Transforming Tayside 2019-2022

Annual Operational Plan 2019-2020

June 2019

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Introduction

Over the past year, we have been laying the groundwork for a three-year programme of change to respond to the challenges facing NHS Tayside. Transforming Tayside (2019-2022) has been jointly developed by key groups of staff in NHS Tayside and our three Health and Social Care Partnerships in Angus, Dundee and Perth & Kinross.

We have worked with the public and staff members to determine what matters to them and their families.

NHS Tayside and our partners are committed to a transformational public health approach to improving health and wellbeing and reducing health inequalities, by preventing what is preventable, by early intervention in the early years, by intervening early in the course of illness, by targeting services where possible towards those in greatest need, and by ensuring the provision of cost effective, evidence based services.

We are working collaboratively to empower people and reduce demand for services.

By working alongside our delivery partners across Tayside, our clinical teams will respond by jointly developing services that will improve outcomes and the quality of care for our partners and service users.

Transforming Tayside is our plan to make sure good progress continues and we deliver safe, accessible, effective, high quality, person centred care for everyone in Tayside.

Alongside this, there is ongoing work to address the preventive approach (keeping people healthy, reducing ill-health or coping with chronic conditions) through a whole system approach to health, for example, social prescribing, smoking cessation programmes, mental health, substance misuse, dental health, diet and nutrition, BBV and HIV, early years screening, health protection and workplace health, underpinned by health intelligence and with a focus on vulnerable people.

NHS Tayside's Annual Operational Plan 2019/20 sets out our intentions for delivering the Cabinet Secretary's priorities on waiting times improvement; investment in mental health; greater progress and pace in the integration of health and social care, and plans to meet the standards for Healthcare Associated Infection.

The Annual Operational Plan will run concurrently with the Transforming Tayside Programme and NHS Tayside's plans to deliver the national Waiting Times Improvement Plan (October 2018).

NHS Tayside is developing a mechanism to ensure all plans are aligned and cohesive and will jointly deliver national imperatives and local transformation programmes while making best use of resources.

The Transforming Tayside Programme was considered and agreed by Tayside NHS Board on 23 May 2019. This Programme will now move into its implementation phase.

What we do in NHS Tayside

450,000 people in Tayside and North-East Fife

14,000 employees

£900m budget

64 GP practices
20 hospitals
3 acute hospitals

Tayside population set to increase by 4.9% by 2029 with 75+ growing at fastest rate

Annual activity:

- 76,423 A&E attendances
- 83,181 hospital admissions
- 68,955 GP out-of-hours contacts
- 1m new and follow-up outpatient appointments
- 1,320 young women enrolled in Family Nurse Partnership since 2011
- 556 successful 12 month smoking quits

Three Health and Social Care Partnerships

A range of adult commmunity and primary care services are delivered from community hospitals, health centres, GP practices and health and social care hubs across Tayside.

Our Aims

It is our ambition to deliver longer-term aims aligned to the Scottish Government's 'triple aims': Better Health, Better Care, Better Value. NHS Tayside has added a fourth aim which the Board believes is very important to achieve local delivery plans and transformational change, Better Workplace.

Better Health

We will improve everyone's health and wellbeing by promoting and supporting healthier lives and reducing health inequalities

Better Care

We will improve the quality and access to care and improve patient and service user experience

Better Workplace

We have a valued and diverse workforce who are well informed and appropriately trained, can access development opportunities and have a strong voice throughout the organisation

Better Value

We will make the most effective use of all available resources

Our Objectives

Our shorter-term objectives will deliver improvements to everyone who uses our health and social care services across Tayside within the budget allocated to us.

By 2021: We will deliver safe, accessible, integrated, high-quality services to national standards

By 2022: We will deliver financial sustainability and a balanced budget

Our Priorities 2019-2022

To deliver our short-term objectives, we will focus on four priorities:

1. Improve access to high-quality care and reduce waiting times in a sustainable way
2. Step up the pace of integration and improve the effectiveness of our partnerships
3. Improve access to, and invest in, mental health services
4. Improve access to, and invest in, primary care services

We will track progress and measure success by monitoring our key performance indicators.

Elective Waiting Times

We are committed to ensuring that waiting lists for outpatient appointments and elective procedures are appropriately managed and are supported by a plan to achieve the national waiting times standards and that the milestones set out within the Scottish Government's Waiting Times Improvement Plan released in October 2018 are met.

We will maximise the contribution of digital technology modernising our outpatient services and bring our new to return outpatient ratios in line with national norms.

The national Improvement Plan describes the need to make a phased, decisive improvement in the experience of patients waiting to be seen or treated:

By October 2019

- 80% of outpatients will wait less than 12 weeks to be seen
- 75% of inpatients/daycases (eligible under the treatment time guarantee) will wait less than 12 weeks to be treated
- 95% of patients for cancer treatment will continue to be seen within the 31-day standard

By October 2020

- 85% of outpatients will wait less than 12 weeks to be seen
- 85% of inpatients/daycases will wait less than 12 weeks to be treated

By spring 2021

- 95% of outpatients will wait less than 12 weeks to be seen
- 100% of inpatients/daycases will wait less than 12 weeks to be treated
- 95% of patients for cancer treatment will be seen within the 62-day waiting time standard

To achieve the first milestone in October 2019, NHS Tayside will require to deliver the following:

- Reduce current OP queue from 11,227 to 6,979 waiting over 12 weeks
- Reduce current TTG queue from 3,355 to 2,019 waiting over 12 weeks
- Improve 31-day cancer performance consistently

The following outlines the current and ongoing key priorities NHS Tayside will be undertaking in 2019/20 in respect of:

- Delivery of core funded capacity across the clinical specialities;
- Realisation of productive opportunities that exist and the additional activity this can provide; and
- Recurring and non-recurring activity gap and improvement plans to bridge the defined gap

Years two and three of the plan (2020-2022) will be shaped as the Transforming Tayside Programme of work progresses.

Approach to Capacity Planning for 2019/20

We have assessed demand for our elective (planned) services. This takes account of the volume of patients referred and treated the year before; changes in the numbers of patients waiting for both outpatient and inpatient treatment and any existing backlog. Speciality level capacity plans, based on consultant job plans and the core theatre schedule, have been progressed.

These plans are underpinned by productivity and efficiency opportunities identified through analysis of national benchmarking data where NHS Tayside activity could be improved when compared with other Scottish Health Boards.

This then allows us to identify any gap between demand and available capacity across specialities, both from a recurring and non-recurring (backlog) perspective. This information then forms the basis of the NHS Tayside Waiting Times Improvement Plan 2019/20 and the Long-term Waiting Times Improvement Plan 2019/21 templates.

The Acute Service is approaching the improvement of waiting times in a number of ways:

- Effective waiting list management
- Service level Capacity Plans
- Transforming Tayside key projects
- Regional planning
- Short term plans to address long waits and medium term plans to address longer term sustainability

Each of these key workstreams is in different stages of development. It is important that plans address both the immediate problem of long waits but also provide sustainable solutions for future management of waiting lists.

Short term capacity issues will be addressed through productivity improvement and where necessary the development of waiting times funding initiatives that will specifically consider the provision of additional capacity internally where feasible or outsourcing if necessary.

Senior clinical staff are developing the longer term vision with service redesign aimed at meeting future need both in terms of physical infrastructure and appropriate staffing along with reviewing patient pathways that will deliver modern systems of care. A number of these initiatives feature in the Transforming Tayside paper approved at NHS Tayside Board in February 2019.

Each of the above pieces of work is essential to support the delivery of waiting times that meet the national standards.

NHS Tayside's Waiting Times Improvement Plan 2019/20 details a number of productive opportunities and also outlines requests for funding to implement both the recurring and non-recurring improvement initiatives. Subject to receipt of the requested funding and delivery of the productive opportunities, we project to deliver the following performance during 2019/20. The table below outlines our high level performance trajectories, the detail of which is contained within NHS Tayside's Elective Care Capacity and Waiting Times Improvement Plan 2019/20 and the Scottish Government Annual Operational Plan templates, both attached as Appendix 1.

Standard	Jun-19	Sep-19	Dec-19	Mar-20
Treatment Time Guarantee	**3261**	**2362**	**1844**	**1349**
Outpatients	9141	8978	6732	3783
Diagnostics	**530**	**515**	**593**	**484**
Cancer 31 Day	95%	95%	95%	95%
Cancer 62 Day	**85%**	**85%**	**90%**	**90%**

Cancer Waiting Times

We are committed to ensuring that waiting times for cancer patients are appropriately managed and are supported by a plan to achieve the national waiting times standards and the associated milestones set out within Scottish Government's Waiting Times Improvement Plan released in October 2018 are met.

NHS Tayside will introduce an improvement plan for cancer services which will include a review of our cancer strategy.

During 2019 we will:

- Establish a Cancer Alliance
- Consistently achieve the national waiting times standard
- Implement an Effective Cancer Framework Improvement Plan

Our refreshed strategy will focus on improving prevention, early detection and diagnosis, treatment and aftercare for those affected by cancer.

The National Improvement Plan describes the need to make a phased, decisive improvement in the experience of patients waiting to be seen or treated:

By October 2019

- 95% of patients for cancer treatment will continue to be seen within the 31-day standard

By spring 2021

- 95% of patients for cancer treatment will be seen within the 62-day waiting time standard

In line with NHS Tayside's Cancer Management Framework Action Plan, the following actions will be progressed in 2019/20 to establish a more sustainable delivery of cancer waiting times standards:

- Implementation of weekly cancer pathway review meetings to identify and provide early escalation of patients deviating from the agreed timed pathways with agreed actions to prevent breach of target where possible
- Review and refresh of all timed pathway by cancer site
- Provide robust breach analysis including action plan to mitigate/ resolve variation
- Establish governance and performance reporting structure for NHS Tayside's Cancer Improvement Group

Pathways – Issues and Improvements

Lung Pathway	
Identified Issues	**Plan**
Extended wait following onward referral to NHS Lothian for consideration of surgery/surgery taking place	Explore opportunities to have surgical pathway supported by another Scottish Health Board
Radiotherapy service capacity to support increasing referrals for SABR treatment – higher numbers of patients than had been anticipated	Inclusion of lung cancer service development/growth in Radiotherapy & Oncology/Diagnostic service capacity plans
Impact of consultant retiral	Contingency plan required to mitigate the impact of consultant retiral pending appointment to vacancy

Colorectal Pathway	
Identified Issues	**Plan**
Challenges at the start of the pathway: ▪ Radiology reporting ▪ Delay to MDT discussion	Continual pathway and capacity review with diagnostic teams to minimise delay to test

Urology Pathway	
Identified Issues	**Plan**
Surgical capacity across individual pathways - limited cross cover	Ongoing recruitment – consultant/clinical fellow/ nurse specialist - to support service Increased theatre allocation to support increasing workload Explore regional opportunities to deliver pathways
Extended wait for bone scanning	Improvement plan developed to provide more resilient service
Extended wait for cystoscopy	Development of one stop outpatient and diagnostic facility will provide additional capacity

Breast Pathway	
Identified Issues	**Plan**
Increased waits for surgery	Consolidation of improvements by the appointment to consultant surgeon vacancy in March 2019 alongside ongoing improvements in the co-ordination of service delivery with plastic surgery

Diagnostics

Through NHS Tayside's Waiting Times Improvement Plan, additional recurring investment is being sought to provide greater diagnostic support across our cancer pathways. This includes:

Radiology

- Consultant support for MDT meeting
- Consultant and nursing support for CT Renal ablation
- Endoscopy
- Funding to continue qFIT service provision as part of colonoscopy demand management and patient referral triage
- Additional gastroenterology consultant posts to support increased endoscopy capacity

Oncology and Radiotherapy

With increasing incidence of cancer across Scotland there has been a resultant increase in the demands on oncology and radiotherapy services. This has been coupled with advancements in the treatments available and, in some cases, an increase in the complexity of treatments. To enable NHS Tayside to address these demands, through the Waiting Times Improvement Plan, we have sought additional investment to support:

Chemotherapy

- Provide 1200 per year additional Systematic Anti-Cancer Therapy (SACT) treatments in PRI to meet predicted demand and increase the flexibility of supporting SACT services at Ninewells
- Introduce one nurse/ pharmacy led clinic per week for colorectal cancer to create capacity to see approx eight additional patients per week
- Create an additional five patient appointments for three days per week for administration of SACT treatments
- Two pre-chemotherapy Assessment led clinics per week will deliver an extra 16 patients slots to provide a more efficient service and reduce wait times for treatment on the day

Oncology Outpatients

- Revised follow up of prostate cancer patients post radiotherapy will free up between 930 – 1395 clinic appointments across the two to three year standard review period for Consultant utilisation to see new patients
- New breast cancer follow up post radiotherapy will free up 426 clinic slots each year for Consultant utilisation to see new patients.
- Wellbeing clinic running three days per week – one day in each locality - providing equity of service and ease of access for patients completing treatment for cancer.

Radiotherapy

- Accommodate additional 60 prostate cancer patients each year that will be eligible for radiotherapy treatment through the Systemic Therapy in Advancing or Metastatic Prostate Cancer: Evaluation of Drug Efficacy (STAMPEDE) trial.

Trajectories for 2019/20 can be found in Appendix 2.

Unscheduled Care

We will use a whole system approach to identify and implement opportunities for alternatives to admission, timely discharge and seven-day working, with the objective of whole system occupancy running at less than 90% and achievement of the four hour A&E target of 98%.

NHS Tayside is already implementing the ambitions of the NHS Scotland Health and Social Care Delivery Plan through its Unscheduled Care Programme Board. This Programme Board ensures that systems are in place to support early intervention and action at points of pressure which will minimise potential disruption to services and people who require to access services. To support this, the Programme Board is responsible for developing and reviewing the collective activities within the NHS Tayside Unscheduled Care Action Plan, which is underpinned by the Six Essential Actions for Unscheduled Care principles and takes account of the Scottish Government's winter planning guidance Preparing for Winter, 2018/19 and Supplementary Checklist of Winter Preparedness and is supported by NHS Tayside Board and community resilience planning arrangements.

NHS Tayside and its Partner Organisations will continue to take a collaborative approach to maintain achievement of the four hour A&E target of 95% as well as improve on performance by aspiring to consistently achieve the 98% standard thus ensuring that patients receive the most appropriate assessment, treatment, support and services at the right time, in the right place by the right person.

We aim to learn from previous winter challenges and to proactively fund initiatives that will maintain our key services over public holidays and periods of increased activity as well as to try and prevent illness and admissions. Our plans for 2019/20 aim to support the best use of locally available resources as demand rises in order to sustain safe, effective and person-centred care in line with our quality ambitions. It is recognised at both a local and national level that all year planning and continuous improvement methodology is required to effectively manage unscheduled care demand and maintain the 95% target.

In response to the needs of our frail, elderly population and patients with chronic conditions affected by winter, a whole system health and social care approach to develop an integrated plan is essential. The Tayside and Fife Health and Social Care Partnerships and the Scottish Ambulance Service (SAS) have been involved in developing the plan to ensure timely access to the right care in the right setting. Third sector involvement is through the Health and Social Care Partnerships.

The Unscheduled Care Action Plan is aligned to Transforming Tayside 2019-2022 which will ensure we deliver safe, accessible, effective, high quality, person centred care for everyone in Tayside.

Outlined below are our key priorities for Unscheduled Care for 2019/20 which focuses on a responsive rather than reactive approach and are aligned to the 6 Essential Actions for Unscheduled Care.

Essential Action 1: Clinically Focused and Empowered Management

Embed the newly-established collective leadership model that is based on a triumvirate arrangement (lead medical, nursing and managerial input), focusing on devolved accountability and shared leadership that bring complementary perspectives and skill sets together to enhance decision making and solution finding.

- Establish clinical leadership, with clear lines of accountability for clinical care quality, operational and financial performance, staff governance and management from front line clinical services, through the site management teams to the Operational Leadership Team
- Embed clinical leadership and the supporting management arrangements at hospital site and Divisional Care Group level
- Establish nine Clinical Care Groups led by a triumvirate medical, nursing and managerial team to support clinical leadership, collective working and responsibility and accountability
- Through effective clinical leadership the medicines management groups, will ensure actions are delivered to make certain their local prescribing performance is safe, clinically effective and cost effective and that identified opportunities are assessed and delivered where appropriate
- Ongoing leadership training to support the function and development of the nine Clinical Care Groups
- Production of an agreed Annual Service Plan and supporting Workforce Plan within the defined budget by each of the Clinical Care Groups
- Produce a revised accountability and decision making framework to support the Care Group and Divisional structure and function
- Agree a common set of decision rights to give Clinical Care Groups the legitimate authority and confidence to make decisions about issues within their remit
- Establish effective partnership working and staff engagement across departments, Clinical Care Groups and Care Divisions

Measures:

- **Appropriate delegation of decision-making to managers and staff at operational level**
- **Financial control**
- **iMatter response and iMatter action plans**
- **Service and Capacity Plan**
- **Workforce Plan**

Develop clinically focused hospital management teams that have a strong understanding of, and control over each site, 24 hours a day, seven days a week.

- Develop and review clear escalation policies and processes
- Ensure daily capacity is aligned to meet demand and sites are able to quickly identify underlying systemic issues and effectively deliver sustainable improvements
- Ensure on a daily basis that there is a balanced approach to the operational management of patient flow, facilities management and appropriate staffing linked clearly to patient safety and activity
- Develop site focus ensuring visible leadership and operational management arrangements are clear to all staff at all times, to provide opportunities for escalation and supported decision making
- Realign the weekend and on-call clinical and managerial arrangements for the acute hospital sites
- Implementation of on-site weekend cover at senior clinical and managerial level to ensure continuous clinical, operational and senior management cover is maintained at all times
- Senior clinical decision makers, including senior nurses over the public holiday period, to support weekend discharge rates

Measures:

- **Daily multidisciplinary site specific Safety and Flow huddles**
- **Capacity review huddles three times per day**
- **Daily system wide multiagency Safety and Flow Huddles**
- **Duty Executive and Duty Manager rota**

Essential Action 2: Hospital Capacity and Patient Flow (Emergency and Elective) Realignment

Attain optimal patient flow by embedding the principles of emergency and elective demand realignment

- Use of performance management and trend data to ensure that the correct resources are applied at the right time, right place and in the right format
- Embed use of System Watch to predict and understand demand of patient capacity flow and align
- Implement the separation of scheduled and unscheduled acute inpatient wards to maintain elective performance and provide care in the right setting
- Establish Elective Care Capacity Plans
- Review boarding trends
- Review and reconfiguration of NHS Tayside acute operative and non-operative trauma patient pathways management
- Establishment of an Acute Medicine for the Elderly Unit at Ninewells Hospital co-located with Acute Medical Admission Unit
- Establishment of Acute Medicine for the Elderly Unit at Perth Royal Infirmary (PRI)
- Development of an ortho-geriatric service for NHS Tayside integrated with Acute Medicine for the Elderly pathways
- Develop a robust winter plan for 2019/20 building on the success of winter management form previous year
- Establishment of dedicated elective surgical and orthopaedic wards at Ninewells and PRI
- Review of nurse staff levels using national workforce tools in line with national benchmarks

Measures:

- **Winter Plan developed and approved by September 2019**
- **Daily and cumulative balance of admissions discharges**
- **Levels of boarding medical patients in surgical wards**
- **Delayed discharges**
- **Community hospital bed occupancy**
- **Number of Social Work assessments including variances from planned levels**
- **Key quality indicators for the ED include journey point measures such as time to first assessment; time to first assessment by triage category; time to cubicle**

Essential Action 3: Patient Rather Than Bed Management – Operational Performance Management of Patient Flow

Achieve optimum focus on patient discharge through the examination of processes that follow and facilitate the patient journey with a focus on coordinated planning and implementation of appropriate discharge earlier in the day and at weekends.

- Embed Daily Dynamic Discharge methodology in all inpatient areas focusing on the achievement of Criteria Led Discharge and Planned Date of Discharge.
- Build on the work to optimise the Speciality In-reach Medical Model (SIMM).
- Review consultant medical and surgical weekend models to ensure senior patient review and decision making.
- Invest in professional to other professional communication to share decision making and discharge home from hospital assessment areas to complete investigation and treatment.
- Develop a Multi Stakeholder Discharge Hub with a single point of contact to support integrated discharge planning on both acute hospital sites.
- Ensure all patients are screened and provided with appropriate support to reduce harmful drug or alcohol use where needed.
- Investment in near patient testing equipment to prevent unnecessary admissions.
- Develop Tayside hyper-acute stroke admission pathway for patients and associated improvements.
- Invest to increase the support available from the psychiatric liaison service to increase assessment within acute admission units and to improve time to assessment which is core to "Treat as One" for patients with co-existing mental and physical ill health issues in acute general hospitals.

- Embed use of real time electronic management systems to manage and review patient flow.
- Complete Day of Care audit twice per year.
- Development of step down Models of Care to include access to younger frail people

Measures:

- **Reduce length of stay**
- **Reduce occupied bed days**
- **Increase pre-noon discharges**
- **Reduce boarding**
- **% of discharges that are criteria led on weekend and bank holidays**
- **Daily number of elective and emergency admissions and discharges**
- **Reduce delayed discharge by 50% July 2019**
- **Occupancy <90%**
- **Discharge by time of day**
- **Weekday and weekend daily discharges**

Essential Action 4: Medical and Surgical Processes Arranged for Optimal Care

Optimise the ability for hospital services to 'pull patients' from the Emergency Department with a particular focus on establishing the appropriate workforce to support this. Ensure that there is prompt access to appropriate assessment and clinical intervention from specialists in the appropriate environment to enhance patient experience and establish care management plans promptly, minimising unnecessary waits and delays wherever possible.

- Support "Assess to Admit" model hospital access points which have at its core the principal of realistic medicine that patients wish to be cared for in their own homes.
- Agree relevant and realistic discharge rates for these areas to work towards. Acute Medicine Unit Ninewells discharge rate will be > 65% for example.
- Enhance the orthogeriatric model in the two acute orthopaedic sites to improve outcomes for patients and streamline orthopaedic pathways.
- An Acute Frailty Unit will improve the care and experience of care for patients through the development of a dedicated multidisciplinary frailty unit.
- Review Emergency Department workforce in line with national staffing tools. Time to first assessment is the predominate reason for poor four hour performance in NHS Tayside.
- Scope for review of Emergency and Urgent Care Model set and commissioned by NHS Tayside Board.
- Redesign Day Surgery in PRI and Ninewells Hospital.
- Focus on enhanced recovery and rehabilitation models in partnership with Health and Social Care Partners.
- Work closely with Health and Social Care Partnerships to redesign and deliver services in line with their Strategic Plans.
- Develop NHS Tayside hyper-acute stroke admission pathway for patients and associated improvements.
- Realign Urology and General Surgery pathways as part of Shaping Surgical Services.
- Develop a specialist NHS Tayside Institute of Arthroplasty at PRI.
- Develop a business case for robotic assisted surgery.
- Progress development of NHS Tayside Elective Care Centre.
- Increase outpatient antibiotic service model to increase coverage to the whole of Ninewells Hospital.
- Review and development of pathways for Low Risk Chest Pain, DVT, Chronic Liver Disease and Abdominal pain management.

Measures:

- **Day case rates**
- **Front door discharge rates**
- **Reduce mean length of stay by three days for all trauma orthopaedic admissions aged >75 years mean length of stay seven days**

Essential Action 5: Seven Day Services

Priority to reduce evening, weekday and weekend variation in access to assessment, diagnostics and support services focused on where and when this is required to avoid admission where possible; shift emergency to urgent care; reduce length of stay; and improve weekend and early in the day discharges safely.

- Establish improved seven-day per week models in PRI, including Acute Frailty Team (AFT).
- Extend opening hours of Ambulatory Assessment Area to seven days per week.
- Review model of Allied Health Professional (AHP) support across inpatient services.
- Collaborate with Scottish Ambulance Service (SAS) to develop a model of transport which is more flexible and responsive to hospital flow.

Measures:

- **Increase weekend discharge rate by 15% in Perth Royal Infirmary**

Essential Action 6 : Ensuring Patients Are Cared For In Their Own Homes

Optimise management of unscheduled care episodes and promote discharge to own home as soon as possible. Priorities are aligned to other portfolios of work ongoing to enhance self-management and longer term focus on preventative care and improvements in access to self-directed care and enablement services for complex conditions and co- morbidity. Work is supported in partnership with Health and Social Care Partnerships and community care developments.

