?

1. A reputation as an organisation which is clinically-led and staff-led with a focus on delivering safe, effective and sustainable care, improved patient outcomes and innovative models of care
2. Engaged and loyal staff who have a strong relationship with NHS Tayside and who have ownership of NHS resources
3. High staff morale with a can-do culture
4. Providing opportunities for all our stakeholders to be engaged in our services and redesign programmes, and involving staff and the public as the joint architects of evidence-based clinical redesign

