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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.
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 multidisciplinary 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 Vision¹ – 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 Scotland² 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.

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\(^3\) 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\(^4\) 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.

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\(^3\) 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.
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.
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.

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.

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 indentify 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 though, 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:

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<th></th>
<th>2017/18 1.5%</th>
<th>2018/19 2.1%</th>
<th>2019/20 1.8%</th>
<th>2020/21 1.9%</th>
<th>2021/22 2.0%</th>
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<td>Baseline Uplift</td>
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<td>13.3</td>
<td>14.2</td>
<td>15.3</td>
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<td>(7.8)</td>
<td>(7.8)</td>
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<td><strong>7.3</strong></td>
<td><strong>5.5</strong></td>
<td><strong>6.4</strong></td>
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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:

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<th>Year 1 2017/18</th>
<th>Year 2 2018/19</th>
<th>Year 3 2019/20</th>
<th>Year 4 2020/21</th>
<th>Year 5 2021/22</th>
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</thead>
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<td>Hospital &amp; Community Health Services – Baseline Allocation</td>
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<td>Hospital &amp; Community Health Services – Other Anticipated Allocations</td>
<td>25.6</td>
<td>25.6</td>
<td>25.6</td>
<td>25.6</td>
<td>25.6</td>
</tr>
<tr>
<td>Investment in Reform</td>
<td>TBC</td>
<td>TBC</td>
<td>TBC</td>
<td>TBC</td>
<td>TBC</td>
</tr>
<tr>
<td>Other Investment</td>
<td>TBC</td>
<td>TBC</td>
<td>TBC</td>
<td>TBC</td>
<td>TBC</td>
</tr>
<tr>
<td>External Contributions</td>
<td>-4.9</td>
<td>-4.9</td>
<td>-5.0</td>
<td>-5.1</td>
<td>-5.2</td>
</tr>
<tr>
<td>Primary Medical Services</td>
<td>60.0</td>
<td>61.3</td>
<td>62.4</td>
<td>63.6</td>
<td>64.8</td>
</tr>
<tr>
<td>Depreciation</td>
<td>-18.1</td>
<td>-17.1</td>
<td>-16.5</td>
<td>-17.0</td>
<td>-18.1</td>
</tr>
<tr>
<td><strong>Sub Total – Core Revenue Resource Limit</strong></td>
<td><strong>787.2</strong></td>
<td><strong>796.8</strong></td>
<td><strong>803.9</strong></td>
<td><strong>810.9</strong></td>
<td><strong>818.4</strong></td>
</tr>
<tr>
<td>Non Core Revenue Resource Limit</td>
<td>31.6</td>
<td>31.8</td>
<td>38.0</td>
<td>47.6</td>
<td>33.3</td>
</tr>
<tr>
<td>Primary Care Services (Non-discretionary)</td>
<td>42.4</td>
<td>43.2</td>
<td>44.0</td>
<td>44.9</td>
<td>45.8</td>
</tr>
<tr>
<td><strong>Total Resources</strong></td>
<td><strong>861.2</strong></td>
<td><strong>871.8</strong></td>
<td><strong>885.9</strong></td>
<td><strong>903.4</strong></td>
<td><strong>897.5</strong></td>
</tr>
</tbody>
</table>

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
£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

Total Overcommitment 49.8 40.0 40.0 40.0 40.0

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

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Recurring</td>
<td>50%</td>
<td>55%</td>
<td>60%</td>
<td>60%</td>
</tr>
<tr>
<td>Non recurring</td>
<td>50%</td>
<td>45%</td>
<td>40%</td>
<td>40%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Brought Forward</td>
<td>33.2</td>
<td>37.2</td>
<td>35.6</td>
<td>28.7</td>
</tr>
<tr>
<td>Further brokerage</td>
<td>4.0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Repayment</td>
<td>(1.6)</td>
<td>(6.9)</td>
<td>(11.8)</td>
<td>(14.3)</td>
</tr>
<tr>
<td>Carried Forward</td>
<td>37.2</td>
<td>35.6</td>
<td>28.7</td>
<td>16.9</td>
</tr>
</tbody>
</table>

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.

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

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