- Seek additional funding for home care placements in our regions to keep people at home to prevent them becoming hospital patients.
- Seek funding to improve service resilience for extra Out of Hours General Practice (GP) sessions and for more GP advice calls to reduce pressure on our Emergency Department to and mitigate disruption to critical services, thus supporting patients to self manage illness at home.
- Perth & Kinross Health and Social Care Partnership to invest in Respiratory Community Model by creating respiratory teams based in people's local communities, we can support them in their own homes, improving their quality of life while reducing the likelihood of hospital admission.
- Perth & Kinross Health and Social Care Partnership to invest in Enhanced Community Support (ECS) to support people in their own homes for as long as possible, maintaining their independence. Funding will help social workers, GPs, district nurses and others identify and support people who might otherwise be unnecessarily admitted to hospital or residential care.
- Further development of Dundee Enhanced Community Support Rapid Assessment (DECSA) whereby there is multidisciplinary team involvement of patient in their own home to assess need for hospital admission.
- Care home improvement project where implementing best practice around anticipatory care planning and changing models of assessment and support for care home residents.
- Perth & Kinross Health & Social Care Partnership reviewing requirement for Rehabilitation/Intermediate Care Beds as a range of hospital and rehabilitation beds across Perth and Kinross to prevent people having to stay in hospital longer than necessary.
- Evaluate Angus Health & Social Care Partnership test of change which focused on Care at Home, increasing physical activity and movement in adults to support and prevent immobility, deterioration in health and wellbeing and prevent admission to hospital.

Measures:

- **Delayed discharges**
- **Elective cancellations**
- **Average length of stay**
- **Readmissions**

Integration of Health and Social Care

We will focus work to increase the pace to deliver the benefits of integration and shift the balance of care in line with the Ministerial Group Report 'Review of Progress with Integration of Health and Social Care'

NHS Tayside's Health Board and Integration Joint Boards recognise the value of integrated working and the benefits this brings to our local population. There is a shared commitment to achieving the best health and care outcomes for our population and ensuring that high quality care and support is provided to those who need it most, as close to home as possible. Jointly we aim to achieve this by maintaining and further progressing the principles of integration and co-production in Tayside.

Outlined below are our key priorities to increase the pace and effectiveness of integration:

- **Work jointly with Integration Joint Boards and local authorities to complete a self assessment against the findings in the Audit Scotland (November 2018) and Ministerial Strategic Group (February 2019) review reports and identify actions for improvement.**

- **Continue to redesign the services across hospital, care home and community settings, and traditional boundaries between these to reduce demand on acute hospital services and reduce unscheduled demand by 5% (based on March 2017 position), in relation to emergency department attendances, GP referrals for assessment, emergency admissions and unscheduled bed days.**

- **Work across the whole system, redesign patient pathways in line with Realistic Medicine and in particular, further develop the COPD pathway. Review and implement the next tranche of pathways in line with the shift in the balance of care and to meet expectations of safety and the national financial framework.**

- **Implement a 'single plan for Tayside' approach to planning, linking with all local Strategic and Commissioning Plans of Integration Joint Boards, Community Planning Partnerships and other partner organisations.**

- **Through the joint self assessment against the findings of the Audit Scotland and Ministerial Group reports, identify specific actions to ensure that the delegated hospital budget and set aside budget requirements are fully implemented in line with statutory guidance.**

- **Aligned with collaborative planning, develop a reporting process across Integration Joint Boards, the Health Board and Local Authorities which provides a 'whole system' picture of delivery of key strategic aims. An initial pilot has been identified to be taken forward in relation to Unscheduled Care.**

Mental Health and Wellbeing

We will support and improve the mental health and wellbeing of people to maximise their independence and health providing the right support at the right time including in workplaces (both NHS and Local Authorities) throughout Tayside

Embed multi-disciplinary team working at the heart of seamless care pathways and providing support for people

Ensure models of care and services are of high quality, safe, person centred, affordable and sustainable

The arrangements to deliver Mental Health Services across Tayside in the context of the NHS Board and our three Integration authorities requires careful planning and focus to ensure the whole system is connected and sighted upon the local priorities for action.

In order to do this, a key priority for NHS Tayside in 2019/20 is the establishment of a Tayside Mental Health Alliance. This initiative is fully supported by the Chief Executive and the three Chief Officers of the Integration Joint Boards. The primary purpose of the Tayside Mental Health Alliance is to bring together the subsystems relevant to mental healthcare across NHS Tayside and the three Health and Social Care Partnerships to understand the full NHS Tayside landscape and its associated challenges for mental health and to work together to develop a whole system five year strategy for mental health wellbeing, care and treatment. This will ensure the delivery of consistent, safe, recovery focused, evidence-based models of care and share best practice across the system.

The elements of the National Mental Health Strategy reflect a number of our local mental health strategic priorities for 2019/20. The key priorities below are dynamic and evolving and reflect the responsibility of all Partnerships, Acute Service Division and inpatient services to ensure we act to promote, prevent and provide early intervention to support people's mental wellbeing as well as provide specific supports for those with severe and enduring mental health experiences. The Tayside Mental Health Alliance will facilitate, enable and support connections across the whole system of care.

During 2019, NHS Tayside's Chairman and Chief Executive commissioned an independent inquiry into mental health services in Tayside. This Inquiry is chaired by Mr David Strang. The NHS Tayside Board has received the Interim Report and Recommendations from the Inquiry and these will be incorporated into the 2019-2020 plan for Mental Health Services, along with recommendations from other reports that occur throughout the year eg Mental Welfare Commission.

Improving Support During Pregnancy and Child Birth

Perinatal Mental Health is a key priority for the Scottish Government. It forms part of three recommendations within The Best Start A Five Year Forward Plan for Maternity and Neonatal Care in Scotland.

- Review our current access to perinatal mental health services to ensure early and equitable access is available to high quality services, with clear referral pathways.
- Progress work towards Recommendation 8 of the Perinatal Mental Health Services: needs assessment and recommendations in that all NHS Boards with birth numbers under 5,000/year should have either a stand-alone or dispersed multidisciplinary community Perinatal Mental Health Team which has the skills and capacity to assess

and care for, at a minimum, pregnant and postnatal women (to 12 months) who have more complex or high-risk presentations.

- Ensure adequate provision of staff training to allow staff to deliver services to the appropriate level.
- Work towards ensuring our current pathway for access to Mother and Baby Units at St John's Unit in Livingston provides equitable access to these facilities, and families receive accommodation provision.
- Contribute to the national work to establish capacity requirements for Mother and Baby Units in Scotland.

Reforming Children and Young People's Mental Health Services

- Implementation of the Improvement Plan to deliver on the 18 week referral to treatment standard.
- Strengthen and support transitional care from adolescent mental health services to adult services.
- Review out of hours care provision for children and young people.

Taking a 21st Century Approach to Adult Mental Health

1. Reducing Health Inequalities

The Tayside Health Equity Strategy – 'Communities in Control' and NHS Health Scotland highlight the need for a co-ordinated, partnership approach to reducing health inequalities.

Socioeconomic Inequalities

- Mental health problems are strongly linked to health and social inequalities. Good mental health is determined by a range of social, economic, environmental, physical and individual factors operating throughout the life stages. In order to increase prevention of mental health disorders resources must be shifted upstream to address these contributing factors and early intervention must be available, which includes addressing underlying causes.

Access to Care

- All services and initiatives must target vulnerable populations to reduce health inequalities and improve equity of access to services. For example, BME communities, migrants, LGBT and socio-economically deprived populations.

Physical Health of People with Mental Health Conditions

- Develop a co-ordinated approach to improving the physical health of patients with mental health conditions across Tayside
- Develop a physical health strategy appropriate for people with severe mental health illness.
- Support smoking cessation, routine screening programme uptake, physical activity and weight management for people with mental health conditions.

2. Delivery of the Three Health and Social Care Partnerships Mental Health and Wellbeing Plans

Angus Health and Social Care Partnership

Angus Health and Social Care Partnership is testing a number of mental health and wellbeing models. These consist of experienced Registered Mental Health Nurses (RMN) seconded from Community Mental Health Teams in the same locality. Another is with a national mental health third sector provider who works with people with lived experiences of mental health issues. As part of our commitment to implement Action 12, Scottish Mental Health Strategy, we have plans to roll this out over the next three years to cover all Angus GP Practices.

Angus Health and Social Care Partnership priorities for 2019/20:

- Reduce the days of delayed discharges ensuring all service users live in a place they are proud to call a home, with the correct level of support
- Have a Co-Morbidity Pathway for people with substance misuse and mental health problems.
- Promote Advanced Statements.
- Improving the physical health of people who have mental ill health.
- Develop a seven day community mental health support.
- 100% of patients discharged from acute psychiatric hospital requiring community follow up will be offered an appointment within seven calendar days of discharge.
- Reduce hospital length of stay.
- Develop an enhanced liaison and diversion service to support the mental and health and wellbeing of people in police custody and progressing through the criminal justice system.

Perth and Kinross Health and Social Care Partnership

Perth and Kinross Health and Social Care Partnership have established a Mental Health and Well Being Board. The Board has oversight of the Mental Health and Wellbeing, the Learning Disability, the Substance Use and the Autism Strategies. This helps identify any cross cutting themes and areas of potential duplication. A needs analysis and consultation have been undertaken and the following priorities identified:

- Improving access to support by investing in improving pathways for people presenting at GP Practices and the Adult Social Work Intake Team
- Improving support for people who are distressed and/or in crisis
- Transforming models of care for people with complex support requirements.
- Tackling health inequalities by increasing support for people with mental health and/or substance use issues in Perth Prison.
- Improving supports for people with substance use issues with a focus on early intervention and prevention and recovery.

Dundee Health and Social Care Partnership

The Dundee Health and Social Care Partnership have a well established Mental Health and Wellbeing Strategic and Commissioning Group (MHWSCG) who have produced a Draft Dundee Mental Health and Wellbeing Strategic Plan for 2019-2024. This plan, endorsed by the Dundee IJB, aims to support the improvement of mental health and the reduction of mental health inequalities, predominantly for adults, over the next five years.

Delivering the vision for mental health and wellbeing in Dundee requires underpinning principles that direct the approach and all activities of the MHWSCG and its partners. The following three principles have been adopted:

- An integrated approach that brings together medical and social models of mental health.
- An upstream approach that is focused on mental health promotion, prevention and early intervention, as well as services focussed on treatment and care.
- A person-centred and strengths based approach which focuses on recovery, assets, quality of life and hope rather than the deficits and problems of individuals and communities.

The Dundee Strategic Plan incorporates the views, suggestions and ideas of local people and service users about what matters most to them in terms of improving and protecting their mental health and wellbeing, as well as reflecting their

experiences of mental ill health, services and recovery. These measures ensure that this Strategic Plan and current and subsequent actions are genuinely co-produced by those who have a stake in its development and delivery.

The MHWSCG has agreed four key strategic priorities which, in addition to underpinning their work as outlined in the Dundee five year Plan, will be used to track performance and improvement over time as well as to identify areas where activity may need to be accelerated. This vital assurance, monitoring and development process will be supported by the appointment of a permanent Improvement Advisor. These key priorities are :

- Reducing Health Inequalities
- Prevention and Early Intervention
- Getting the Right Support at the Right Time
- Focus on Recovery

3. Unscheduled Care

- One element of the planned utilisation of the Dundee allocation of permanent `Action 15` funding is the development of a `Navigator` support service specifically to sit within the Emergency Department at Ninewells Hospital. Following a collaborative planning process bringing together lead officers from the Dundee Health & Social Care Partnership, Ninewells Hospital Emergency Department, Police Scotland Violence Reduction Unit and the charity Medics Against Violence we are about to move to the recruitment phase of this project. This will provide two individuals with a lived experience of mental health issues rigorously selected to become peer `Navigators` and be available to support people who present to the Emergency Department in a state of mental distress. The Navigators will also provide a `bridge` to various forms of community support and advice by providing face to face follow up for two weeks after presentation to Emergency Department. We anticipate that this service will go live in early summer 2019.
- Develop a system to interrogate non compliance with the four hour emergency care standard linked to mental health service related delays.
- Review transport mechanisms for patients from Emergency Department to Carseview Centre.
- Although the standard is measured for Emergency Department this best practice should be applied to the whole system therefore we will develop a method to measure the four hour standard (95% of patients should be admitted, discharged or transferred within four hours of arrival) at the crisis care service.
- Undertake a review of the current configuration and delivery of crisis care services to improve early intervention and access to timely care and treatment.
- Redesign of home treatment models across NHS Tayside to strengthen community care provision and avoid admission to hospital.
- Collaborate with a number of Health Boards to develop a Day of Care Audit tool for use in Mental Health settings.
- Utilise 6 Essential Actions for Unscheduled Care in Mental Health in patient settings to optimise patient flow, strengthen clinically focused hospital management arrangements.
- Review model of liaison psychiatry to ensure equity of access to patients.

4. Care Pathways/Models of Care

- Assessment and redesign of inpatient rehabilitation service establishing NHS Tayside requirements for inpatient service provision and community infrastructure.
- Assessment and redesign of Learning Disability inpatient service establishing NHS Tayside requirements for inpatient service and community infrastructure underpinned by Learning Disabilities Implementation Framework Keys to Life (2019-2021).

- Implementation of a clinical care pathway for Emotionally Unstable Personality Disorder.
- Identify priorities for evidence based care pathway development to include Bipolar Disorder, Depression, Psychosis and ADHD.
- Develop a transforming outpatient programme for Mental Health.

5. Redesign of the Inpatient Environment of Care for General Adult Psychiatry and Learning Disability

- Continue to progress the service redesign programme to create a single General Adult Psychiatry Service within Carseview Centre and a single site Learning Disability Service at Murray Royal by Summer 2020.
- Develop a strategy for support and management of patients requiring complex care packages thereby reducing delays to patient discharge.
- Redesign and refurbish two wards in Carseview Hospital co-designed with service users and staff.
- Continue with the roll out of the Tayside Ligature Anchor Point Reduction Programme to enhance patient safety and reduce risk of harm for patients.
- Roll out the Manchester Tool Risk Assessments with clinical teams across all Mental Health estate.

6. Mental Health Workforce Plan

There are significant challenges within Mental Health services relating to the supply, attraction and retention of critical posts for medical and nursing workforce:

- Commence a programme of workforce reform across the mental health service with a clear understanding of current state and future workforce needs.
- Investment in new 'Advanced Nurse Practitioner for Mental Health Programme' delivered by Dundee University: the first cohort of 10 Registrants will commence the Programme over 2019/20.

7. Quality Improvement Programme

The following priorities are being delivered in line with the Mental Health Quality Improvement Programme six key areas:

- Least restrictive care collaborative; review of current use of restraint practices, frequencies, by what means and rationale.
- Ward based quality improvement dashboard; provision of routine ward specific data in combination with value management date, core measures agreed by ward. Patient and Staff experience barometer; narrative feedback from both staff and patients to provide themes and identified areas for development and shared good working practice.
- Care Planning Collaborative; initiative aimed at overhauling current model, engaging with staff to keep updated patient specific care plans, not generic risk based briefings.
- Observations of practice; the reduction and use of enhanced therapeutic activities to occupy patients' time in a constructive person centred way.
- Ward Level Adverse Event Prevention, Assurance and Learning Groups
- Intensive Psychiatric Care Unit Peer Review with Royal College of Psychiatry Quality Network; opportunity for peer to peer review with different boards to broaden shared learning opportunity.
- Joy at Work; identification of good working practices on a peer level basis with feedback to staff members being recognised and acknowledged.
- Bite size quality improvement training for staff; data extraction, analysis and understanding support.

- Triangle of Care; supported by staff in conjunction with the carers group developing and using a revised template for carer's views.
- Daily Hospital Site Huddles; multidisciplinary team daily catch up sessions to report on core information for rapid escalation, action and shared communication.
- Ward Rapid Run Downs; ward level daily multidisciplinary team discussion on inpatients clinical status, medication review and identification of early supported discharges.

8. Establishing Mental Health Alliance

- Establish public and service user involvement approach.
- Agree priorities for action for the Tayside Mental Health Alliance.
- Create a five-year Strategic Plan articulating the system wide priorities reflective of the three Integration Joint Boards Strategic Plans and NHS Tayside plans for mental health.
- Establish a measures framework inclusive of the National Mental Health Quality Indicators to drive improvement in service provision.

9. Tayside Wide Substance Misuse Service Delivery

- Implement the key components and principles set out in the Scottish Government strategy `Substance misuse services: delivery of psychological services`.
- Ensure the continued delivery of tier four inpatient treatment to patients requiring interventions for complex and severe substance misuse disorders, as set out in NICE CG100 and CG115, and the UK Clinical guidance `Drug Misuse and Dependence: Guidelines on clinical management`.
- Maintain performance against the national target that 90% of patients will wait no longer than three weeks from referral received to appropriate drug or alcohol treatment that supports their recovery.
- Prioritise workforce development to enable sufficient and competent prescribing capacity to meet the clinical needs of those with substance misuse problems.
- Improve concordance with NICE Guideline 58 for co-existing severe mental illness and substance misuse: community health and social care services, and Guideline 120 co-existing severe mental illness (psychosis) and substance misuse: assessment and management in healthcare settings.
- Establish morbidity and mortality reviews for drug related deaths and review NHS Tayside adverse event management for drug deaths.
- Undertake review of inpatient service provision and feasibility of regional provision.

10. Regional Working

- We will contribute to key aims outlined within the North of Scotland Health and Social Care Delivery Plan.
- Support the development and evolving work plan for the Mental Health and Learning Disability Regional workshop.

11. Tayside Forensic Mental Health Low Secure Service

- We will participate in the planning and support the development of a regional low secure women's service for the population of the North of Scotland.
- In collaboration with Tayside Custody Health Care we will develop court liaison and diversion services attached to the Forensic Community Mental Health Team in Birnam.

Respecting, Protecting and Fulfilling Rights

- Roll out of the development / awareness programme regarding Mental Health Act, Adult Protection and Adults with Incapacity legislation and application to practice.
- Strengthen working arrangements for people with complex care needs.
- Devise a plan for implementation of new AWI, Mental Health and adult protection legislation changes.
- Ensure patients and carers are fully engaged in service planning and design.

Making Suicide Prevention Everyone's Business

- Work upstream with partners to reduce socio-economic inequalities.
- Undertake training and awareness raising for suicide prevention with organisations, communities and individuals.
- Implement local systems to support those bereaved by suicide.
- Target local suicide prevention activity at community agencies supporting individuals at high risk times e.g. redundancy, divorce, financial difficulties.

The Scottish Government Mental Health Directorate, Annual Operational Plan template for the standard of achievement of the four-hour wait at emergency department specifically for mental health presentations by, or before, December 2020 is attached as Appendix 3.

Child & Adolescent Mental Health Services

We will improve the experience of children and young people referred to the Child & Adolescent Mental Health Service by improving pathways, increasing knowledge and skills of staff and increasing confidence to interact with children and young people who present with emotional health and wellbeing issues.

The Child and Adolescent Mental Health Service has been supported by Health Improvement Scotland (HIS) to develop an action plan to deliver the standard that 90% of children and young people should be seen within 18 weeks from the point of referral to treatment with milestones over the next two years. This improvement plan has been developed with HIS prioritising the work steams within the Children and Young People's Mental Health Taskforce Delivery Plan (December 2018).

A priority for Child and Adolescent Mental Health Service is to redesign the neurodevelopmental pathway to improve access to treatment by having effective and clear referral criteria routed to the appropriate service at first point of contact. The new arrangements will see the establishment of a designated neurodevelopmental Hub to improve and streamline working practices between multi-disciplinary professionals. The hub will include the wider children services outwith Child & Adolescent Mental Health Service.

NES Child and Adolescent Mental Health Service Access funding will support the appointment of an additional Consultant Paediatrician to support the hub and enhance the neurodevelopmental pathways. An additional four WTE Nurses to provide additional capacity within the service and one administration post to create a central booking function releasing nursing capacity to improve the percentage of patients waiting to access Child & Adolescent Mental Health Service.

To address the current patients waiting over 18 weeks the service is seeking to create additional capacity through recruitment, skill mix and use of short term additional capacity. This, alongside redesign work to develop more sustainable models of service delivery, will support the delivery of a sustainable service and an improvement in performance over the next 2 years.

The service is scoping the use of skill mix and new roles such as Nurse Prescribers, Advanced Nurse Practitioners Mental Health and Children's Nurses within Neurodevelopmental Hub. The service is also using Lean Methodology to streamline internal processes. This is being achieved through partnership working with the Mental Health Access Improvement Support Team (MHAIST).

The trajectory for attainment of the standard that 90% of children and young people should be seen within 18 weeks from the point of referral to treatment is attached as Appendix 4.

The Health Improvement Scotland Action Plan for Child and Adolescent Mental Health Services is attached in Appendix 5.

Psychological Therapies

We will provide timely access to evidence-based Psychological Therapies, delivered by a range of accredited therapists, for all age groups, across all services. We will assess the effectiveness of psychological interventions and therapies from the perspective of service users and services providers. The aim will be to ensure that the services provided meet the needs of service users.

The Psychology Therapies Service has been supported by Health Improvement Scotland (HIS) to develop an action plan to deliver improvements to the waiting times experienced by patients (Appendix 6). The target of 90% of patients being seen for treatment within 18 weeks from point of referral is currently achieved by the following specialties: Eating Disorders, Substance Misuse, Learning Disabilities, Health Psychology, Exceptional Aesthetic Service, Older People, Forensic, Perth Adult Outpatient, Perth CMHT (South), Perth CMHT (North, Perth Rehab, Dundee CMHT (Alloway), Computerised Cognitive Behaviour Therapy, and the Survive and Thrive Service.

The annual number of referrals to the Psychological Therapies service is approximately 7,000. Most services achieve referral to treatment target. Four specialties still face significant challenges in achieving the 18-week referral to treatment target and continue to present with a significant number of breaches. The following information outlines key priorities to address this.

Clinical Psychology to Perth Community Mental Health Team (City)

	Total Waiting	Total Over 18wks	Longest Wait wks
December 2018	49	40	90
March 2019	26	19	51

The appointment of a new Consultant Clinical Psychologist and redesign of service design and eligibility criteria has resulted in an increased throughput and reduced referral rate to this service. Scottish Government waiting times target will be achieved by June 2019.

Neuropsychology

Annual referral rate increased from 183 in 2006/7 to a peak of 962 in 2016/17.

	Total Waiting	Total Over 18wks	Longest Wait wks
March 2019	387	248	72

The Neuropsychology service is currently resourced with six wte established posts whose remit is to attend to the waiting list. Demand and capacity calculations reveal that if all staff were in post, and working to maximum capacity, there would continue to be an excess of around 300 patients per annum added to the waiting list year-on-year. This is based on an

expected 96 patients seen per annum per one wte, and an average of 850 referrals per year based on the referral pattern from the last three years; likely to be an underestimate as acute cases are under-referred when the waiting list is high. The 300 patients who are unseen per year would be in addition to the 387 currently sitting on the waiting list at present.

Importantly, these figures are based on all established posts being filled and staff present in post which is not the case for the service at present or until at least mid-2020, assuming there are no further changes in staff complement. As at end of Jan 2019 there are two wte absences as a result of Maternity Leave with a further 0.6 wte absence expected from February 2019 due to sickness and maternity leave. The temporary addition of the one wte Band 8a post for 23 months will assist the overall situation but will still not result in the service being at full capacity.

Funding has been made available to advertise one wte fixed term post to cover maternity leave absence. This has been advertised twice without attracting applicants. This is being re-advertised and another one wte permanent post is due to be advertised. A national shortage of Clinical Neuropsychologists has contributed to the difficulties in attracting candidates. The Consultant Clinical Psychologist in Neuropsychology is currently approaching postgraduate Neuropsychology courses in an attempt to attract newly qualified candidates.

Angus Adult Psychological Therapies Service

This service receives approximately 1,000 referrals per annum. Until recently this service has regularly achieved the referral to treatment target.

	Total Waiting	Total Over 18wks	Longest Wait wks
April 2018	265	0	16
March 2019	479	145	31

Since July 2018, two wte vacant Clinical Psychology posts have existed to date. From August 2018, a further 0.8 wte Clinical Psychology post has been vacant to date. These 2.8 wte vacancies account for 47% of substantive posts in this service. These posts have been advertised on a number of occasions with suitable candidates declining offers of posts and most latterly with no eligible applicants.

Until a new source of potential Clinical Psychology trainees complete training in October 2019, these posts will be offered to Assistant Psychologist who will be able to see a restricted range of less complex cases under supervision. In addition, Clinical Psychologists in post will increase the use of group interventions for those currently on the waiting list.

Dundee Adult Psychological Therapies Service

	Total Waiting	Total Over 18wks	Longest Wait wks
March 2019	803	290	31

The annual referral rate in this service is approximately 1,200 patients. Three new Clinical Associates in Applied Psychology have been appointed in January 2019.

Action 15 Primary Care Development Fund monies (Feb 2019) served to pilot a Patient Assessment and Liaison Management Service (PALMS) with two x 0.5 wte Clinical/Counselling Psychologists embedded in GP practice to offer diversions to partnership services and assess whether impact reduces referral rate for 1:1 Clinical Psychology input.

The aim is to eventually reach a point where all GP practices in Dundee will have dedicated practice-based (cluster-based) mental health specialties providing direct access to psychological assessment.

Designed pilot 'Dundee Life Skills' group intervention (five sessions, CBT education) will be offered to people referred to the service who require lower intensity intervention.

Dundee Health and Social Care have provided funding for posts to cover regular ongoing maternity leave.

Dundee Clinical Psychology to Community Mental Health Team (Wedderburn)

	Total Waiting	Total Over 18wks	Longest Wait wks
March 2019	76	50	84

The annual referrals to Clinical Psychology Dundee CMHT are approximately 160 patients. These patients often have chronic and complex needs and the demand exceeds the clinical psychology capacity.

To enhance psychological interventions in this service, three members of the CMHT have completed Cognitive Behavioural Therapy training beginning January 2018. A further person will begin training in January 2019. It is expected that three will be qualified by December 2019 to spend 40% of their time delivering CBT. This equates to a resource of 1.2 wte and will increase capacity by approximately 50 cases per annum. This initiative was supported by NES funding.

Group interventions are also being delivered and co-produced (where possible) with nursing staff.

Survive & Thrive Project: Scottish Government Mental Health Innovation Funds Monies were secured to fund 0.8 wte Clinical Psychologist and 1 wte Assistant Psychologist for a three year period as from August 2016. This innovation provides a dedicated trauma focused group intervention for patients who would often be seen with CMHT services or Adult Clinical Psychologist service. Over the period August 2016 to September 2017, a total of 530 referrals have been made, with 188 commencing the group programme. This service has been rigorously evaluated and regarded positively by external agencies and Scottish Government. This service is an alternative to standard 1:1 Clinical Psychology interventions.

Performance Trajectory

While the Psychological Therapies Service will aim to improve the performance of the above named specialties, the increasing referral rates, difficulties appointing to posts and national shortage of applied psychologists will result in considerable delays in achieving the target. Hence the conservative estimate of the performance trajectory figures found in Appendix 3.

Notwithstanding the above, the service will attempt to offer an enhanced level of group interventions, enhanced skill mix and alternatives to routine 1:1 interventions.

Detailed scrutiny of all clinicians' throughput performance is also part of regular supervision practice in order to maximise overall performance.

Primary Care Services

We will implement the Primary Care Improvement Plan to create a better functioning, patient-centred Primary Care service that allows other healthcare professions to grow and develop while easing pressure within General Practice. This is not just to increase the sustainability of the profession, but also to release the time required for GPs to take a full part in shaping a reinvigorated primary healthcare system.

In 2018, NHS Tayside presented its Primary Care Improvement Plan (PCIP) as requested by the Scottish GMS contract. Although a requisite of the Memorandum of Understanding (MoU) between Scottish Government, BMA, Integration Authorities and NHS Boards, it has provided an excellent opportunity to co-ordinate the work that is going on in NHS Tayside across the three Health and Social Care Partnerships. The PCIP, similar to the new GP contract, seeks to invigorate general practice and through fundamental service redesign create positive effects throughout Primary Care. This single shared plan allows services to be planned at scale, to be integrated with the other major strategic changes occurring across the region's health and social care services, and assist in the aspiration of an equal standard of service across the population.

General Practice within Tayside is experiencing the same difficulties as elsewhere in Scotland. The PCIP aims to improve the resilience of our Tayside practices. It in part moves work and services more appropriately provided by others away from the responsibility of General Practitioners and in some cases, practices. It also aims to attract more doctors to the profession by creating roles which are more suited to the requests of the doctors entering general practice at this moment in time.

Each Health and Social Care Partnerships and the GP locality clusters are charged with ensuring that the needs and views of patients are integrated with the delivery of services and reflects the ambitions of the Health Equity Strategy.

Key priorities for 2019/20:

- **Development of a new Primary to Secondary Care Interface Group co-chaired by a Royal College of General Practitioner and a senior medical consultant. The group is supported at NHS Tayside level, with the appropriate recognition and authority to influence pathways of care for patients across the Generalist / Specialist and Community / Hospital interfaces. This will assist the realisation of the Primary Care Improvement Plan's core aim of maintaining and improving the quality, efficiency and effectiveness of the care delivered to our population.**

- **Development of a comprehensive local Workforce Plan across the three Health and Social Care Partnerships to ensure a modern workforce fit for the future in line with the national Workforce Plan which sets out a range of options for the recruitment and retention of GPs and the expansion of the capacity and capability of the multi-disciplinary team.**

- **A Primary Care Assets and Infrastructure Group has been established. This group is collating a data set that will be used to confirm locality approaches to providing services and solutions.**

- **A Primary Care IT Group is considering what is required to deliver the overarching work packages that are key to the GP IT Re-provisioning Programme objectives. The timeline for this delivery will require NHS Tayside to adopt the services offered through this Programme during the three year timeframe.**

- **Development of an integrated, comprehensive locality-based adults and children's vaccination service, integrated within Health and Social Care Partnerships, operating within a single NHS Tayside management structure. In line with Integration Joint Boards transformational plans, by 2021 this service should be coordinated around existing GP clusters, but with NHS directly employed staff and integrated within Health and Social Care Partnerships Care and Treatment Services as part of the new model for primary care delivery.**

- **Continue the implementation of a new sustainable pharmacotherapy service within every practice by 2021.**

- **Strengthen links between the Pharmacotherapy Service and local community pharmacies to maximise clinical capacity within the chronic medication service.**

- **In collaboration with NHS Tayside, an Advanced Practitioner Service model will be developed, in line with the MoU timescale of 2021, based on appropriate local design. These practitioners will assess and treat urgent or unscheduled care presentations and home visits within an agreed local model or system of care.**

- **In line with the GMS Contract "by 2021 additional specialist professionals will be working as part of an extended disciplinary team seeing patients as a first point of contact" – NHS Tayside will explore the potential for providing additional specialist roles as part of an extended multi-disciplinary team in Musculoskeletal Physiotherapy and Mental Health.**

- **In collaboration with NHS Fife, ensure referrals from North East Fife for diagnostic services and treatment follow the correct clinical pathway and are referred to the appropriate service.**

Healthcare Associated Infection

We will ensure that the prevention, management and control of Healthcare Associated Infection is a fundamental part of providing safe, effective and patient centred care to all patients.

To meet expected performance within Healthcare Associated Infection (HAI) standards and mandatory HAI and Antimicrobial Resistance (AMR) policies, and to prevent Healthcare Associated Infection, NHS Tayside undertakes an extensive surveillance programme, implements an Annual Work Plan and an annual Healthcare Associated Infection Education Programme.

NHS Tayside's Infection Prevention and Control Annual Work Plan is aligned to the Scottish Antimicrobial Resistance and Healthcare Associated Infection Delivery Plan and 5-Year Strategic Framework. The Annual Work Plan is also aligned to the Infection Prevention and Control 5-Year Operational Plan and NHS Tayside Local Delivery Plan. It is compiled in a collaborative approach with input from the Antimicrobial Management Team and is ratified and approved by the Infection Prevention and Control Committee, NHS Tayside Care Governance Committee and NHS Tayside Board.

Standards

In order to support the prevention of Healthcare Associated Infection, NHS Tayside adheres to agreed local and national delivery standards as described below:

- Healthcare Associated Infection Standards (2015)
- Antimicrobial Resistance/Healthcare Associated Infection 5 Year Strategic Framework (2016-2021)
- Scottish Management of Antimicrobial Resistance Action Plan 2014-18 (ScotMARAP2)
- National Hospital Antimicrobial Prescribing Quality Indicators for 2017-18
- Local Delivery Plan Standards:
  - Reduce Clostridioides (formerly Clostridium) difficile Infection rates to 32 cases or less per 100,000 total occupied bed days (TOBD) in population aged 15 years and older
  - Reduce Staphylococcus aureus bacteraemia rates to 24 cases or less per 1,000 acute occupied bed days (AOBD)
- Surgical Site Infection Surveillance
- National Key Performance Indicators for MRSA screening
- National Key Performance Indicators for CPE screening
- National Health Facilities Scotland Environmental Cleaning Target
- National Health Facilities Scotland Estates Monitoring Target
- National Hand Hygiene Compliance Target

To support delivery of these standards, NHS Tayside's Infection Prevention and Control Annual Work Plan is aligned to the Scottish Antimicrobial Resistance and Healthcare Associated Infection Delivery Plan and Five Year Strategic Framework. The Annual Work Plan is also aligned to the Infection Prevention and Control Five Year Operational Plan and NHS Tayside Local Delivery Plan. It is compiled in a collaborative approach with input from the Antimicrobial Management Team and is ratified and approved by the Infection Prevention and Control Committee, NHS Tayside Care Governance Committee and NHS Tayside Board.

Current Performance

NHS Tayside compared against NHS Scotland

Area of Performance	Specific / Site	Standard / Target	Period & source	NHS Scotland	NHS Tayside	RAG
Clostridioides difficile Infection *	Healthcare Associated Infection	Local Delivery Plan Standard 32 cases per 100,000 TOBD	Oct - Dec 2018 Health Protection Scotland (HPS)	13.8	7.8	Green
	Community Associated Infection			7.0	2.9	Green
Escherichia coli Bacteraemia *	Healthcare Associated Infection	No target per 100,000 bed days	Oct – Dec 2018 HPS	38.3	48.6	Amber
	Community Associated Infection	No target per 100,000 population		44.1	40.0	Green
Staphylococcus aureus bacteraemia *	Healthcare Associated and Community Associated	Local Delivery Plan Standard 0.24 or less cases per 1,000 AOBD	Year ending Dec 2018 HPS	0.33	0.35	Amber
Surgical Site Infections (SSIs) *	Caesarean Section	N/A	Oct – Dec 2018 HPS	1.4	1.7	Amber
	Hip Arthroplasty	N/A	Oct – Dec 2018 HPS	0.6	3.2	Amber
MRSA (CRA) screening		90%	Oct – Dec 2018 HPS	83	83	Amber
CPE (CRA) screening		90%	Oct – Dec 2018 HPS	78	73	Green
Cleaning	All clinical areas	90%	Jan – Mar 2019 HPS	95.3	94.1	Green
Estates		90%	Jan – Mar 2019 HPS	97.3	98.6	Green
Hand Hygiene		90%	Jan – Mar 2019 NHS Tayside	N/A	86	Amber

Governance

Governance structures exist to ensure escalation of issues or concerns are timely and efficient. Central to these are the governance, monitoring and reporting arrangements through Divisional Safety Clinical Governance and Risk Groups across the Acute Division and Health & Social Care Partnerships and Clinical Care Group Quality and Performance Review. NHS Tayside Board and Clinical Care Governance forums across NHS Tayside receive ongoing assurance through the provision of reports on performance against key performance indicators for the prevention and control of infection. The report submitted to NHS Tayside Board is aligned to the Healthcare Associated Infection Reporting Template and details NHS Tayside's performance against relevant standards and the rest of NHS Scotland. Each Committee scrutinises the data to seek assurance on performance delivery, and where necessary, improvement actions to support this.

Ongoing surveillance monitors infection rates in real time. This enables increased incidence to be identified. Problem Assessment Groups and Incident Management Teams are convened at short notice to manage outbreak situations or other Healthcare Associated Infection related incidents within the organisation. These are well attended, facilitating support for the outbreak area as well as developing an action plan to help manage and control the situation. Health Protection Scotland is available to support NHS Tayside, upon request, with ongoing outbreak or incidents.

Close collaboration with NHS Tayside Estates Division allows early escalation of any areas of concern with regards the NHS Tayside estate. This includes:

- Estates Division representation included within annual audit programme of clinical areas throughout NHS Tayside. The audit findings are shared with actions clearly documented. The status of each action is reviewed on a monthly basis and any outstanding actions are highlighted to Estates technical staff.
- Estates Division representation at the Infection Prevention and Control Committee.
- The Infection Prevention and Control Team are included within Project Teams when considering refurbishment programmes or new build projects.
- Infection Prevention and Control Team representation at Water Management Safety Group and NHS Tayside Property Department Management meeting.
- There is a strategic clinical risk for Infection, Prevention and Control, which includes collective measures of control, some of which are assigned to the Estates Division.

Key priorities for 2019/20:

- **Introduction of vascular surgical site infection surveillance reporting into the National mandatory surveillance report to Health Protection Scotland for E coli and Staphylococcus aureus bacteraemia, Clostridioides difficile and Surgical Site Infections.**
- **Sustain improvements in healthcare associated infection rates for Staphylococcus aureus bacteraemia and Clostridioides difficile.**
- **Continue collaborative working with the Health and Social Care Partnerships across NHS Tayside to reduce the rate of community associated Staphylococcus aureus bacteraemia.**
- **Embed MDRO screening measures currently reported in the Health Protection Scotland mandatory surveillance within the Excellence in Care Programme.**
- **Maintain daily safety huddles within the Infection Prevention and Control Team, with a particular focus on individual cases of Clostridioides difficile and Staphylococcus aureus bacteraemias.**

- **Present reports on HAI measures compliance through the governance structure to the Quality and Performance Review meetings and Executive Leadership Team.**

- **Continue to promote the National Education Scotland Standard Infection Prevention and Control Education Pathway (SIPCEP).**

- **Continue to monitor hand hygiene monthly. Performance is monitored at local governance fora and NHS Tayside Quality and Performance Committee.**

- **Monitor monthly audits of clinical areas' utilisation of the NHS Tayside Tool for Environmental Auditing of the Clinical Area HAI (TEACH), which incorporate all elements of Standard Infection Control Precautions (SICPs).**

- **Monitor staff compliance with standard infection control precautions as part of the annual audit programme.**

- **The Infection Prevention and Control Team will strengthen collaboration with Estates and Soft Facilities colleagues. This collaborative approach supports effective decision making and identification of solutions to the various challenges presented to the teams.**

- **HAI Team participation in a review of clinical services sites to help determine service requirements and ensure facilities maintenances programmes are focused on sites that feature in future service provision.**

- **The Antimicrobial Management Group will continue to work closely with colleagues in Infection, Prevention and Control to ensure a joint vision on all aspects of antimicrobial stewardship and patient centred care.**

Finance

2019/20 Revenue Budget - Operating Within Statutory Financial Limits

The NHS Tayside Board has committed to achieving a position of financial balance by 31 March 2022. Significant progress has been made during 2018/19 and we would highlight the following:

- A reduction in the monthly rate of overspend by 25% since the start of the financial year and further progress in the last quarter to reduce the overspend beyond this level
- The projected financial gap in 2019/20 is £35.7m compared to the £48.1m at the start of 2018/19
- A £6m reduction in the underlying recurring overspend – reducing from £32m to £26m
- An increase in the level of recurring savings to 44% compared to 36% in the previous year.

The three year financial plan sets out how this level of progress will continue and the overall deficit reduce to a position of breakeven.

The overall three year finance forecast position for Board directed services is noted below:

	2019/20	2020/21	2021/22
	£m	£m	£m
Recurring deficit	(22.0)	(17.8)	(16.1)
New resources	**15.7**	**13.8**	**14.1**
New commitments	(26.4)	(25.1)	(24.1)
Contingency	(3.0)	(3.0)	(3.0)
Gross financial gap (before savings)	**35.7**	**32.1**	**29.1**
%	7.1%		

We are currently assessing the financial positions of the three Integration Joint Boards (IJBs). At present the forecast position is for two of the three IJBs to have deficits of £10.1 million in total with the potential for a funding requirement from NHS Tayside of c£6.5m through the risk share agreements.

It should be noted that the figure of £10.1 million is a provisional figure, and not yet formally approved by respective IJBs. We will assess the position through April and may require to update the financial position (gross and net).

Closing the Financial Gap

The predicted levels of savings required over the three period of the plan and the forecast out-turns in each of the financial years is noted below:

	2019/20	2020/21	2021/22
	£m	£m	£m
Net financial gap	**35.7**	**32.1**	**29.1**
Board directed services			
Transforming Tayside	(0.5)	(7.5)	(12.5)
Regional and National	-	-	-
Productivity Gains	(7.1)	(3.6)	(1.5)
Unscheduled Care	(1.5)	(1.0)	(0.7)
Cost reduction	**(11.4)**	**(10.4)**	**(10.4)**
Financial Flexibility	(4.0)	(4.0)	(4.0)
Net position	**(11.2)**	**(5.6)**	**-**

The financial strategy is based on the following actions being taken:

2019/20

The draft Finance Plan (Appendix 7) sets out the actions that will be taken in 2019/20. The main focus Tof actions will be:

- Increase elective productivity with the assumption that the level of financial support made available in 2018/19 would continue.
- Implementation of revised arrangements for secondary care drugs.
- Cross system efficiency savings of 2% in line with prior years.
- Implementation of plans to address the forecast overspends within two of the three Health and Social Care Partnerships.

2020/21 and 2021/22

The savings in the remaining two years will be dependent on delivery of the key priorities within the Transforming Tayside Programme. The Board considered the Programme at its February meeting and formally endorsed the approach set out and the governance arrangements which would oversee its implementation. Steps are being taken to develop the programmes under Transforming Tayside and we would expect to have further details of the proposed actions and savings during 2019/20.

Financial Templates

The Scottish Government financial templates are attached as Appendix 8.

Capital

The Board's Asset Management Plan will set out the priorities for managing the infrastructure that supports the delivery of patient care and associated services across NHS Tayside and is a key enabler to the delivery of Transforming Tayside. The plan includes a "balanced" five year investment programme which outlines how we intend to use the various sources of funding available to the Board in support of our priorities.

The Asset Management Plan is reviewed annually and the updated version will be presented to the Board for approval at a future meeting. We have highlighted below the current commitments in our five year investment programme for the period to 31 March 2024.

The following balanced approach will ensure that we are able to obtain maximum benefit from the available funding:

- Progress Transforming Tayside by responding to new and improved ways of delivering services that require fewer assets, services will increasingly be delivered in people's homes, on an outpatient basis, on a mobile basis and through the use of new technologies such as the Electronic Patient Record and video conferencing.
- Improve estate and asset performance on all key indicators, including a targeted reduction in significant and high risk backlog maintenance and a continued programme of essential equipment replacement.
- Disinvest from buildings with high operating costs, backlog maintenance requirements, or short remaining life where these do not meet future service requirements; and
- Invest and develop in new technology that achieves simplification of the existing information technology infrastructure, whilst simultaneously allowing additional investment and improved resilience.

Investment in Major Infrastructure

The Board are progressing the development of site master plans for all major sites; Ninewells, Stracathro, Perth Royal Infirmary and Kings Cross. We are also progressing the development of plans for the diagnostic and treatment centre in line with the national programme of investment

We welcome the support from Scottish Government for the high voltage improvements at Ninewells and recognition of the significant backlog issues that require to be addressed. Zone 1 is now progressing following approval and cases for the remaining programme will follow in due course.

Addressing the backlog issues on the Ninewells site, in particular, will require the establishment of suitable turnaround space to facilitate the relocation of services whilst work is undertaken. During the next five years, a number of significant issues in relation to the current accommodation for our cancer and critical care services will need to be addressed. These issues include requiring bringing the level of the environment to acceptable clinical standards; establishing additional bunkers to support the radiotherapy replacement programme and ensure there is a compliant aseptic pharmacy unit. The five year capital programme identifies £10.3 million investment in replacement radiotherapy equipment through the National Radiotherapy Capital Equipment Replacement Programme. In addition, we would seek support from Scottish Government to commence the planning for a cancer centre in Tayside which would facilitate the transfer of services from the core Ninewells site and create vacant space which could facilitate the progression of a backlog maintenance programme across all inpatient accommodation. This would also enable the above immediate issues to be addressed, all of which will require a solution within the next three to four years.

In terms of primary care premises we will shortly complete the development of our strategic review of current accommodation and identify priority areas for future investment. This will inform our requirements for investment in facilities to support the redesign(s) necessary to meet future needs of our local communities.

We have summarised within the template the current known major investments over the next five years for which additional capital funding allocations from SGHSCD are anticipated.

Appendices

1 NHS Tayside Elective Care Capacity and Waiting Times Improvemement Plan 2019/20 (inc Three year performance trajectories)

2 Cancer Service Trajectories for 2019/20

3 Mental Health Directorate Template

4 Projected Waiting List for CAMHS to March 2021

5 Health Improvement Scotland Action Plan CAMHS

6 Health Improvement Scotland Action Plan Psychological Therapies

7 Budget and Finance Plan 2019-2020

8 Finance Template

Appendix 1

DRAFT NHS Tayside Elective Care Capacity Plan & Waiting Times Improvement Plan 2019-2020

1. Introduction

NHS Tayside is committed to ensuring that waiting lists for outpatient appointments and elective procedures are appropriately managed and are supported by a plan to achieve the LDP waiting times standards and that the milestones set out within Scottish Governments Waiting Times Improvement Plan released in October 2018 are met.

The Improvement Plan describes the need to make a phased, decisive improvement in the experience of patients waiting to be seen or treated:

By October 2019
- 80% of outpatients will wait less than 12 weeks to be seen
- 75% of inpatients/daycases (eligible under the treatment time guarantee) will wait less than 12 weeks to be treated
- 95% of patients for cancer treatment will be continue to be seen within the 31-day standard

By October 2020
- 85% of outpatients will wait less than 12 weeks to be seen
- 85% of inpatients/daycases will wait less than 12 weeks to be treated

By Spring 2021
- 95% of outpatients will wait less than 12 weeks to be seen
- 100% of inpatients/daycases will wait less than 12 weeks to be treated
- 95% of patients for cancer treatment will be seen within the 62-day waiting-time standard

To achieve the first milestone in October 2019, NHS Tayside will require to deliver the following:
- Reduce current OP queue from 11227 to 6979 waiting over 12 weeks
- Reduce current TTG queue from 3355 to 2019 waiting over 12 weeks
- Improve 31 day cancer performance consistently

This paper outlines the current and ongoing work in establishing and delivering on core funded capacity across the clinical specialities; the productive opportunities that exist and the additional activity this can provide; the recurring and non-recurring activity gap and improvement plans to bridge the defined gap.

Years two and three of the plan (2020 – 2022) will be shaped as the Transforming Tayside Programme of work progresses.

2. Approach to Capacity Planning for 2019/20

We have assessed demand for our elective (planned) services. This takes account of the volume of patients referred and treated the year before; changes in the numbers of patients waiting for both outpatient and inpatient treatment and any existing backlog. Speciality level capacity plans, based on consultant job plans and the core theatre schedule, have been progressed.

These plans are underpinned by productivity and efficiency opportunities identified through analysis of national benchmarking data where NHS Tayside activity could be improved when compared with other Scottish Health Boards.

This then allows us to identify any gap between demand and available capacity across specialities, both from a recurring and non-recurring (backlog) perspective. This information then forms the basis of the improvement plan and funding bid detailed below and attached in the completed Long-term Waiting Times Improvement Plan 2019-21 templates.

The Acute Service is approaching the improvement of waiting times in a number of ways;

- Effective waiting list management
- Service Level Capacity Plans
- Transforming Tayside key projects
- Regional planning
- Short term plans to address long waits and medium term plans to address longer term sustainability

Each of these key work streams is in different stages of development. It is important that plans address both the immediate problem of long waits but also provide sustainable solutions for future management of waiting lists.

Short term capacity issues will be addressed through productivity improvement and where necessary the development of waiting times funding proposals, that will specifically consider the provision of additional capacity internally where feasible or outsourcing if necessary.

Senior clinical staff are developing the longer term vision with service redesign aimed at meeting future need both in terms of physical infrastructure and appropriate staffing along with reviewing patient pathways that will deliver modern systems of care. A number of these proposals feature in the Transforming Tayside paper approved at NHS Tayside Board February 2019.

Each of the above pieces of work is essential to support the delivery of waiting times that meet the national standards.

NHS Tayside has undertaken work to complete the Scottish Government Waiting Times Improvement Template aligning this to the work that has been undertaken in relation to Capacity Planning. Whilst the template provides an overview of the position across Tayside, it does not account for variances in how demand and activity is coded and any sub-speciality variation resulting in some specialities and diagnostics tests either appearing to have a recurring gap when there isn't one or not showing a recurring gap when there is one. The improvement plans we have submitted therefore take account of the local knowledge in respect of these variances and are focused on the areas where there is known need for recurring or non-recurring capacity. NHS Tayside will continue to develop our work on capacity planning throughout 2019/20 to better inform future DCAQ modelling, and would be keen to work with Scottish Government to consider how the annual template may be aligned with our local developments. Other key points to note:

- Section 3 of this report references funding for continuation of core capacity, the finances for this have been added to the template. As this is to sustain core capacity, no additional capacity has been included in tab 9 of the template.
- A revised Cancer template was received on Friday 29th March with a deadline of Friday 5th April 2019, this will therefore be submitted at this time

3. Continuation of Core Activity funded 2018/19

In 2018/19 NHS Tayside received £7.2 million of Waiting Times funding. An initial allocation of £3.9 million was invested in maintaining core capacity. A further £0.7 million was received in December to support the continuation of core TTG activity through the increased productivity in theatres, a mobile cardiac cath lab was also maintained on the Ninewells site both to meet the demand for cardiology outpatient procedures and to protect elective capacity within the theatres at a cost of £0.2 million (full year £0.5 million).

In summary (excluding diagnostics) £5.1 million is required in 2019/20 to maintain the current core levels of activity provided in 2018/19. If this element of core waiting times funding is not received, the current trajectories will significantly deteriorate.

Service	**TTG**		**Outpatients**		**Total**
	£000	**Activity**	**£000**	**Activity**	**£000**
Waiting Times 2018/19 Initial Allocation	2,415	770	1,485	9,202	3,900
Waiting Times Improvement Plan Tranche 1 – theatre productivity	700				700
Waiting Times Improvement Plan Tranche 1 – cardiac cath lab	484				484
TOTAL	**3,599**		**1,485**		**5,084**

4. Funding Approval to support immediate initiatives - April 2019

SG have requested activity levels are maintained throughout the first quarter of 2019/20 and asked that NHS Tayside explore how this could be achieved for key high volume and long wait specialities from 1 April 2019, in addition to progressing any in-house developments for these key specialities.

Urology have the largest volume of TTG patients waiting over 12 weeks, with 70% of the NHS Tayside TTG waits and the longest wait at 124 weeks. General Surgery also has a number of long waits for routine procedures. Given the current challenge with theatre workforce, there is an inability to increase theatre sessions to support these procedures. Provision of Independent Sector support to reduce the backlog is critical whilst the service teams redesign and realign their elective care pathways to create sustainable service models through Transforming Tayside.

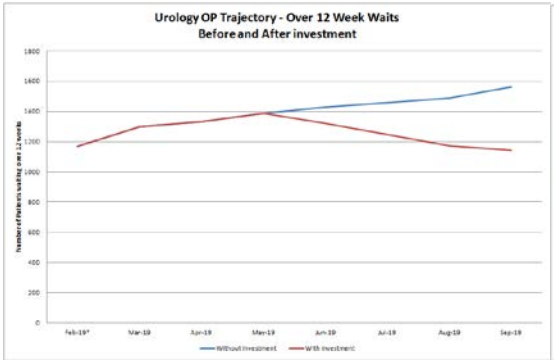
The development of a one stop OP and Diagnostic facility at PRI will support a more efficient and effective use of workforce and facility resource to increase throughput, with the aim of reducing the Urology OP waits over 12 weeks and the cystoscopy waits over 6 weeks.

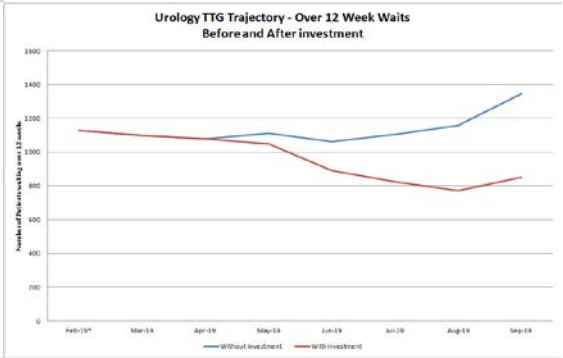
Funding to support the first 6 months of activity was requested and agreed for the following:

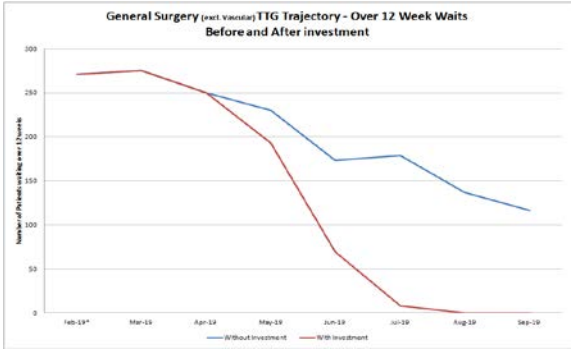
Service	TTG		Outpatients		Diagnostics		Total
	£000	Activity	£000	Activity	£000	Activity	£000
Urology – one stop diagnostic facility at PRI			85	420*		220*	85
In –Sourcing Urology & Gen Surgery - April – Sept 2019	119	500					119
Outsourcing Urology – other minor**	259	180					259
Outsourcing General Surgery – hernia**	229	120					229
TOTAL	**726**	**1300**	**85**	**420**		**220**	**692**

Weekly monitoring and reporting of performance will be in place to ensure focus and progress around reduction of longest wait patients.

Impact on waiting times position







*It should be noted that these trajectories do not currently factor in any other initiatives, such as productivity, service redesign, etc, that are planned during 2019/20 and described in the subsequent sections of this report

5. SRTC – Provision of Mobile Theatre

At the request of SG a paper has been progressed which provides an initial assessment of requirements to maximise and increase the available theatre capacity through the provision of a mobile theatre on the SRTC site, outlining the potential increase in activity and the impact on current waiting time trajectories for both NHS Tayside and NHS Grampian.

This paper highlights that the additional activity gain through improved productivity and the provision of a mobile theatre would be approx. 1500 – 1700 procedures across the key specialities of General Surgery, Urology, OMFS and Plastic Surgery.

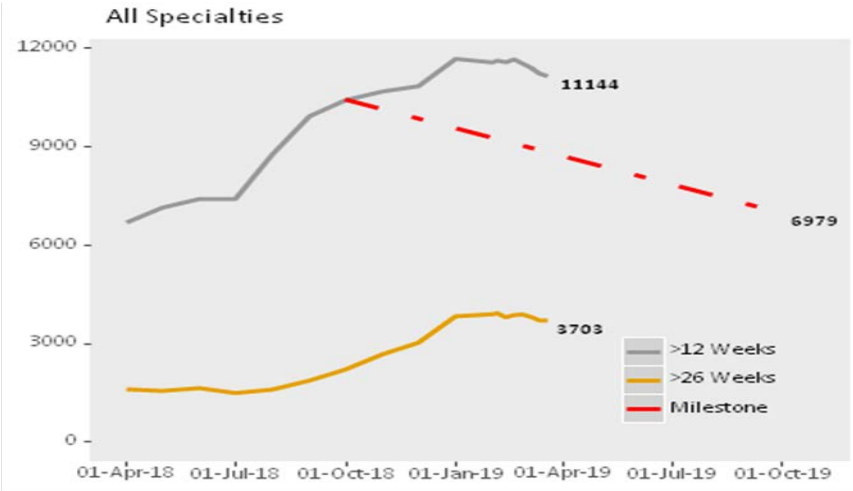
The predicted cost to provide the mobile theatre, support staffing and additional activity is £2.584m. This will support a phased reduction in the number of inpatients/ day cases currently waiting greater than 26 and 52 weeks. The appointment of a dedicated manager for SRTC is seen as essential to progressing and delivering increased utilisation of this site. These costs are not included in the NHS Tayside plan as they have been submitted within the NHS Grampian bid.

6. Waiting Times Improvement Plans based on Capacity Planning Outcomes and Productivity & Efficiency Plans

Speciality level waiting times improvement plans have been developed for 2019/20 to progress towards the national standards for OP, TTG, Diagnostics and Cancer. Each speciality has utilised available data to review their service level capacity, demand, activity and queue to create an initial 6 month and 12 month plan for 2019/20 detailing optimisation of existing resource, backlog clearance and recurring additional resource to develop a sustainable delivery model. The outputs from the service level plans form the basis for the overarching NHS Tayside trajectories as outlined below and in the attached appendices.

Outpatient Improvement Plan

The graph below outlines the trajectory of achievement that is required for NHS Tayside to meet the October 2019 target for Outpatients (OP).



Scottish Government Trajectory for NHS Tayside

As at 18th March 2019, to achieve the October 2019 target the current OP queue will need to reduce by 4165 patients.

Six key specialties account for 80% of the longest patient waits on the new outpatient waiting list:

- Dermatology
- Gynaecology
- General Surgery
- Urology
- Orthopaedics
- Neurology

To develop realistic and robust improvement plans for 2019/20, the following actions have been progressed with the clinical care teams:

- Core capacity plan confirmed based on available medical staff resource utilising job plan information
- Clinic Variation reviewed and assurance provided that meet minimum professional standards
- Productive opportunity ambition – based on Scottish average and Upper Quartile performance metrics, improvements per speciality have been agreed with a focus on variation; reducing the DNA rate and improving N:R ratio

Productivity gains will equate to approximately 2280 'additional' OP activity across all specialities between April and October 2019.
Service level improvement plans including productivity and efficiency opportunities are detailed in Appendix A, outlining the current speciality position, the reduction in queue to achieve the October 2019 target, the recurring capacity gap and the ongoing backlog clearance required.

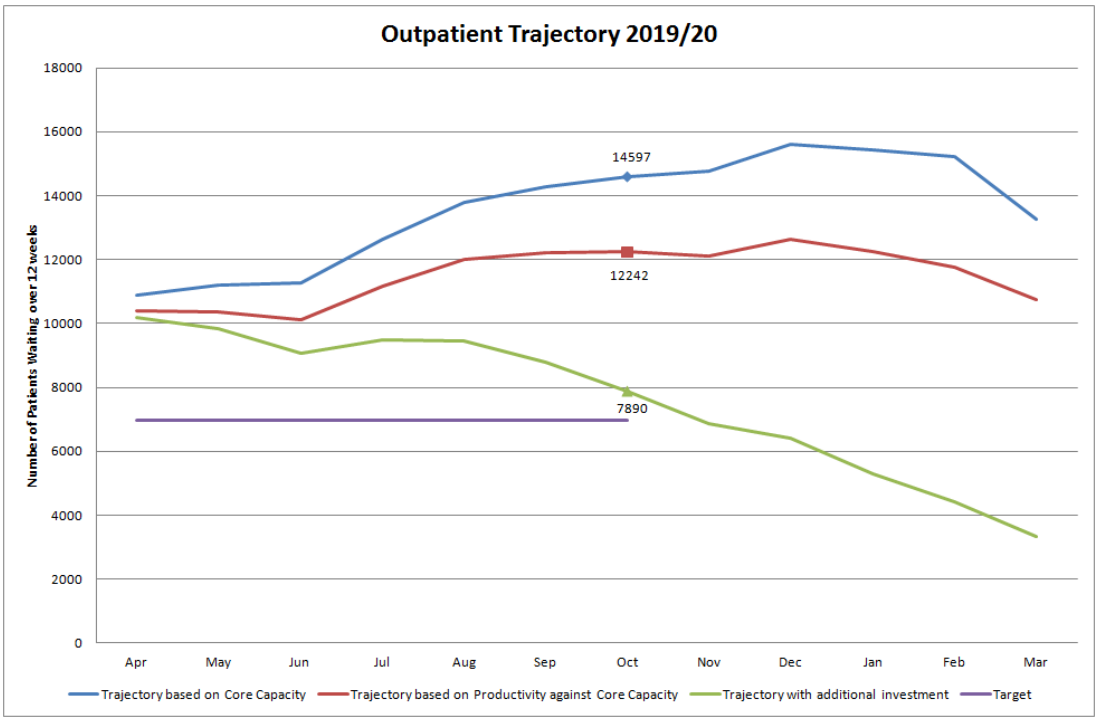
The Transforming Outpatient Programme team (TOPs) will continue to support clinical teams transform their OP pathways and ways of working to ensure efficient and effective service deliver models are in place. TOPs have prepared a pathway checklist, based on general good practice principles and aligned to the pathway work progressing through the Scottish Access Collaborative. TOPs will focus its work plan for this year on working with the 6 high volume specialities outlined above. The opportunity the programme represents is access to a previously unconnected set of skills and knowledge, including clinical (primary and secondary care), operational, infrastructure, analysis and change management skills.

	Short Term Bid	**2019/20**	**Recurring**	**Capital**	**Total**		**Activity**		
	£000	**£000**	**£000**	**£000**	**£000**		**To October 2019**	**To March 2020**	**Recurring**
Dermatology		16	199	0	216		1042	2340	1398
Gynaecology		206	34	0	240		955	1682	262
Orthopaedics		26	79	0	105		1050	2300	600
General Surgery (inc Vascular)		450	62	0	512		535	1070	470
Urology	85	105	79	173	442		640	1368	638
Neurology		15	19	0	34		325	398	146
Plastics Surgery		17	25	0	42		384	480	192
Ophthalmology		0	71	0	71		271	542	542
ENT		42	44	0	87		195	650	910
Gastroenterology		125	183	0	308		347	964	1014
Neurosurgery		0	27	0	27		82	239	364
Diabetes		28	40	0	68		47	194	200
Respiratory		4	19	14	37		84	224	340
Total Funding Required	**85**	**1,034**	**881**	**187**	**2,187**		**5957**	**12451**	**7076**
Average Cost per Case (£)								**£161**	

In order to deliver an additional 5957 outpatient appointments by October 2019 and 12451 outpatient appointments by March 2020 the total funding required in 2019/20 is £2.187 million. £0.881 million of this funding is required on a recurring basis, and £0.187 million is for capital equipment purchases.

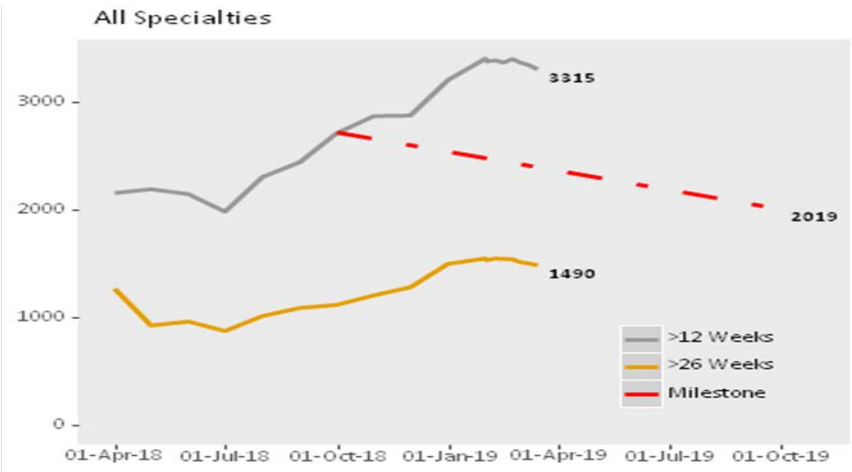
The funding will be invested in additional capacity within both the external sector and in-house, an element of which will be used to support the additional cost of increased throughput related to the realisation of productive opportunities. The average cost per case for 2019/20 investment is £161.

Assuming the delivery of all the productivity opportunities identified and the receipt of funding to implement both the recurring and non-recurring improvement initiatives identified within Appendix A, NHS Tayside is projected to deliver the following performance during 2019/20



TTG (Inpatient/Daycase) Improvement Plan

The graph below outlines the trajectory of achievement that is required for NHS Tayside to meet the October 2019 target set for Treatment Time Guarantee



Scottish Government Trajectory for NHS Tayside

As at 18 March 2019, for NHS Tayside to achieve the October 2019 target the inpatient/day case waiting list will need to reduce by 1296 patients.

NHS Tayside focus is on working with the key specialities with largest volume and longest IP/Day case waits:

- Urology
- Trauma & Orthopaedics
- Gynaecology
- General Surgery (incl vascular)

To develop realistic and robust improvement plans for 2019/20, the following actions have been progressed with the clinical care teams:

- Capacity plan confirmed based on available medical staff resource utilising job plan information and available staffed theatre sessions

- Theatre utilisation reviewed and opportunities for improvement identified including reduction in under and over runs and list scheduling

- Productive opportunity ambition – minimum 77% theatre utilisation per speciality across all sites

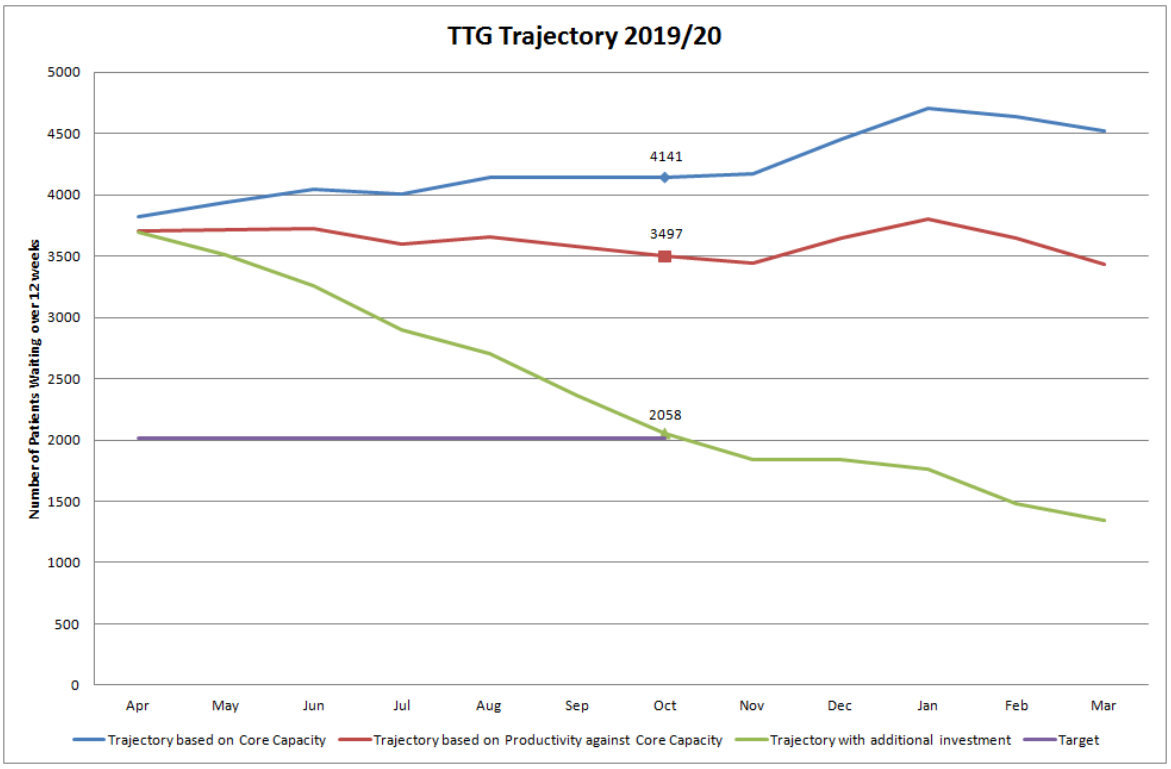
Speciality level improvement plans including productivity and efficiency opportunities are detailed in Appendix B, outlining the current speciality position, the reduction in queue to achieve the October 2019 target, the recurring capacity gap and the ongoing backlog clearance required.

	Short Term Bid	**2019/20**	**Recurring**	**Capital**	**Total**		**Activity**		
	£000	**£000**	**£000**	**£000**	**£000**		**To October 2019**	**To March 2020**	**Recurring**
Urology	354	354	144	120	972		703	1425	320
Orthopaedics	0	1,094	268	0	1,362		144	287	87
General Surgery (inc Vascular)	253	253	306	0	812		343	542	102
Ophthalmology	0	10	164	0	174		128	336	456
Gynaecology	0	482	329	0	811		163	333	73
Plastic Surgery	0	0	90	0	90		15	30	30
ENT	0	0	30	0	30		5	10	10
Total Funding Required	**607**	**2,194**	**1,331**	**120**	**4,251**		**1501**	**2963**	**1078**
Average Cost per Case (£)								**£1,435**	

In order to deliver an additional 1501 TTG procedures by October 2019 and 2963 TTG procedures by March 2020 the total funding required in 2019/20 is £4.251 million. £1.331 million of this funding is required on a recurring basis, and £0.120 million is for capital equipment purchases.

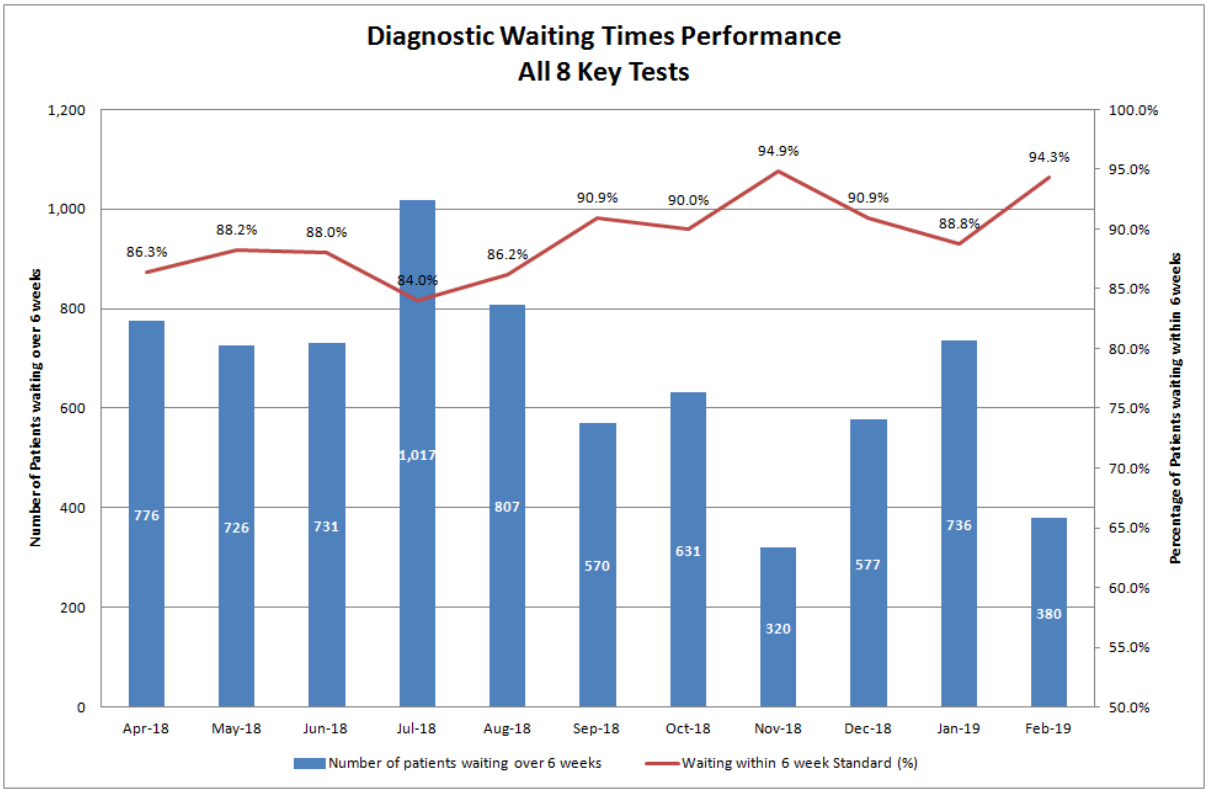
The funding will be invested in additional capacity within both the external sector and in-house, an element of which will be used to support the additional cost of increased throughput related to the realisation of productive opportunities. The average cost per case for 2019/20 investment is £1,435.

Assuming the delivery of all the productivity opportunities identified and the receipt of funding to implement both the recurring and non-recurring improvement initiatives identified within Appendix A, NHS Tayside is projected to deliver the following performance during 2019/20



Diagnostics Improvement Plan

The graph below outlines NHS Tayside's current performance in respect 6 week diagnostic waiting times.



Radiology

Over the next three years activity in CT, MRI, ultrasound and DEXA is expected to grow by approximately 3%, to maintain waiting time targets at 6 weeks, significant investment is requested across 2019-22.

Productivity and efficiency of available resource remains a key focus for the service, with ongoing improvement plans in place across the modalities to optimise patients per session. A short life working group has been established to develop and deliver an improved framework for management of inpatient diagnostics requests, working with clinical service referrers to ensure a consistent and clinically prioritised approach to diagnostic requesting.

Continued outsourcing through use of mobile vans has supported the increasing gap between available capacity and demand in CT and MRI in recent years, but the service do not feel that this is a long-term, efficient or effective solution.

From June 2019, an additional CT scanner will be available on the Ninewells site to meet the current and future anticipated gap. Recurring workforce revenue funding is required to provide this sustainable service model.

Continued outsourcing through University SLA and mobile vans will support the MRI activity gap in year 1. To future proof the service, an additional MRI scanner is required for the PRI site. Capital and revenue funding requests are outlined for 2020 onwards. This is a more cost-effective model of service delivery. A suitable location for housing the MRI scanner has already been identified on the PRI site.

The Radiology 3 year plan is outlined in more detail within Appendix C – Diagnostics Improvement Plan including the additional funding requirement to provide robust and resilient diagnostic services.

Endoscopy

The current waiting time for a routine Endoscopy Diagnostic test is approximately 12 weeks and between 4 and 6 weeks for an Urgent Endoscopy Diagnostic Test. As of 2018 it was mandated by the service that any Suspicion of Cancer Referral would not exceed 2 weeks waiting time and the booking team are maintaining this with escalation process built in when issues arise preventing from achieving this standard.

Due to significant changes in the unscheduled care delivery model for AMU and the implementation of an Out of Hours GI Bleeding Rota, the available endoscopy capacity will reduce in 2019/20.

There is further risk/ potential impact on capacity from August 2019 if recruitment to the 2 clinical fellow posts is unsuccessful, this could have a significant weekly impact on available elective endoscopy capacity.

The continued utilisation of qFIT test to triage referrals and manage colonoscopy demand is also requested to be funded on a recurring basis moving forward.

Cardiology (Echo & BNP)

The current wait for an ECHO is approx. 4 months (a decrease from 11 months in 2017/18), require to reduce to 4 weeks. Previous waiting time funding allocation provided to support up to end of August 2019 to provide additional echo sessions. There continues to be a gap of 1 WTE Band 7 cardiac physiologist to meet demand in Echo.

Use of BNP test in Primary Care to ensure only those requiring a cardiac echo are referred, continues to demonstrate a positive impact on the current queue with 66% of request being cancelled based on the BNP result. Recurring funding required to embed this as a sustainable service delivery model.

	Short Term Bid	**2019/20**	**Recurring**	**Capital**	**Total**		**Activity**		
	£000	**£000**	**£000**	**£000**	**£000**		**To October 2019**	**To March 2020**	**Recurring**
Radiology - CT			726		726				
Radiology - MRI			240		240				
Radiology - Ultrasound			105		105				
Radiology - DEXA			105		105				
Radiology - Other			235		235				
Qfit			75		75				
Endoscopy		included as part of Gastro OP bid			0				
Cardiology (ECHO & BNP)		52	20		72				
Total Funding Required	**0**	**52**	**1,506**	**0**	**1,558**				

In 2018/19 additional MRI and CT capacity was funded by waiting times and provided through the use of mobile/ university scanners, and also incurred additional external reporting costs. In 2019/20 this activity is required, with a further anticipated growth requirement also. Detailed work is progressing within the service to validate the recurring gap for both

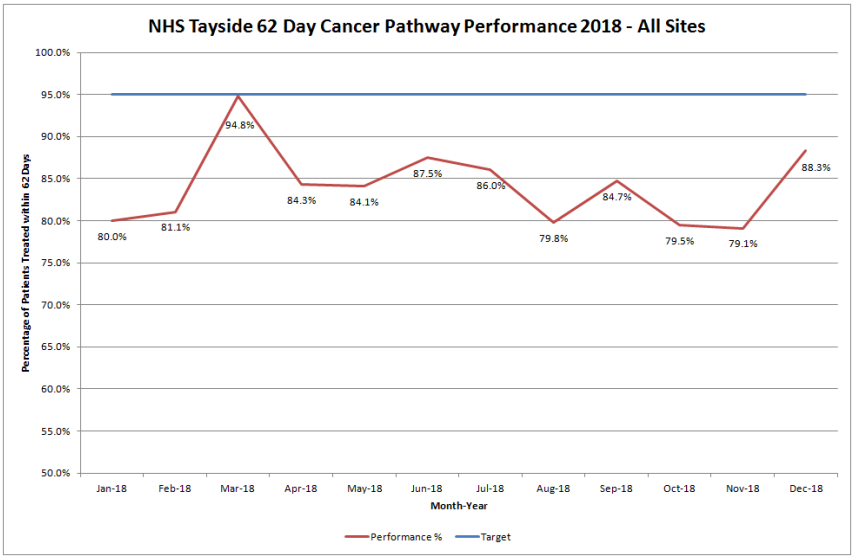
CT and MRI. Anticipated funding requirement in 2020/21 to deliver sustainable in-house capacity and reduce reliance on mobile vans is outlined in Appendix C.

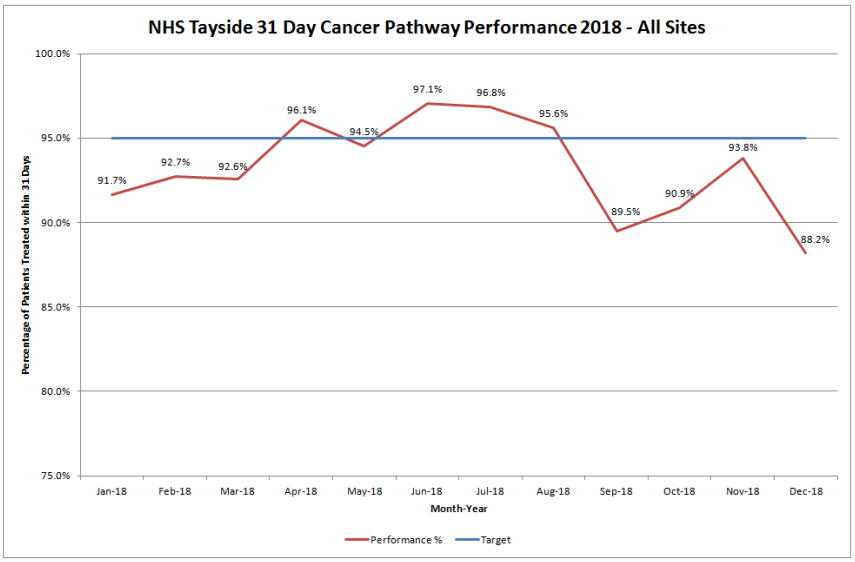
Diagnostics Trajectory for 2019/20

Standard	Quarter 1	Quarter 2	Quarter 3	Quarter 4
MRI	57	23	51	17
CT	47	58	85	0
Ultrasound	18	19	36	16
Barium Studies	0	0	0	0
Radiology Total	**122**	**100**	**172**	**33**
Upper Endoscopy	33	45	0	0
Lower Endoscopy	33	0	18	49
Colonoscopy	74	82	0	0
Cystoscopy	268	288	403	402
Endoscopy Total	**408**	**415**	**421**	**451**
Diagnostic Total	**530**	**515**	**593**	**484**

Cancer Waiting Times Improvement Plan

The graphs below outline NHS Tayside's current performance in respect the 62 day and 31 day waiting times standards for cancer.





Cancer Pathways

In line with NHST's Cancer Management Framework Action plan, the following actions are progressing to establish a more sustainable delivery of cancer waiting times standards:

- Implementation of weekly cancer pathway review meetings to identify and provide early escalation of patients deviating from the agreed timed pathways with agreed actions to prevent breach of target where possible
- Review and refresh of all timed pathway by cancer site
- Robust breach analysis including action plan to mitigate/ resolve variation
- Establish governance and performance reporting structure for NHST Cancer Improvement Group

To further support sustained delivery of service, review of the cancer pathways which account for 76.5% of NHS Tayside's 62 day breaches in 2018 was undertaken and improvement actions specific to the individual cancer pathway agreed. It should be noted these specialities also contribute to 83.6% of all the 31 day breaches in 2018. Details of these improvement actions and associated funding requirements are detailed in Appendix D.

Improvement Trajectories 2019/20

Through progressing with both the effective ways of working improvement plan and the increase in treatment capacity, the waiting times ambition for NHS Tayside is to ensure consistent performance moving forward in 2019/20 as follows:

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
31 Day Standard	95%	95%	95%	95%
62 Day Standard	85%	85%	90%	90%

Tumour site level trajectories have been included within the cancer section of the completed Long-term Waiting Times Improvement Plan 2019-21 templates.

	Short Term Bid	2019/20	Recurring	Capital	Total
	£000	£000	£000	£000	£000
Outpatients			110		110
Chemotherapy			70		70
Radiotherapy			57		57
Total Funding Required	**0**	**0**	**237**	**0**	**237**

7. Improvement & Planning Support

Business Unit – request to support 2 posts within the Business Unit to provide relevant clinical care team level data and information, specific to:

- resource utilisation, productive opportunities, effective care pathways (ECaP), trajectory development and DCAQ modelling
- cancer specific Waiting Times Reporting and Pathway Analysis to support Patient Tracking List meetings and identification of areas for improvement in patient journeys

	Recurring
	£000
Business Unit Information Analyst and Senior Information Officer – 2wte	84
Data Quality Support officers (from Jan 20 as initial pump priming will end)	73
Total Funding Required	**157**

8. Risks to Implementation

High level risks to delivery of the detailed increased activity and subsequent impact on waiting times trajectories are outlined below:

- Workforce – ongoing recruitment and retention of staff in particular the current challenges within the theatre and radiology workforces
- Ability of Independent Provider to fulfil contracted activity
- Impact of unscheduled care on available inpatient capacity
- Impact of environment or equipment failure – in particular current theatre infrastructure challenges and diagnostics scanner breakdowns
- Any change in demand – for example any increase in urgent cancer patient referrals

A detailed risk assessment will be provided as part of the final submission.

9. Framework for Monitoring and Management of Elective Care Performance

A framework for monitoring and management of elective care performance in NHS Tayside has been progressed, including the provision of assurance in respect of policy application, governance arrangements and implementation of agreed improvement plans.

The role of NHS Tayside Elective Care Performance and Assurance Framework is to:

- Scrutinise the delivery of waiting times standards, namely Treatment Time Guarantee, New Outpatients, Diagnostics and Cancer, in line with the National Waiting Times Improvement Plan.
- Provide scrutiny and monitoring on the development and implementation of Waiting Times improvement plans.
- Receive assurance regarding effective and consistent application of NHS Tayside's Access Policy
- Provide scrutiny of productivity and efficiency measures across elective services.
- Provide assurance to NHST Board of the Waiting Times process and target achievement through periodic/Annual Report to Performance and Resources Committee.

10. Financial Summary

2019/20				
Short Term	**2019/20**	**Recurring**	**Capital**	**Total**

	£000	£000	£000	£000	£000
Continuation of Core Activity funded 2018/19					
Core 201819 Allocation			3,900		
Theatre Productivity			700		
Cardiac Cath Lab		484			
Total		**484**	**4,600**	**0**	**5,084**
SRTC - Provision of Mobile Theatre					
Total		**0**	**0**	**0**	**0**
Waiting Times Improvement Plans					
Outpatients - Appendix A	85	1,034	881	187	2,187
TTG (Inpatient/ Daycase) - Appendix B	607	2,194	1,331	120	4,251
Diagnostics - Appendix C	0	52	1,506	0	1,558
Cancer Waiting Times - Appendix D	0	0	237	0	237
Total	**692**	**3,280**	**3,955**	**307**	**8,233**
Other					
Improvement & Planning Support			157		157
Total			**157**		**157**
Total Funding Requested	**692**	**3,764**	**8,712**	**307**	**13,474**

The total funding required in 2019/20 is £13.5 million. £5.1 million of this is required to support the continuation of core activity delivered in 2019/20, and without this funding the trajectories below will significantly deteriorate. The SRTC mobile theatre costs are not included within this Improvement Plan as they are being submitted via the NHS Grampian Improvement Plan.

An element of the funding is also to be used towards capital purchases to support the services deliver additional capacity in house, £0.307 million.

11. Quarterly Trajectories

Standard	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Treatment Time Guarantee	3261	2362	1844	1349
Outpatients	9063	8782	6418	3351
Diagnostics	530	515	593	484
Cancer 31 Day	95%	95%	95%	95%
Cancer 62 Day	85%	85%	90%	90%

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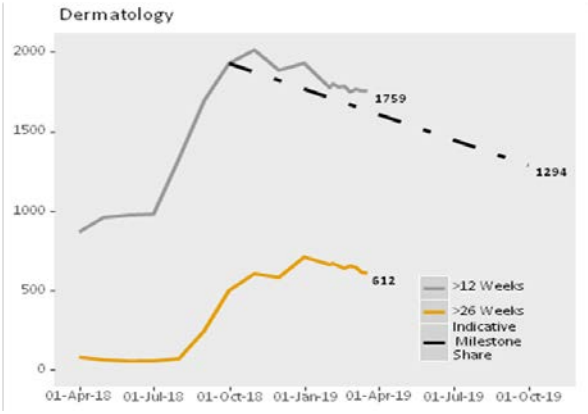
Appendix A
Outpatient Improvement Plan by Speciality

Outlined below are service level improvement plans including productivity and efficiency opportunities. The data provided details the current speciality position, the reduction in queue to achieve the October 2019 target, the recurring capacity gap and the ongoing backlog clearance required.

Dermatology



Current Position> 12 weeks	1759
Target - Oct 19	1294
Recurring Capacity Gap	0*
Backlog Clearance	1759

*With recruitment to the current service vacancy and delivery of productive opportunities there would be no recurrent gap

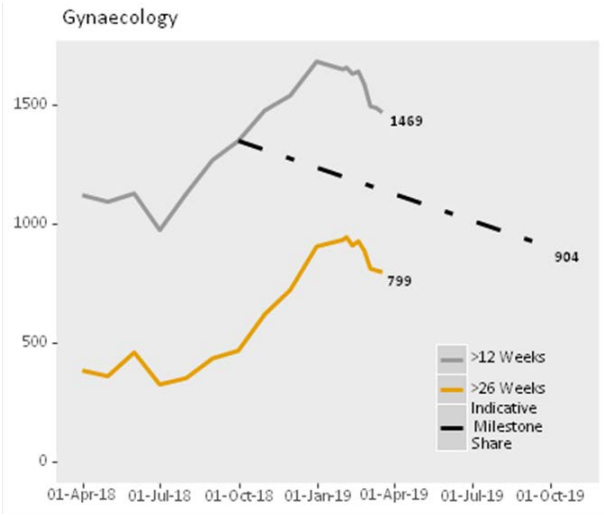
Improvement Focus	Impact by October 19	Impact by March 20	Recurring
Recruitment to consultant vacancy – August 2019	218	580	870
Productivity ambition including: • Active clinical referral triage to reduce inappropriate referrals • Reduce DNA rate through PFB, Open appointments and PIFU • Review New:Review ratio	264	528	528
Backlog Clearance			
Independent sector support requested for 2019/20 through the national procurement exercise: 1232 new OP appointments from May onwards.	560	1232	
Total Activity	1042	2340	1398

Additional funding requested to support backlog clearance for the speciality, with review of the sustainable service model throughout the year as the consultant vacancy is embedded alongside the productive opportunities.

Trajectory for October and March

Standard	Oct-19	Mar-20
Waits over 12 weeks	1634	132

Gynaecology



Current Position> 12 weeks	1469
Target - Oct 19	904
Recurring Capacity Gap	800
Backlog Clearance	1469

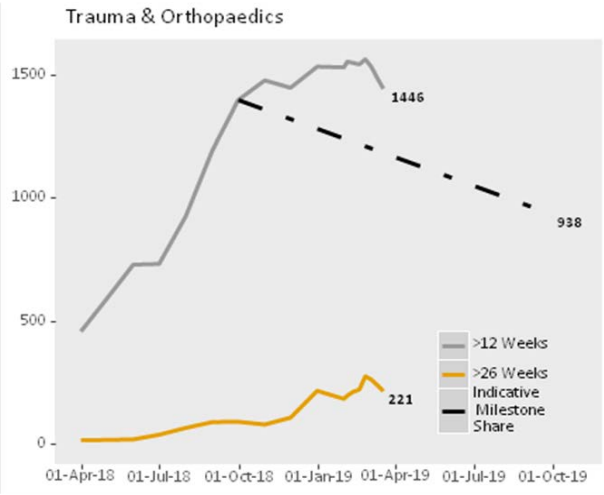
Improvement Focus	Impact by October 19	Impact by March 20	Recurring
Productivity ambition including: • Active clinical referral triage to reduce inappropriate referrals including a review of primary care referral criteria into the Urogynae service • Implement Patient Focussed Booking and return appointment waiting lists to reduce DNA rate and maximise available resource • Review New:Review ratio	131	262	262
Backlog Clearance			
Recruitment to Locum consultant post (Jun to Dec)	657	920	
Independent Sector support	167	500	
Total Activity	955	1682	262

Additional funding requested to outsource some of the backlog activity to support reduction in longest waits. The service continue to review sub speciality pathways and consultant job plans to support a sustainable service model moving forward.

Trajectory for October and March

Standard	Oct-19	Mar-20
Waits over 12 weeks	451	0

Trauma & Orthopaedics



Current Position> 12 weeks	1446
Target - Oct 19	938
Recurring Capacity Gap	384
Backlog Clearance	1446

Improvement Focus	Impact by October 19	Impact by March 20	Recurring
Increased 'see and treat' allocation through Golden Jubilee	250	500	
AHP led initiative for hand, wrist and upper limb from 2018/19 waiting times funding (6 month test of change)	200	600	
Productivity ambition including: • Active clinical referral triage to reduce inappropriate referrals • Reduce DNA rate through PFB, Open appointments and PIFU • Review new:review ratio	300	600	600
Backlog Clearance			
2 consultant EPA's provide additional clinics for foot & ankle and knees referrals	300	600	
6 month Locum Consultant	252	252	
Total Activity	1352	2552	600

Further to the increase in elective capacity at Golden Jubilee and the funding received in the last quarter of 18/19, additional funding is requested to support additional OP clinics in house to further clear the current backlog over 12 weeks.

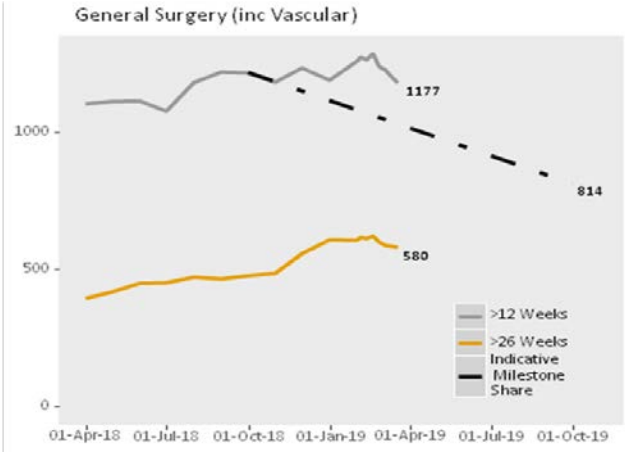
Through the national MSK & Orthopaedic Quality Drive there is support for the introduction of a Surgical Podiatrist position within NHS Tayside. At present the service model, activity gains and finances have not been worked up and therefore this post is not included within the WTIP.

It should be noted there is an emerging workforce risk in Orthopaedics which may impact on the specialities ability to deliver the level of activity detailed within this plan.

Trajectory for October and March

Standard	Oct-19	Mar-20
Waits over 12 weeks	1254	274

General Surgery including Vascular



Current Position> 12 weeks	1177
Target - Oct 19	814
Recurring Capacity Gap	TBC
Backlog Clearance	1177

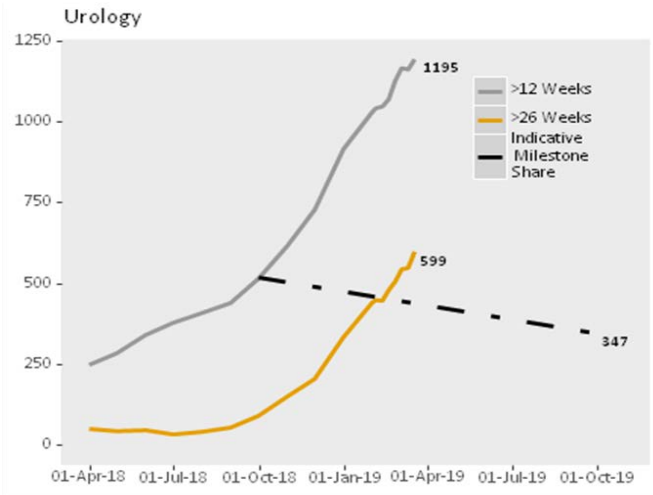
Improvement Focus	Impact by October 19	Impact by March 20	Recurring
Productivity ambition including: • Active clinical referral triage to reduce inappropriate referrals • Reduce DNA rate through PFB, Open appointments and PIFU • Review new:review ratio	235	470	470
Backlog Clearance			
See and Treat Model for Hernia and Lap Cholecystectomy – 600 new OP slots (230-385 procedures)	300	600	
Total Activity	535	1070	470

Additional funding is required to outsource a volume of long wait patients on a see & treat basis to support backlog clearance while the service progresses through its programme of work aligned to Transforming Tayside and a sustainable service delivery model.

Trajectory for October and March

Standard	Oct-19	Mar-20
Waits over 12 weeks	699	161

Urology



Current Position> 12 weeks	1195
Target - Oct 19	347
Recurring Capacity Gap	1648
Backlog Clearance	1195

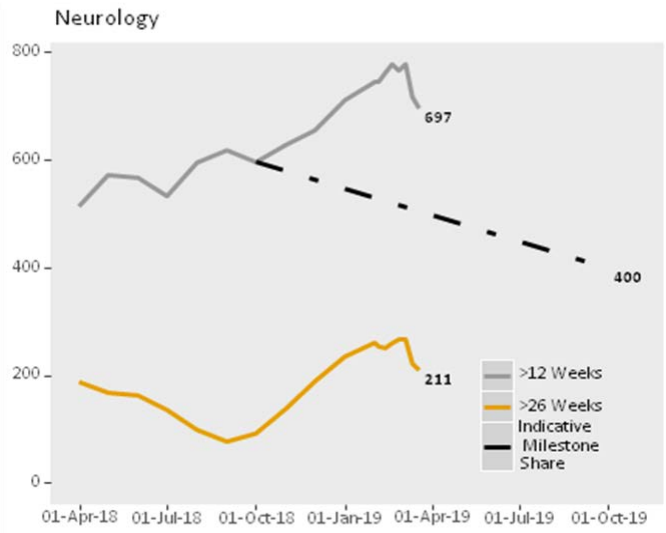
Improvement Focus	Impact by October 19	Impact by March 20	Recurring
One stop OP and Diagnostic clinic being developed at PRI, waiting times funding approved March 2019 to support	175	350	420
Productivity ambition including: • Active clinical referral triage to reduce inappropriate referrals • Reduce DNA rate through PFB, Open appointments and PIFU • Review new:review ratio	109	218	218
Backlog Clearance			
Independent Sector support through national procurement (800 slots from July)	356	800	
Total Activity	640	1368	618

Additional funding is requested to support backlog clearance for the speciality through the national procurement exercise in 2019/20. This will support the service as they redesign services on the PRI site, where a sustainable level of OP capacity to meet demand will be progressed throughout the year.

Trajectory for October and March

Standard	Oct-19	Mar-20
Waits over 12 weeks	920	822

Neurology



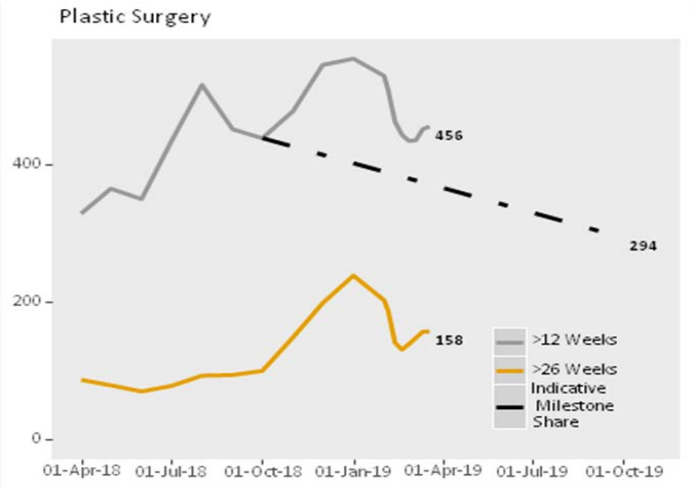
Current Position >12 weeks	697
Target - Oct 19	400
Recurring Capacity Gap	0
Backlog Clearance	697

Improvement Focus	Impact by October 19	Impact by March 20	Recurring
Productivity ambition including: • Enhanced Neurology eTriage Service – initial funding for 6 months from national modernising OP programme, impact to be monitored and built into trajectory • Review new:review ratio	73	146	146
Backlog Clearance			
Independent Sector support April – June, carry forward of 2018/19 funding	252	252	
Total Activity	325	398	146

Trajectory for October and March

Standard	Oct-19	Mar-20
Waits over 12 weeks	452	444

Plastic Surgery



Current Position >12 weeks	456
Target - Oct 19	294
Recurring Capacity Gap	346
Backlog Clearance	456

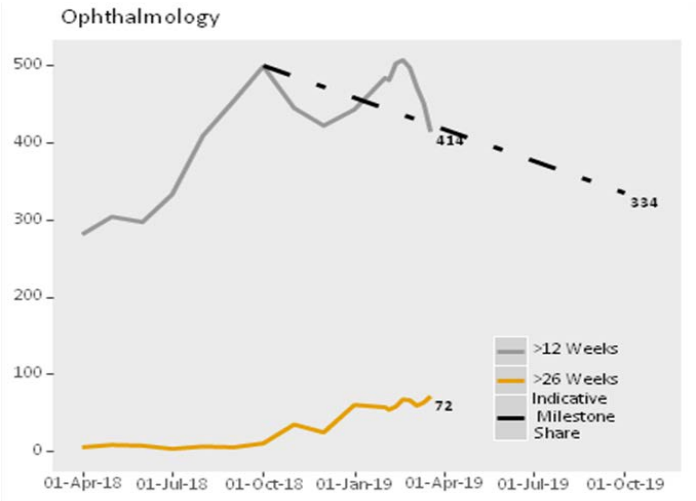
Improvement Focus	Impact by October 19	Impact by March 20	Recurring
Productivity ambition including: • Active clinical referral triage to reduce inappropriate referrals • Reduce DNA rate through PFB, Open appointments and PIFU • Review New:review ratio	96	192	192
Backlog Clearance			
2 EPAs for Locum Consultant	288	288	
Total Activity	384	480	192

Additional funding requested to support backlog clearance through 2 additional OP clinics per week by current locum.

Trajectory for October and March

Standard	Oct-19	Mar-20
Waits over 12 weeks	146	0

Ophthalmology



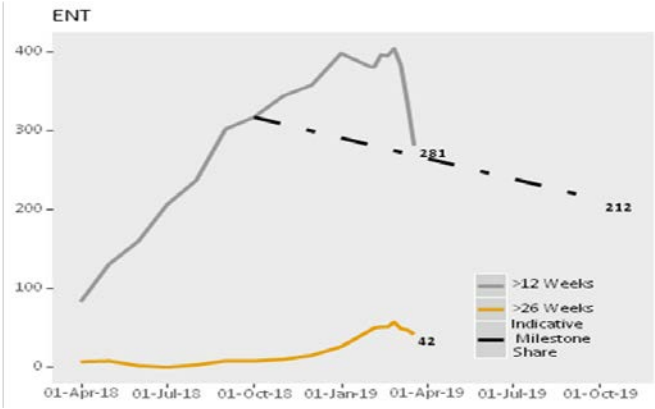
Current Position >12 weeks	414
Target - Oct 19	334
Recurring Capacity Gap	0
Backlog Clearance	414

Improvement Focus	Impact by October 19	Impact by March 20	Recurring
Productivity ambition including: • Active clinical referral triage to reduce inappropriate referrals • Reduce DNA rate through PFB, Open appointments and PIFU • Review new:review ratio	271	542	542
Total Activity	271	542	542

Trajectory for October and March

Standard	Oct-19	Mar-20
Waits over 12 weeks	231	0

ENT



Current Position >12 weeks	281
Target - Oct 19	212
Recurring Capacity Gap	
Backlog Clearance	281

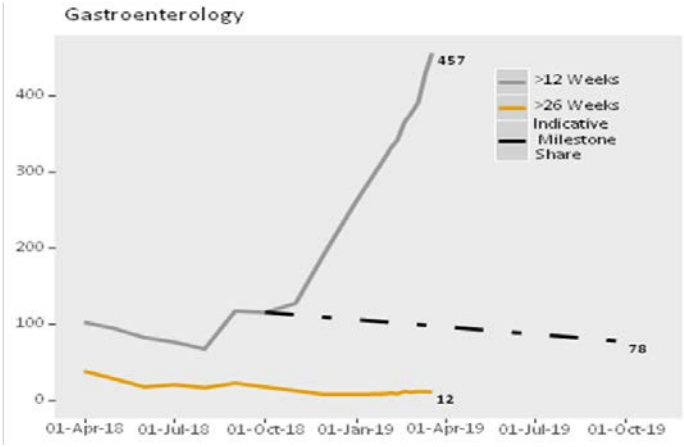
Improvement Focus	Impact by October 19	Impact by March 20	Recurring
Introduction of TYM smart phone otoscope (or similar device) in primary care, image with referral, potential reduction in secondary care consultant OP appointments	60	180	240
Establish a weekly nurse led clinic to assess tonsillectomy patients using an agreed clinical assessment protocol - 6 months training required.	0	125	250
Introduce a weekly nurse led clinic for Aural Care Referrals, longer term plan for community based service – 6 months training required.	0	75	150
Productivity ambition including: • Active clinical referral triage to reduce inappropriate referrals • Reduce DNA rate through PFB, Open appointments and PIFU • Review New:Review Ratio	135	270	270
Total Activity	195	650	910

Additional funding requested to support a) reduction in demand to secondary care service through improved referral information and b) improved utilisation of MDT skills to review patients releasing consultant time for more complex and urgent cases.

Trajectory for October and March

Standard	Oct-19	Mar-20
Waits over 12 weeks	362	0

Gastroenterology



Current Position >12 weeks	457
Target - Oct 19	78
Recurring Capacity Gap	500*
Backlog Clearance	457

*Recurring gap assuming recruitment to a new consultant post isn't funded

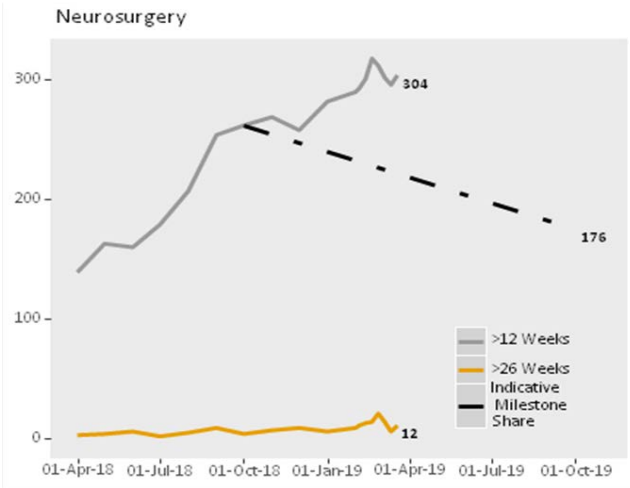
Improvement Focus	Impact by October 19	Impact by March 20	Recurring
Productivity ambition including: • Active clinical referral triage to reduce inappropriate referrals • Reduce DNA rate through PFB, Open appointments and PIFU • Review New:Review Ratio	257	514	514
1.0wte Consultant Gastroenterologist (also support increase in endoscopy sessions)	-	250	500
Backlog Clearance			
Locum consultant (6 months)	90	200	
Total Activity	347	964	1014

Additional consultant post required within the service to provide required OP and endoscopy capacity to meet demand and maintain sustainable service model. Requirement to realign resource to meet unscheduled care needs has impacted on elective activity.

Trajectory for October and March

Standard	Oct-19	Mar-20
Waits over 12 weeks	421	527

Neurosurgery



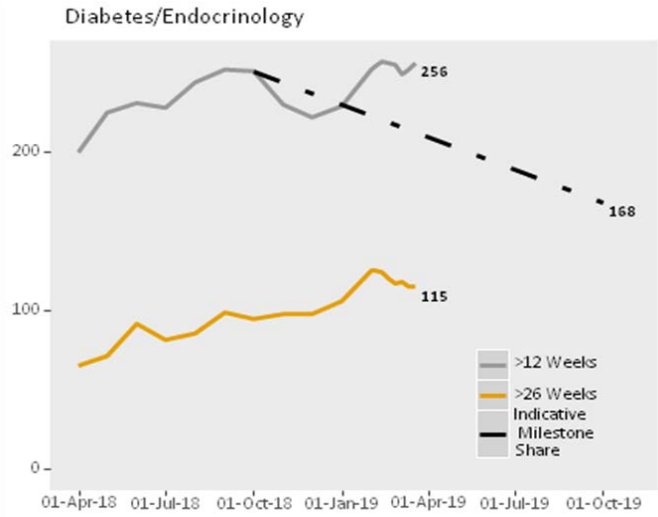
Current Position >12 weeks	304
Target - Oct 19	176
Recurring Capacity Gap	113
Backlog Clearance	304

Improvement Focus	Impact by October 19	Impact by March 20	Recurring
0.3 wte Advanced Nurse Practitioner	50	175	300
Productivity ambition including: • Active clinical referral triage to reduce inappropriate referrals • Reduce DNA rate through PFB, Open appointments and PIFU • Review new:review Ratio	32	64	64
Total Activity	82	239	364

Additional funding requested to further enhance the ANP model to support the elective workload within neurosurgery, reducing the current recurring capacity gap.

Trajectory for October and March

Standard	Oct-19	Mar-20
Waits over 12 weeks	394	326



Diabetes

Current Position >12 weeks	256
Target - Oct 19	168
Recurring Capacity Gap	0*
Backlog Clearance	256

*No recurring gap assumed with recent consultant appointment which has resulted in additional sessions for diabetes

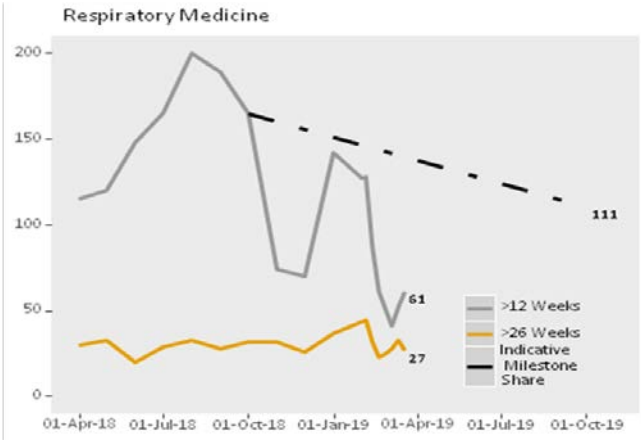
Improvement Focus	Impact by October 19	Impact by March 20	Recurring
Implementation of Near Me technology for review clinics in peripheral rural sites, Healthcare Support worker and equipment required to support implementation	-	100	200
Productivity ambition including: • Active clinical referral triage to reduce inappropriate referrals • Reduce DNA rate through PFB, Open appointments and PIFU • Review new:review Ratio	47	94	94
Total Activity	47	94	94

Additional funding requested to support the implementation of Near Me within community setting. Funding is to support a healthcare support worker in the community clinic areas and the diabetic testing equipment needed to deliver the clinic. This will allow 200 new consultant slots to be delivered per annum.

Trajectory for October and March

Standard	Oct-19	Mar-20
Waits over 12 weeks	28	0

Respiratory



Current Position >12 weeks	61
Target - Oct 19	111
Recurring Capacity Gap	0
Backlog Clearance	61

Improvement Focus	Impact by October 19	Impact by March 20	Recurring
Sleep Service – management of long waits • Increase of physiology time to deliver 6 sleep studies per week • Appointment of senior physiologist to deliver more complex test and release consultant time	60 24	160 64	240 100
Total Activity	84	224	340

Although the speciality as a whole is on target to meet its trajectory there is a particular challenge within the sleep sub-speciality which is creating long waits for this group. Additional funding is requested to support an increase in physiologist time to deliver a higher number of general studies and the increase in funding to support a more senior post to deliver more complex tests currently delivered by consultants.

Trajectory for October and March

Standard	Oct-19	Mar-20
Waits over 12 weeks	0	0

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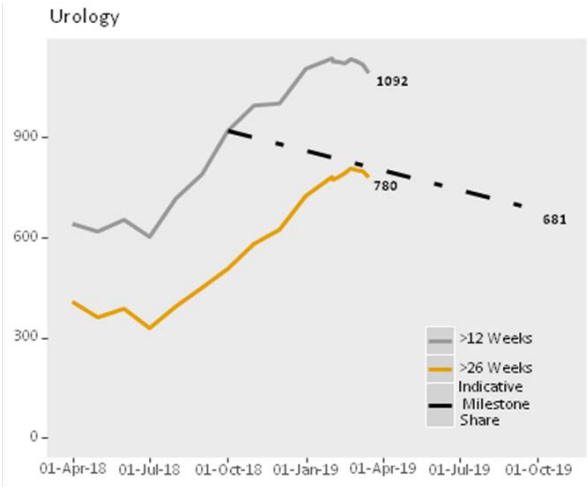
Appendix B
TTG Improvement Plan by Speciality

Outlined below are service level improvement plans including productivity and efficiency opportunities. The data provided details the current speciality position, the reduction in queue to achieve the October 2019 target, the recurring capacity gap and the ongoing backlog clearance required.

Urology



Current Position> 12 weeks	1092
Target - Oct 19	681
Recurring Capacity Gap	146
Backlog Clearance	1092

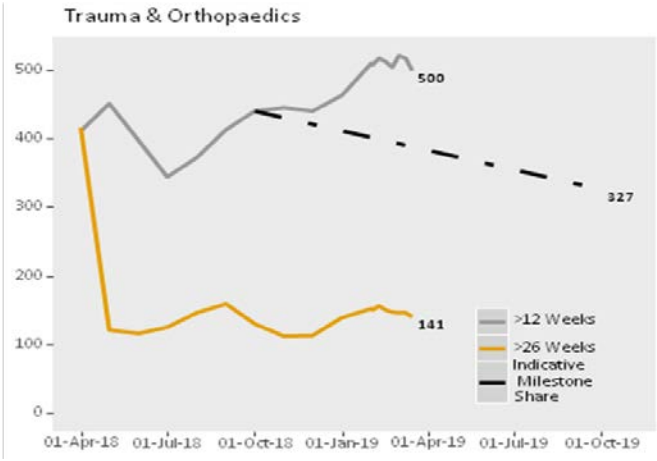
Improvement Focus	Impact by October 19	Impact by March 20	Recurring
Redesign of service – focus on elective benign at PRI	73	165	220
77% theatre utilisation productivity ambition	50	100	100
Backlog Clearance			
In-sourcing contract for vasectomies (already funded)	400		
Extension of In-sourcing contract for vasectomies Oct – Mar 20		800	
Out-sourcing for minor procedures (already funded)	180		
Extension of Out-sourcing for minor procedures (circumcisions) Oct – March 20		360	
Total Activity	703	1425	320

Additional funding requested to extend the in-sourcing and out-sourcing through quarter 3 & 4 to further reduce current backlog in support of the service as they redesign elective care delivery model throughout 2019/20 to provide sustainable capacity position.

Trajectory for October and March

Standard	Oct-19	Mar-20
Waits over 12 weeks	446	0

Orthopaedics



Current Position > 12 weeks	500
Target - Oct 19	327
Recurring Capacity Gap	0*
Backlog Clearance	500

Improvement Focus	Impact by October 19	Impact by March 20	Recurring
PRI Arthroplasty Institute	-	TBC	TBC
77% theatre utilisation productivity ambition	44	87	87
Backlog Clearance			
Increase in Golden Jubilee Joint allocation	100	200	
6 month Locum Consultant	63	63	
Total Activity	207	350	87

Additional elective capacity anticipated through the redesign of services across Tayside as part of Transforming Tayside programme – confirmed activity benefit to be confirmed by service.

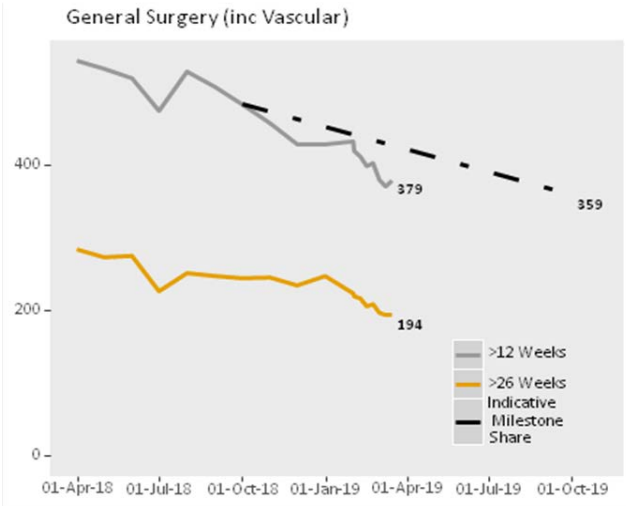
Through the national MSK & Orthopaedic Quality Drive there is support for the introduction of a Surgical Podiatrist position within NHS Tayside. At present the service model, activity gains and finances have not been worked up and therefore this post is not included within the WTIP.

It should be noted there is an emerging workforce risk in Orthopaedics which may impact on the specialities ability to deliver the level of activity detailed within this plan.

Trajectory for October and March

Standard	Oct-19	Mar-20
Waits over 12 weeks	405	302

General Surgery (incl Vascular)



Current Position > 12 weeks	379
Target - Oct 19	359
Recurring Capacity Gap	0
Backlog Clearance	379

Improvement Focus	Impact by October 19	Impact by March 20	Recurring
77% theatre utilisation productivity ambition	51	102	102
Backlog Clearance			
In-sourcing of Lumps & Bumps through SRTC (funding agreed)	100	100	
Outsourcing of Hernias (funding agreed)	120	120	
Outsourcing of Lap Chole	72	120	
Extension of In-sourcing contract for lumps and bumps Oct – Mar 20 at SRTC		100	
Total Activity	343	542	102

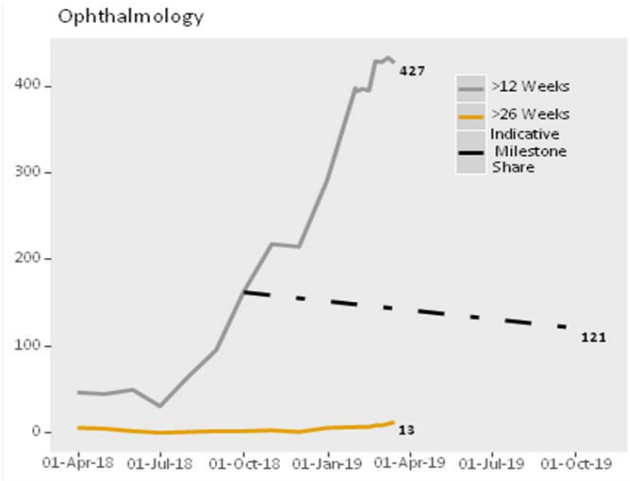
Additional funding to continue out-sourcing for lumps and bumps in quarter 3 & 4 to support back log reduction- speciality are reviewing the current pathway with plastic surgery, dermatology and primary care colleagues with the aim to reduce the referral demand into secondary care.

Trajectory for October and March

Standard	Oct-19	Mar-20
Waits over 12 weeks	185	202*

*All Vascular Waits

Ophthalmology



Current Position > 12 weeks	427
Target - Oct 19	121
Recurring Capacity Gap	305
Backlog Clearance	427

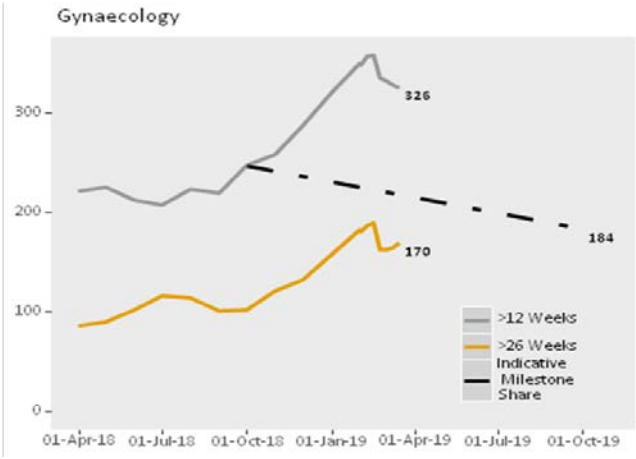
Improvement Focus	Impact by October 19	Impact by March 20	Recurring
Implementation of LA lists within 4 STAR weeks	108	216	216
Productivity & Efficiency – optimisation of cataract only lists, increase by 1 patient per list (October 2019)	20	120	240
Total Activity	128	336	456

Additional funding will support continuity of cataract lists through agreed STAR weeks within the annual elective theatre schedule – this will significantly reduce the capacity gap for the service.

Trajectory for October and March

Standard	Oct-19	Mar-20
Waits over 12 weeks	164	26

Gynaecology



Current Position > 12 weeks	326
Target - by Oct 19	184
Recurring Capacity Gap	0
Backlog Clearance	326

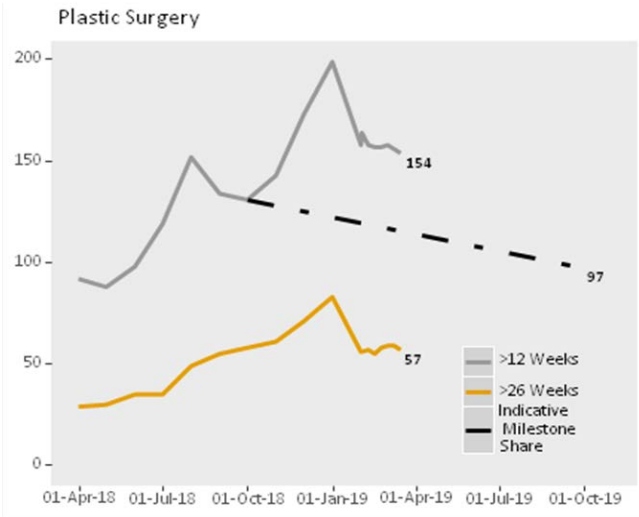
Improvement Focus	Impact by October 19	Impact by March 20	Recurring
2 week minor surgery only lists (test of change)	60		
77% theatre utilisation productivity ambition	36	73	73
Backlog Clearance			
Independent Sector Support for 200 minor procedures	67	200	
Total Activity	163	273	73

Additional funding is requested to support the out-sourcing of long wait patients, supporting reduction in backlog. The service is reviewing a number of patient pathways and service delivery model for elective care.

Trajectory for October and March

Standard	Oct-19	Mar-20
Waits over 12 weeks	271	213

Plastic Surgery



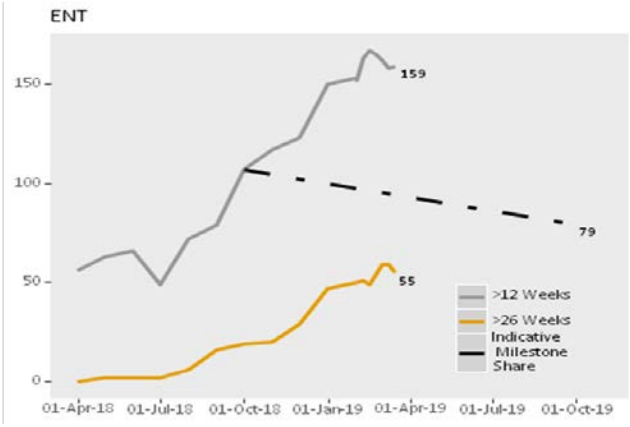
Current Position > 12 weeks	154
Target - Oct 19	97
Recurring Capacity Gap	0
Backlog Clearance	154

Improvement Focus	Impact by October 19	Impact by March 20	Recurring
77% theatre utilisation productivity ambition	15	30	30
Backlog Clearance			
Total Activity	15	30	30

Trajectory for October and March

Standard	Oct-19	Mar-20
Waits over 12 weeks	117	111

ENT



Current Position > 12 weeks	159
Target - Oct 19	79
Recurring Capacity Gap	0
Backlog Clearance	159

Improvement Focus	Impact by October 19	Impact by March 20	Recurring
77% theatre utilisation productivity ambition	5	10	10
Backlog Clearance			
Total Activity	5	10	10

Trajectory for October and March

Standard	Oct-19	Mar-20
Waits over 12 weeks	182	187

Appendix C
Diagnostics Improvement Plan by Modality

Outlined below are service level improvement plans including productivity and efficiency opportunities. The data provided details the current speciality position, the anticipated demand moving forward and the improvement plan to meet the national 6 week waiting time standard.

CT

CT demand in NHS Tayside has been growing at 3-5% each year since 2011. It is anticipated that CT activity and referrals will rise by 5% in 2018/19, which will put pressure on Radiology maintaining the 6 week waiting time guarantee.

There is expected longer term pressure on CT scanning due to changes in clinical practice, increased incidence of oncological disease and development of interventional CT techniques (CT Ablations). This additional activity will result in more reports and MDT sessions being required.

To meet these challenges, NHS Tayside has invested in a new CT scanner which will provide the capacity for previously outsourced capacity. 4 days of activity on the new CT scanner will provide the 2018/19 level of activity previously provided on external scanners and the 3% growth anticipated in 2019/20.

At present NHS Tayside is requesting additional funding to support just the growth anticipated for 2019/20 and will carry out further Demand, Capacity, Activity and Queue work during the first quarter of 2019/20 to determine the additional requirements for the next two years. Any further growth that cannot be met through productivity gains would require further investment to support staffing of the remaining scanning capacity that would be available on the new scanner.

	2019/20	
	Activity	**£000**
Continuation of 2018/19 requirements plus 2019/20 growth		
External Scanner Capacity from 2018/19 to be provided on in-house scanner	2,971	
2019/20 Anticipated 3% Growth on total 2018/19 activity	925	
Scanner Capacity Required	**3,896**	**340**
Associated Medica Costs		**386**
Total Additionality 2019/20		**726**

<u>CT Trajectory for 2019/20</u>

Standard	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
CT 6 week waits	47	58	85	0

MRI

MRI activity has increased by 1% since 2015/16 with activity profile remaining stable to the present day. However during the same period MRI referrals have increased by 6.5% providing strain on maintaining waiting times with a flat activity/capacity profile.

Again further pressure will continue on MRI services with changes in the Prostate cancer pathway, increasing volumes of patients requiring general anaesthesia (waiting times upto 10weeks) and more patients being able to be imaged with pacemakers in situ (which was a contraindication for MRI) . Again with the aging population further organic growth of the service will become visible.

The additional MRI capacity is provided on a University scanner, which is a more cost effective option to the hire of mobile scanners. The longer term aim is to request funding for a new scanner to be housed on the PRI site where a suitable location has already been identified. This would meet the estimated recurring gap on a sustainable basis. Revenue and capital funding for an additional MRI scanner are therefore requested in 2020/21. The recurring gap will be confirmed within the first quarter of 2019/20.

	2019/20	
	Activity	**£**
Continuation of 2018/19 requirements plus 2019/20 growth		

2018/19 External Scanner Capacity required - University MRI CRC	487	
2019/20 Anticipated 3% Growth on total 2018/19 activity	484	
Additional Vans	**971**	**192**
Associated Medica Costs		**48**
Total Additionality 2019/20		**240**

MRI Trajectory for 2019/20

Standard	Quarter 1	Quarter 2	Quarter 3	Quarter 4
MRI 6 week waits	57	23	51	17

Ultrasound

Ultrasound activity and referrals have decreased in 2018/19, however waiting times have increased due to staff vacancies, sickness and maternity leave, and due to a national shortage in sonographers there has also been an inability to recruit.

Ultrasound requires an investment in training to ensure succession planning for staff leaving/ maternity leave etc. By constantly training 1 member of staff, a more sustainable US model can be realised that can react to increases in capacity (Funding requested would be for 1 training post and 1 substantive post)

	Recurring £000
Sonography Training Post	43
Sonography Position	52
Training Allowance	10
Total Funding Required	**105**

Ultrasound Trajectory for 2019/20

Standard	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Ultrasound 6 week waits	18	19	36	16

DEXA

The DEXA service has been transferred to radiology with approximately 1.33WTE staff, There is a waiting list of over 4500 patients and there is a requirement for at least 4WTE to run the existing 2 scanner service. The waiting list is now over 1 year long for this test. To ensure waiting times are delivered an additional bid for 3 WTE Band 5 staff members are required to ensure there are at least 2 staff per DEXA machine.

	Recurring £000
Radiographer/Technician	105
Total Funding Required	**105**

Other Radiology

Further investment is required in promoting and utilising Reporting Radiographers to limit the use of expensive outsourcing, and succession planning and training of the radiographic talent pool is required to sustain and plug staff shortages in key diagnostic area's.

There is a national shortage of Radiologists and NHS Tayside need to provide the best opportunities for this staff group and further focus is needed in recruitment and retention of this staff group.

Furthermore, an investment in administration staff is required to ensure that waiting times are managed in real time with operational staff, this position was recently supported by SGHD Diagnostics Lead.

This extra Investment required will ensure waiting times for key diagnostic tests and cancer waiting times stay within guarantees in the short to medium term.

	Recurring £000
CT Renal Ablation – consultant resource, and nursing support	69.1
MDT Meetings – consultant support	84.9
Radiographic reporting	51.9
GA MRI	29.3
Total Funding Required	**235.2**

Endoscopy

The current waiting time for a routine Endoscopy Diagnostic test is approximately 12 weeks and between 4 and 6 weeks for an Urgent Endoscopy Diagnostic Test. As of 2018 it was mandated by the service that any Suspicion of Cancer Referral would not exceed 2 weeks waiting time and the booking team are maintaining this with escalation process built in when issues arise preventing from achieving this standard.

Clinical vetting is undertaken on a daily basis by the Consultant team. Patient focussed booking has been in place within the Endoscopy department for many years, and following the move to Trakcare in Summer 2017 employing a manual process for PFB until such time Trakcare was able to provide the electronic solution. All new routine patient and all Surveillance patients are invited via PFB to make their appointments. The service are also looking to introduce PFB for all other Endoscopy outpatient appointments regardless of urgency and whether or not they are new or return patients. The Admin Services Manager has visited colleagues within NHS Lanarkshire where this practice has been implemented successfully and will be using this learning to implement PFB across all Endoscopy appointments.
Due to significant changes in the unscheduled care delivery model for AMU and the implementation of an Out of Hours GI Bleeding Rota, the available endoscopy capacity will reduce in 2019/20.

There is further risk/ potential impact on capacity from August 2019 if recruitment to the 2 clinical fellow posts is unsuccessful, this could have a significant weekly impact on available elective endoscopy capacity

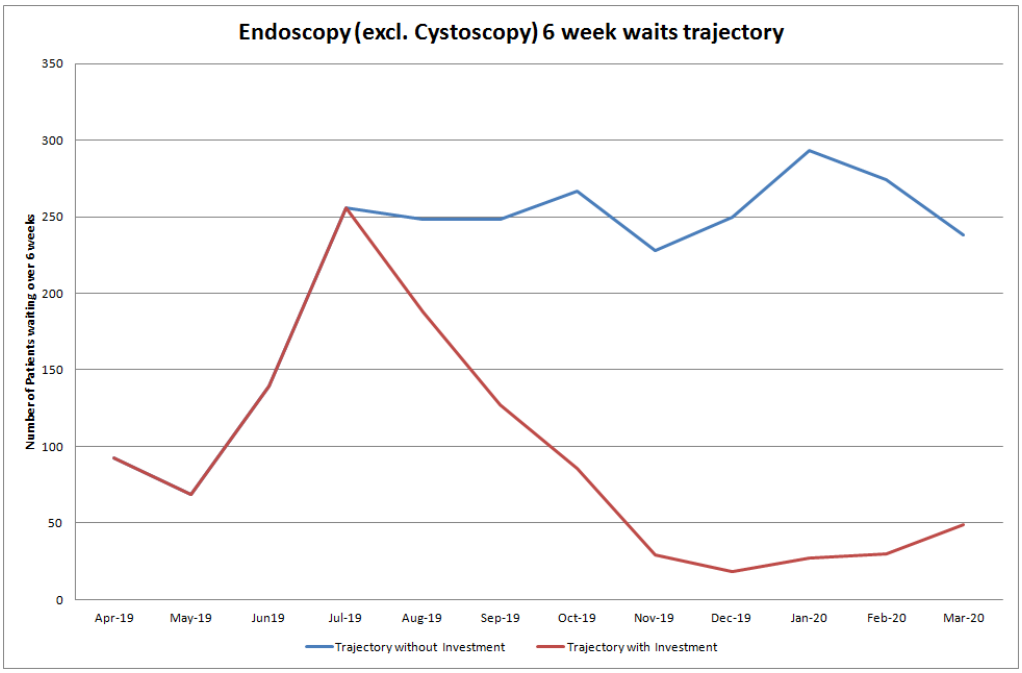
The above loss currently equates to the loss of 3 Endoscopy Lists = Loss of 396 Upper Endoscopy and 330 Colonoscopy per annum (33 week year).

In addition to the above the service is at risk of the loss of a further 10 Endoscopy lists due to the following: At the end of July 2019 the 2 current Clinical Fellows contracts will come to an end with both looking to move to senior posts elsewhere. The service are currently advertising for these vacancies however if remain unfilled this will result in the loss of 10 Endoscopy Lists per week equating to the potential loss of <2000 Upper Endoscopy and 825 Colonoscopy.

The funding requested as part of the Gastroenterology outpatients bid will support consultant capacity within endoscopy.

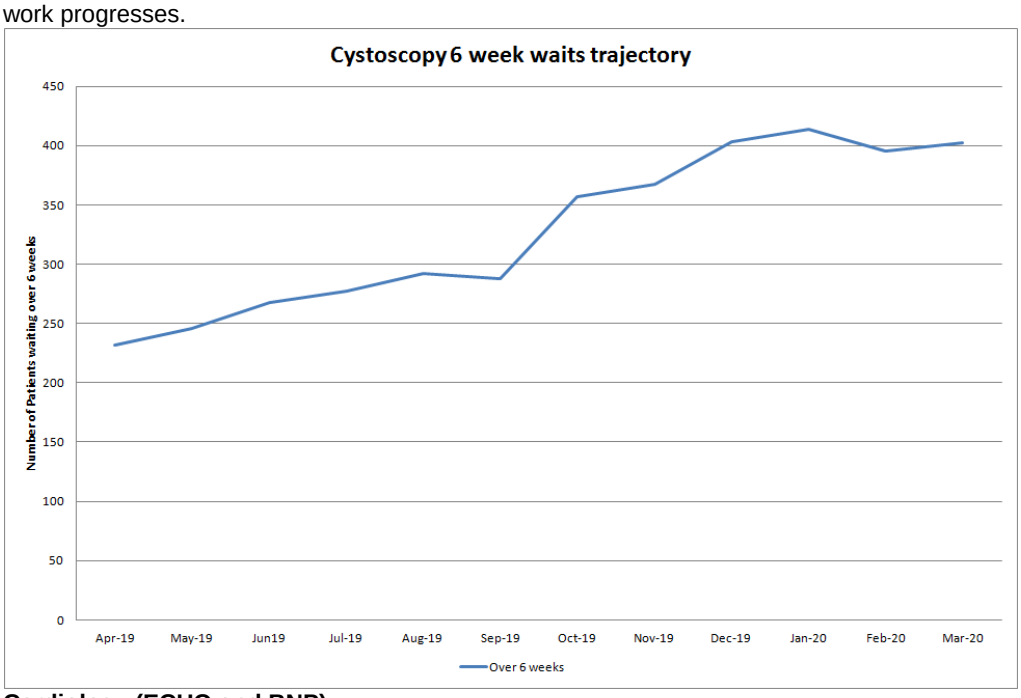
Despite being an integral test to managing colonoscopy demand and triaging patient referral, which entire primary/secondary care interface now relies upon, quantative faecal haemoglobin testing continues to be funded in an *ad hoc* fashion. In order to support the continued utilisation of qFIT test recurring funding is sought as part of the Waiting Times Improvement Plan.

Additional Support Recurring	**2019/20 £000**	**Recurring £000**
Qfit	75.0	75.0
Total Funding Required	**75.0**	**75.0**



Cystoscopy

The work of Transforming Tayside is supporting a focus on the redesign of Urology services which will include a consideration of Cystoscopy. Through this work a future service model will be determined which can support improvements in waiting times for Cystoscopy. At the current stage of the work it is too early to confirm any funding requirements and as such no bid or improvement plan has been submitted. This will however be revisted as the redesign work progresses.



Cardiology (ECHO and BNP)

ECHO wait currently approx. 4 months (a decrease from 11 months in 2017/18), require to reduce to 4 weeks. Previous waiting time funding allocation provided to support up to end of August 2019 to provide additional echo sessions. There continues to be a Gap of 1 WTE Band 7 cardiac physiologist to meet demand in Echo.

All Echo requests are submitted via the ICE Test Requesting system and are clinically vetted by Senior Cardiac Physiologists prior to addition to the waiting list. The service has recently moved to a centralised booking model and implemented a manual Patient Focussed Booking process (appointments booked through the Radiology CRIS system and

not Trakcare therefore has to be a manual process). The gap of 1 WTE Band 7 cardiac physiologist has been ongoing and has been supported from previous waiting times bids to undertake additional Echo Lists with the existing staff. Due to the complex nature of undertaking an Echocardiogram it is Band 7 Physiologists and above who perform this, in addition to Registrars or Consultants with these skills which NHS Tayside have employed the skills of in the past.

Use of BNP test in Primary Care to ensure only those requiring a cardiac echo are referred, continues to demonstrate a positive impact on the current queue with 66% of request being cancelled based on the BNP result. Recurring funding required to embed this as a sustainable service delivery model.

Additional Support Recurring	**2019/20 £000**	**Recurring £000**
1 x WTE Band 7 Cardiac Physiologist	51.9	
Funding to embed BNP Testing within Primary care		20.0
Total Funding Required	**51.9**	**20.0**

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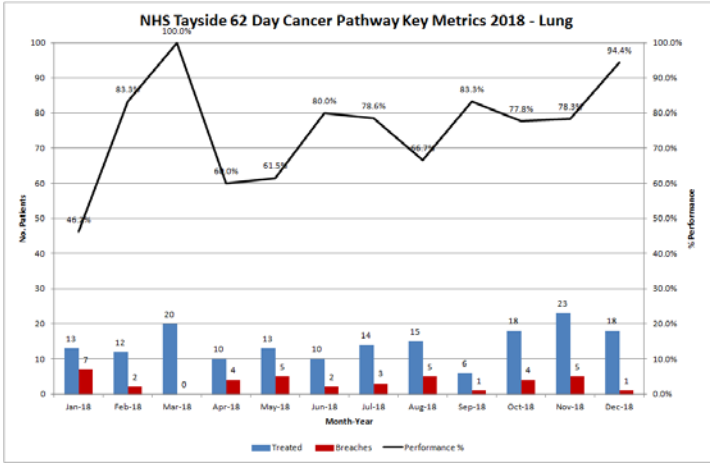
Appendix D
Cancer Waiting Times Improvement Plan

Outlined below is pathway specific improvement plans. The data provided details the current performance within each pathway, including the number of patients waiting beyond the standard and any patients waiting beyond 100 days. It also shows the reduction in breaches per quarter required in order to deliver improvements in performance during 2019/20.

Lung pathway



Number of Patients Waiting > 62 days 10
Number of Patients Waiting >100 days 3

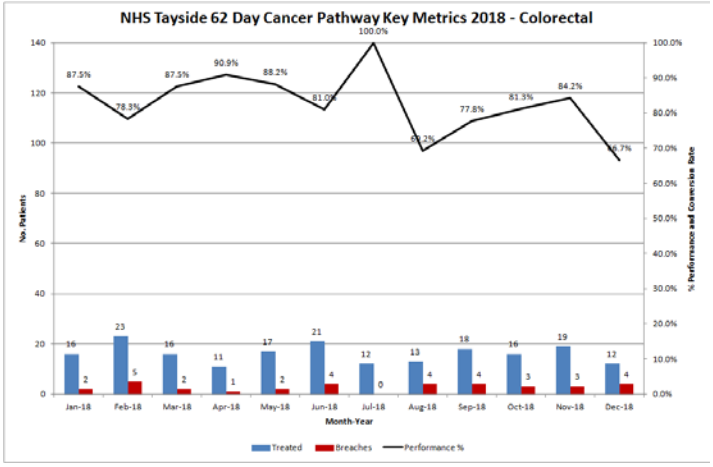
Improvement Aim
Reduce from 10 breaches per quarter to no greater than 6 breaches per quarter

Number of Patients Waiting > 31 days 4

Improvement Aim
Reduce from 5 breaches per quarter to no greater than 3 breaches per quarter

Identified Issues	Plan
Extended wait following onward referral to NHS Lothian for consideration of surgery/surgery taking place	Explore opportunities to have surgical pathway supported by another Scottish Health Board
Radiotherapy service capacity to support increasing referrals for SABR treatment – higher numbers of patients than had been anticipated	Inclusion of lung cancer service development/growth in Radiotherapy & Oncology/Diagnostic service capacity plans
Impact of consultant retiral	Contingency plan required to mitigate the impact of consultant retiral pending appointment to vacancy

Colorectal pathway



Number of Patients Waiting > 62 days 2
Number of Patients Waiting >100 days 0

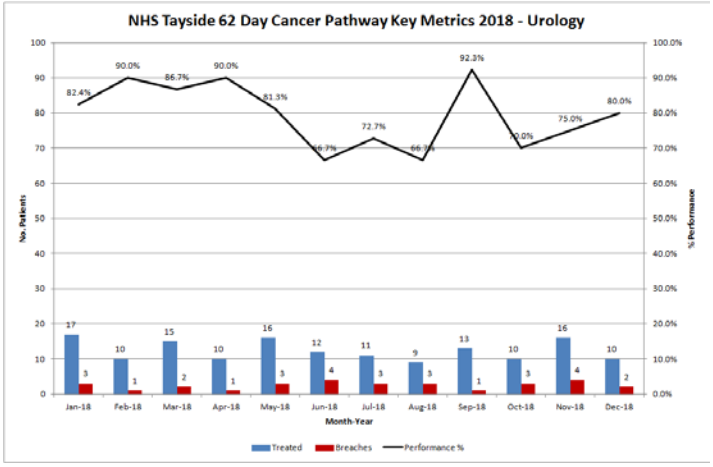
Improvement Aim
Reduce from 9 breaches per quarter to no greater than 6 breaches per quarter

Number of Patients Waiting > 31 days 0

Improvement Aim
Maintain current performance

Identified Issues	Plan
Challenges at the start of the pathway: • Radiology reporting • Delay to MDT discussion	Continual pathway and capacity review with diagnostic teams to minimise delay to test

Urology pathway



Number of Patients Waiting > 62 days 2
Number of Patients Waiting >100 days 1

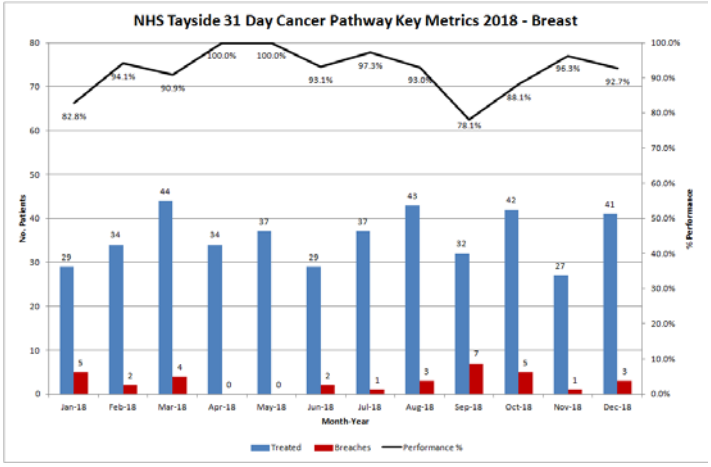
Improvement Aim
Reduce from 8 breaches per quarter to no greater than 4 breaches per quarter

Number of Patients Waiting > 31 days 4

Improvement Aim
Reduce from 8 breaches per quarter to no greater than 5 breaches per quarter

Identified Issues	Plan
Surgical capacity across individual pathways - limited cross cover	Ongoing recruitment – consultant/clinical fellow/ nurse specialist - to support service Increased theatre allocation to support increasing workload Explore regional opportunities to deliver pathways
Extended wait for bone scanning	Improvement plan developed to provide more resilient service
Extended wait for cystoscopy	Development of one stop OP & diagnostic facility will provide additional capacity

Breast pathway



Number of Patients Waiting > 62 days 1
Number of Patients Waiting >100 days 0

Improvement Aim
Maintain current performance

Number of Patients Waiting > 31 days 0

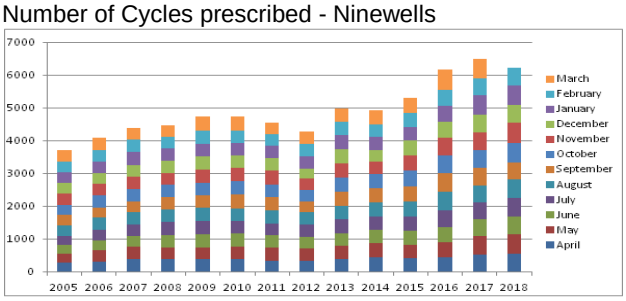
Improvement Aim
Reduce from 13 breaches per quarter to no greater than 5 breaches per quarter

Identified Issues	Plan
Increased waits for surgery	Consolidation of improvements by the appointment to consultant surgeon vacancy in March 2019 alongside ongoing improvements in the co-ordination of service delivery with plastics

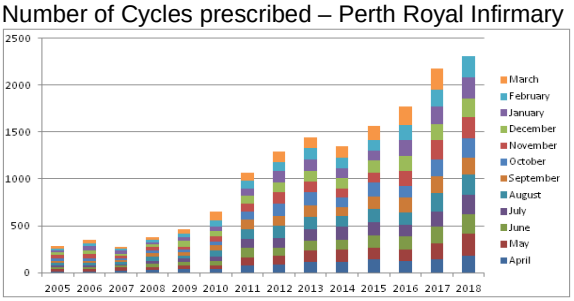
Oncology Capacity and Demand

Over the past 14 years there has been a significant growth in the number of cycles being delivered by Oncology (see graphs below). The increase is particularly evident in Perth Royal Infirmary where the number of cycles has increased from less than 500 per annum to more than 2000 per annum over the past 10 years.

Number of Cycles prescribed - Ninewells



Number of Cycles prescribed – Perth Royal Infirmary



Outpatients

Traditional follow up for cancer patients is conventional, medical and aimed at detecting residual or recurrent disease. In 2015, NHS Tayside in conjunction with Macmillan Cancer Support launched their Transforming Care after Treatment (TCAT) project. The goal was to introduce a service for the growing number of cancer patients, focused on recovery, shared care and supported self-management with early, rapid access to specialist services when/if required. This service was initially introduced to support Head and Neck Cancer patients in their often difficult post treatment period. Since the launch of the TCAT project the model has developed to encompass radically treated prostate and colorectal patients.

With investment the follow up process could be redesigned to reduce the number of Oncology Consultant review appointments and increase the number of new patient appointments in order to reduce the waiting time to be seen by a Consultant Oncologist.

Increased demand for on treatment review with the addition of patients receiving SABR (Stereotactic Ablative Radiotherapy) and STAMPEDE (Systemic therapy in Advancing or Metastatic Prostate Cancer) that initially requires review on each day of treatment (6 per patient) negates the ability of the current staffing complement to support the Wellbeing clinic.

Funding is therefore requested to support the introduction of new nurse specialist roles focused on well being and recovery that span the acute and community care settings.

Additional Support Recurring	Cost £000	Activity Gains
1 WTE band 6 Nurse Specialist	46.3	Revised follow up of prostate cancer patients post radiotherapy will free up between 930 – 1395* clinic appointments across the 2-3 year standard review period for Consultant utilisation to see new patients.
0.8 WTE band 6 Nurse Specialist	37.1	New breast cancer follow up post radiotherapy will free up 426* clinic slots each year for Consultant utilisation to see new patients.
0.8 WTE band 3 Health Care Support Worker	26.3	Wellbeing clinic running three days per week – 1 day in each locality - providing equity of service and ease of access for patients completing treatment for cancer.
Total Funding Required	**109.7**	Without this investment the current waiting time for a new patient to be seen by a consultant would increase by 1-2 days therefore there would be a higher breach rate of the 31-day cancer waiting times standard.

Chemotherapy

There has been a year on year increase in demand for Systemic Anti-Cancer Therapy (SACT), with data demonstrating a 60% increase in total episodes of SACT delivered in Perth Oncology and Haematology Day Area from 2015 to 2018 (14 – 23% per year). Demand for SACT is expected to continue to increase with modelling predicting a further increase of 40% in SACT activity across NHST by 2025. Increases in demand necessitate a significant change in the current capacity otherwise this will result in an unsustainable position and increased pressure on current infrastructure and workforce, leading to challenges meeting waiting times standards, and adverse patient experience and outcomes.

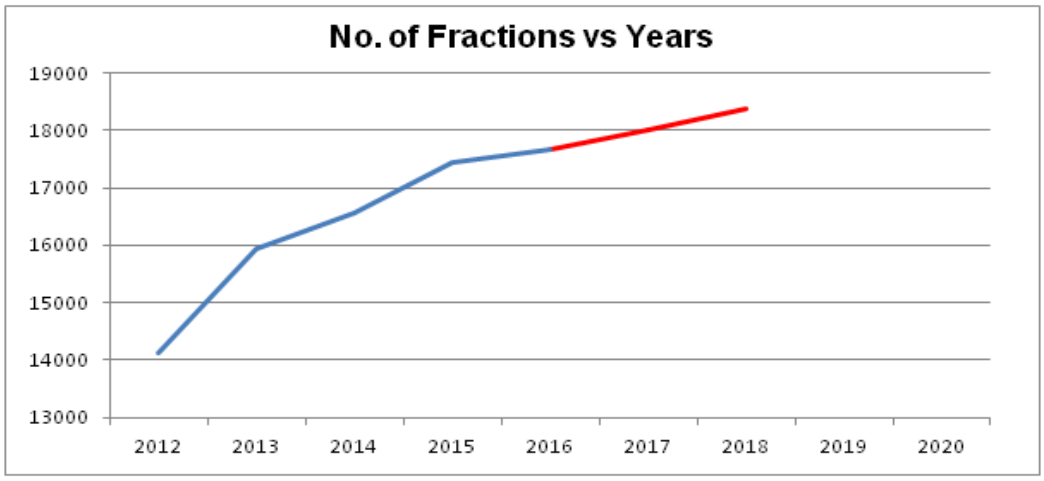
The Oncology team are currently reviewing their service model with the aim to move towards an OP based service model, this will in the long term reduce the current IP footprint and realign workforce resource. In the interim, to meet current demand there is a requirement to create additional capacity to treat the increase in patients and deliver the increased cycles of SACT and the following support is required:

Additional Support Recurring	Cost	

	£000	Activity Gains
1 WTE Band 6 Trainee Advanced Nurse Practitioner	44	Provide an additional 1200 SACT treatments per year in PRI to meet the predicted demand. This will also increase the flexibility of supporting SACT services at the Ninewells site.
0.5 WTE Band 7 Oncology Pharmacist	26	Introduce one nurse/ pharmacy led clinic per week for colorectal cancer to create capacity to see approx 8 additional patients per week. Create an additional 5 patient appointments for three days per week for administration of SACT treatments.
Total Funding Required	**70**	Two pre-chemotherapy Assessment led clinics per week will deliver an extra 16 patients slots to provide a more efficient service and reduce patient wait times for treatment on the day.

Radiotherapy Capacity and Demand

Over the past 7 years there has been a significant growth in the number of fractions being delivered by NHS Tayside's Radiotherapy department.



Radiotherapy

Due to the increasing complexity of treatments offered (including IMRT, VMAT and SABR) it is becoming an increasing challenge to offer these without impacting on radiotherapy planning and treatment capacity. In addition, the recent findings of the STAMPEDE (Systemic Therapy in Advancing or Metastatic Prostate Cancer: Evaluation of Drug Efficacy) trial indicates that patients with metastatic prostate cancer should now be offered radiotherapy to their primary disease site[1]. By the end of 2019 both factors will create capacity challenges for the NHS Tayside Radiotherapy department and will impact on the service's ability to meet cancer waiting times standards. In addition, as NHS Tayside delivers more complex radiotherapy the introduction of adaptive radiotherapy (ART) that monitors the changes to the radiotherapy plan after treatment has started, will become necessary. Projections indicate that by 2020, 5-20% of radiotherapy will need to be assessed for changes during treatment and this will result in 10% of the workload requiring a re-plan.

Through activity planning it has been possible to extrapolate the increased time required to deliver and plan the more complex treatments such as VMAT and ART. In addition, it has been possible to calculate the additional time and capacity required to treat and plan a new cohort of patients whom would have not previously had radiotherapy, in this case STAMPEDE prostate cancer patients. The Clinical Oncology Urology team in NHS Tayside have indicated that an additional 60 STAMPEDE patients will now require radiotherapy each year. Each patient will require six radiotherapy treatments resulting in the need for **360 additional treatment slots** per annum.

To create the additional capacity required to treat the new STAMPEDE patients, the service will need an additional 360 treatment slots per annum (60 patients for 6 treatment slots). The radiotherapy department does not currently offer a service on public holidays and therefore it is proposed that the department opens on four public holidays per year which will then create the additional capacity required. The department can currently treat 90 patients per day and the four additional days will create the 360 slots needed.

The table below demonstrates the additional planning time required to treat STAMPEDE patients and offer VMAT to patients. Please note these figures are in addition to what the service currently provides:

New sites and techniques 2019	Additional planning time required per week
Upper GI VMAT	0.5 hrs
Lung VMAT	4.0 hrs
Gynae VMAT	0.5 hrs
Colorectal VMAT	1.0 hrs
Lymphoma VMAT	1.0 hrs
ART for 10% of workload	7.2 hrs
New STAMPEDE patients	4.6 hrs
Additional CT scan time required	11.2 hrs
Total	**30hrs (0.8 WTE)**

In order to open a limited service on four public holidays (creating 360 additional treatment slots) the following funding is required:

Additional Support Recurring	**Cost £000**	**Activity Gains**
2 x Band 7 Radiographers	2.5	This investment will provide sufficient capacity to accommodate the additional 60 prostate cancer patients each year that will be eligible for radiotherapy treatment through the STAMPEDE trial. Without this investment the current waiting time for a new patient to be treated would increase by 1-2 days therefore there would be a higher breach rate of the 31-day cancer waiting time standard.
10 x Band 6 Radiographers	10.6	
1 x Band 3 Porter	0.7	
2 x Band 7 Engineering Technologist	2.5	
1 x Band 8A Clinical Scientist (MPE) - On call	1.5	
0.8 WTE band 6 radiographer to support additional planning hours	39.0	
Total Funding Required	**56.8**	

Extended working days will already be in place throughout 2019/20 to support the in-room linac swap that is progressing, with the service being delivered from 2 linacs instead of 3 for a significant part of the year.

Trajectories for 2019/20

Through progressing with both the effective ways of working improvement plan and the increase in treatment capacity, the waiting times ambition for NHS Tayside is to ensure consistent performance moving forward in 2019/20 as follows:

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
31 Day Standard	95%	95%	95%	95%
62 Day Standard	85%	85%	90%	90%

WAITING TIMES IMPROVEMENT PLAN

SERVICE PLANNING TEMPLATE

H/Board	Tayside
Specialty	All Specialties

SUMMARY

PERFORMANCE	Year 1	Year 2	Year 3
Total Activity	126,643	121,547	121,547
Recurring Gap	69,661	75,197	75,197
TTG			
Projected Numbers > 12 weeks	1,349	1,465	1,547
Projected Performance <12 weeks	56%	-100%	197%
WTIP Milestone > 12 Weeks	1,514	0	-
Projected Numbers > 26 weeks	138	164	205
Total Waiting List	3,061	732	-1,596
(Net) Recurring Demand	26,454	26,454	26,454
Total Activity	30,787	28,782	28,782
Recurring Gap	-4,333	-2,328	-2,328
All Radiology			
Projected Performance > 4 weeks	1,411	1,761	2,175
Projected Performance > 6 weeks	33	33	33
Total Waiting List	15,758	20,583	27,143
(Net) Recurring Demand	94,617	96,387	98,122
Total Activity	81,429	91,562	91,562
Recurring Gap	13,188	4,825	6,560
All Endoscopy			
Projected Performance > 4 weeks	867	867	867
Projected Performance > 6 weeks	2,292	3,294	3,294
Total Waiting List	0	0	0
(Net) Recurring Demand	10,081	10,081	10,081
Total Activity	7,789	7,789	7,789
Recurring Gap	2,292	2,292	2,292

FINANCIAL PLAN (REVENUE)	Year 1		Year 2		Year 3	
	Activity	Cost	Activity	Cost	Activity	Cost
TOTAL	3853.8238	£9,492.30	1785.8238	£6,581.90	1785.8238	£6,581.90
Radiology Actions						
Recurring	4867	£1,558.00	15000	£1,647.00	15000	£1,647.00
Non-Recurring	0	£ -	0	£2,300.00	0	£ -
TOTAL	4867	£1,558.00	15000	£3,947.00	15000	£1,647.00
Endoscopy Actions						
Recurring	220	£ -	330	£ -	330	£ -
Non-Recurring	165	£ -	0	£ -	0	£ -
TOTAL	385	£ -	330	£ -	330	£ -
Cancer Actions						
Recurring	0	£ 237.00	0	£ 237.00	0	£ 237.00
Non-Recurring	0	£ -	0	£ -	0	£ -
TOTAL	0	£ 237.00	0	£ 237.00	0	£ 237.00
GRAND TOTAL						
Recurring TOTAL	14296.505	£9,740.00	25689.505	£9,482.40	25689.505	£9,482.40
Non-Recurring Total	6280	£3,734.70	0	£2,300.00	0	£ -
GRAND TOTAL	20576.505	########	25689.505	########	25689.505	£9,482.40

Appendix 2

Cancer Service Trajectories for 2019/20

Standard	Jun-19	Sep-19	Dec-19	Mar-20
Cancer 31 Day	95%	95%	95%	95%
Cancer 62 Day	85%	85%	90%	90%

Appendix 3

Mental Health Directorate, AOP Template, March 2019

CHILD AND ADOLESCENT MENTAL HEALTH SERVICES

1. The LDP Standard for specialist Child and Adolescent Mental Health Services is for at least 90% of young people to start treatment within 18 weeks of referral. **Please complete the table with your trajectory for meeting the standard by, or before, December 2020.**

Quarter ending	Mar 2019	Jun 2019	Sep 2019	Dec 2019	Mar 2020	Jun 2020	Sep 2020	Dec 2020
Performance against the LDP standard (%)	62.9%	38%	38%	38%	38%	90%	90%	90%

2. **Please describe the actions that will be taken each quarter to deliver the above trajectory, the expected impact of these actions on progress towards the standard, and any associated dependencies and risks.** Actions might include for e.g.: recruitment of specific staff; waiting list initiatives; improvement work to improve processes; wider system change; etc. An example is included in the table below.

Quarter ending	Action(s)	Forecast impact on standard	Funding – source and amount	Interdependencies (i.e. between performance, funding, workforce, partners)	Risks and steps to mitigate
All detail can be found within the NHS Tayside CAMHS HIS Improvement Plan (March 2019) contained within the Child & Adolescent section of the Annual Operational Plan.					

Mental Health Waiting Times in Emergency Departments

1. The LDP Standard for Waiting Times for all presentations at ED is 4 Hours. **Please complete the table with your trajectory for meeting the standard, specifically for Mental health presentations by, or before, December 2020.**

Quarter ending	Mar 2019	Jun 2019	Sep 2019	Dec 2019	Mar 2020	Jun 2020	Sep 2020	Dec 2020
Performance against the LDP standard (%)	93.5%	95%	95%	95%	95%	95%	95%	95%

2. **Please describe the actions that will be taken each quarter to deliver the above trajectory, the expected impact of these actions on progress towards the standard, and any associated dependencies and risks.** Actions might include for e.g.: recruitment of specific staff; waiting list initiatives; improvement work to improve processes; wider system change; etc. An example is included in the table below.

Quarter ending	Action	Forecast impact on standard	Funding – source and amount	Interdependencies (i.e. between performance, funding, workforce, partners)	Risks and steps to mitigate
June 2019	Develop a system to interrogate non compliance with the 4 hour emergency care standard linked to mental health service related delays	NHS Tayside meet the 4 hour LDP for ED. We need to identify the number and % of patients where the standard is not met to identify areas to focus improvement efforts	None	None	Liaison service Hospital safety huddles
June 2019	Although the standard is measured for ED this best practice should be applied to the whole system therefore we will develop a method to measure the 4 hour standard (95% of patients should be admitted, discharged or transferred within 4 hours of arrival) at the crisis care service	Require to establish mechanism to measure current performance	None	None	Hospital Safety Huddle

September 2019	One element of the planned utilisation of the Dundee allocation of permanent `Action 15` funding is the development of a `Navigator` support service specifically to sit within the Emergency Department (ED) at Ninewells Hospital. We anticipate that this service will go live in early summer 2019.		Recurring Action 15 Funding	Following a collaborative planning process bringing together lead officers from the Dundee H&SCP, Ninewells Hospital ED, Police Scotland Violence Reduction Unit and the charity Medics Against Violence we are about to move to the recruitment phase of this project. This will provide 2 individuals with a lived experience of mental health issues rigorously selected to become peer `Navigators` and be available to support people who present to the ED in a state of mental distress. The Navigators will also provide a `bridge` to various forms of community support and advice by providing face to face follow up for 2 weeks after presentation to ED.	

PSYCHOLOGICAL THERAPIES

1. The LDP Standard for Psychological Therapies is for at least 90% of people to start treatment within 18 weeks of referral. **Please complete the table with your trajectory for meeting the standard by, or before, December 2020.**

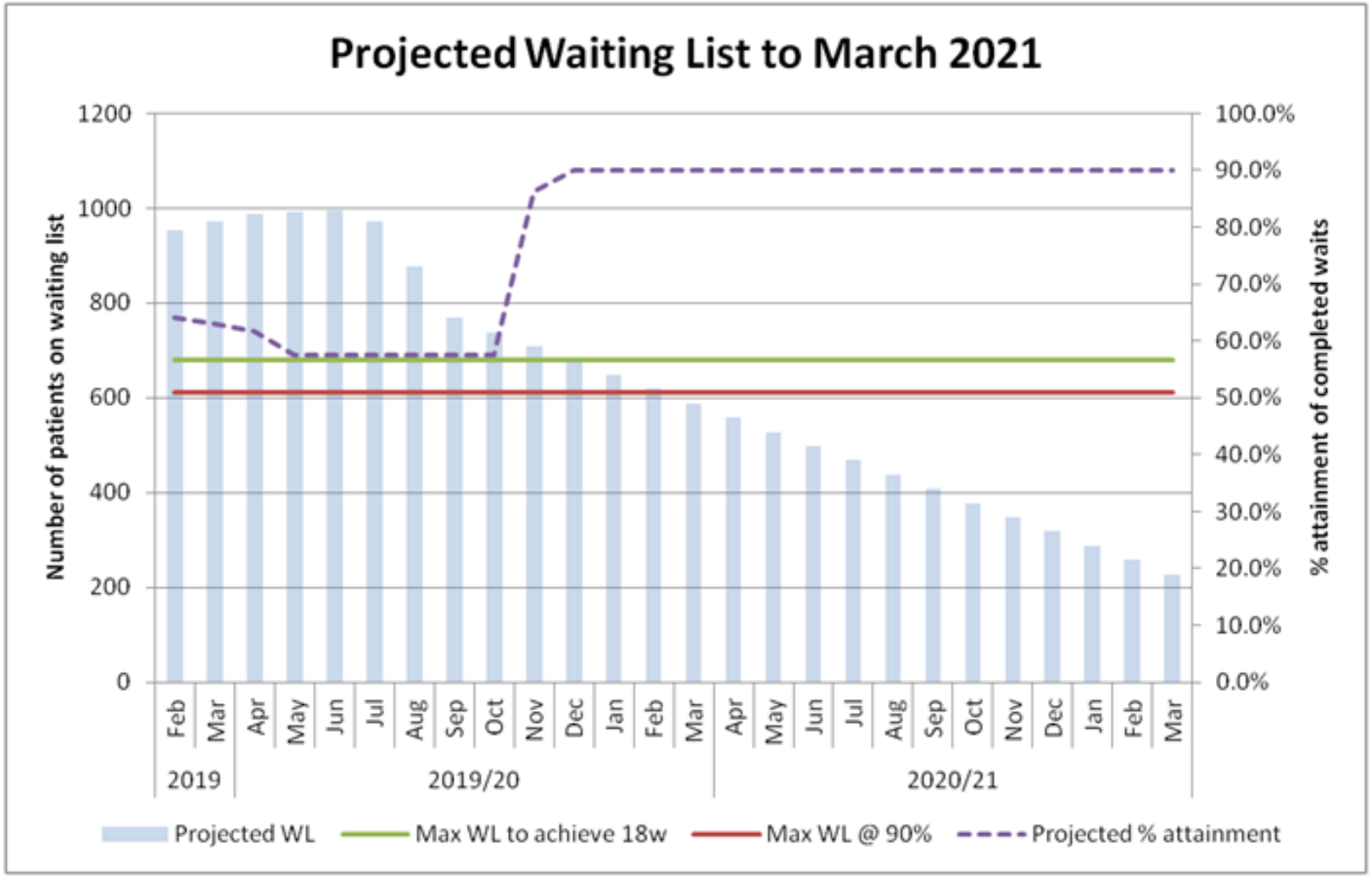
Quarter ending	Mar 2019	Jun 2019	Sep 2019	Dec 2019	Mar 2020	Jun 2020	Sep 2020	Dec 2020
Performance against the LDP standard (%)	67.3%	66.4%	70.2%	74.2%	77.0%	77.0%	77.0%	77.0%

2. **Please describe the actions that will be taken each quarter to deliver the above trajectory, the expected impact of these actions on progress towards the standard, and any associated dependencies and risks.** Actions might include for e.g.: recruitment of specific staff; waiting list initiatives; improvement work to improve processes; wider system change; etc. An example is included in the table below.

Quarter ending	Action	Forecast impact on standard	Funding – source and amount	Interdependencies (i.e. between performance, funding, workforce, partners)	Risks and steps to mitigate
All detail can be found within the NHS Tayside Psychological Therapies HIS Improvement Plan (March 2019) contained within the Psychological Therapies section of the Annual Operational Plan.					

Appendix 4

Projected Waiting List for CAMHS



Appendix 5

(HIS TEMPLATE) CAMHS PRIORITISED IMPROVEMENT PLAN					
Priority	**Topic**	**Aim / Intended Improvement**	**Data Supporting Identification**	**Timescale to Achieve**	**Resource Required to Deliver**
1. Generic Children and Young People's Mental Health Services	Understanding the requirements and identifying gaps to support community practitioners in universal settings. Tasked to work with 4 core groups: • Education staff • GPs • Paediatricians • School Nurses Develop a CAMHS advice line for Clinicians to seek advice re referrals and signposting. This is currently in the scoping stage but is most likely to be a Mon –Fri service approx 2-3hrs per day	The aim is to: Increase Knowledge and skills of community staff to increase confidence in supporting low level health and wellbeing in practice and to provide an Emotional Health & Wellbeing Toolkit. The intended improvement is: Practitioners will have the knowledge, skills and confidence to interact with CYP who present with emotional health and wellbeing issues at a much earlier stage before specialist intervention is required. The Toolkit will provide a comprehensive guide that staff can access for additional help and support. To reduce the inappropriate referrals to CAMHS Specialist service by 10%. To ensure CYP get the right intervention at the right time	The project has delivered training to 4,593 community practitioners to date, mostly from Tayside primary and secondary school staff. A key target group is to engage with GPs as one of the highest referrers into CAMHS (including having the highest rejected referral rates) Referral Management Data. Rejected referral Data	The Project will end in December 2019 and arrangements have been made for the Innovations Team to be invited to the GP Protected Learning Time (PLT) Events across Tayside over the coming months to deliver the Toolkit Training A request has been submitted to attend the GP' Training Evening Events between September to December 2019.These events will allow the Innovations Team to share the toolkit and provide a short training session January 2020	Mental Health Innovation Fund Project - Education Officers. Project Manager Telecommunications Clinical Governance

(HIS TEMPLATE) CAMHS PRIORITISED IMPROVEMENT PLAN					
Priority	**Topic**	**Aim / Intended Improvement**	**Data Supporting Identification**	**Timescale to Achieve**	**Resource Required to Deliver**
2. Specialist Children and Young People mental Health Services	To deliver a Specialist CAMHS Service for Children and Young People who need it. To Work in Partnership with newly formed Tayside Mental Health Alliance	The aim is to: Ensure Children and Young People are seen by the appropriate person at the right time. The intended improvement is: To Improve the access standard 18wks RTT and develop a Service Specification that describes CAMHS core business and Standard Operating Procedures To ensure that Tayside Mental Health Services work collaboratively to achieve change.	DCAQ Activity CAMHS Data Process Mapping Modelling/Job Planning Workforce Plan/recruitment Independent Mental Health Inquiry Co production and collaboration with stakeholders and Service Users to ensure the Improvement work reflects the feedback from all	Reduction in waiting list for first appointment by December 2019 April 2019	Successful workforce recruitment. Support from Information Analyst (HIS) Multi-disciplinary SLWG to develop Service Specification

(HIS TEMPLATE) CAMHS PRIORITISED IMPROVEMENT PLAN					
Priority	**Topic**	**Aim / Intended Improvement**	**Data Supporting Identification**	**Timescale to Achieve**	**Resource Required to Deliver**
3. Neurodevelopmental Services	Understanding, assessing, interpreting and routing referrals to the correct neurodevelopmental sub-speciality within CAMHS in order for patients to be seen appropriately and within timeline guidelines. Understanding the requirement for Neurodevelopmental patients to be seen at a multi-disciplinary Neurodevelopmental Hub and not referred to the specialist CAMHS service.	The aim is to: Streamline pathways and have clearer referral criteria to route referrals to either the Neurodevelopmental sub-specialty or Specialist CAMHS. To develop a Neurodevelopmental Hub with a range of multi-disciplinary professionals. The intended improvement is: Improving access to treatment by having effective and clearer referral criteria received in dept and routed at an earlier stage. Improving the patient journey by adopting streamlined pathways and eliminating a number of steps in current system. Improving and streamlining working practices between a range of multi-disciplinary professionals by having a designated Neurodevelopmental Hub.	PDSA cycle data for 10 patients to follow streamlined pathway Proposal paper and full Business Case to determine requirements. Referral Management Team Data PDSA Cycle Proposal Paper Business Case	Embed revised Referral Criteria into practice by 30 April 2019 Draft Proposal paper to be issued to CAMHS Management Improvement Meeting 21.3.19 PDSA Cycle to be completed by May 2019 for 10 patients. 31 March 2019	Clinical Staff Clinical Leads Clinical Leads

(HIS TEMPLATE) CAMHS PRIORITISED IMPROVEMENT PLAN					
Priority	**Topic**	**Aim / Intended Improvement**	**Data Supporting Identification**	**Timescale to Achieve**	**Resource Required to Deliver**
4. Additional Services for Children and Young People	Understand how easily Children and Young People with Heightened risk of poor mental Health can access our CAMHS Service This includes younger children, care experienced children, Refugees, Black and ethnic minority, children in temporary accommodation and young people in transition to adult services	The aim is to: To ensure CYP at risk of poor Mental Health are offered a service that is adapted to their needs The intended improvement is: CYP at risk of poor mental Health outcomes have equality of access to Specialist Mental Health Services	Process Mapping of current provision Engage with CYP Learn from Good Practice by engaging with other CAMHS boards Membership of Care Experienced Task and Finish Group Work with universal services and other Stakeholders who are involved with identified groups of CYP	30 September 2019	NHS Tayside CAMHS multidisciplinary SLWG Business Information Analyst

(HIS TEMPLATE) CAMHS PRIORITISED IMPROVEMENT PLAN					
Priority	**Topic**	**Aim / Intended Improvement**	**Data Supporting Identification**	**Timescale to Achieve**	**Resource Required to Deliver**
5. Workforce	To ensure we have a skilled workforce that can deliver a comprehensive and safe CAMHS service	The aim is to: Develop a workforce Plan that can support the sustainable delivery of the clinical models and maximize opportunities to transform Nursing and Clinical roles will reflect the needs of the service The intended improvement is: To have a sustainable workforce model that has the skill mix and capacity to meet service need Transform Clinical roles to create opportunities for the extended workforce that can support delivery i.e. ANP Mental Health, Pharmacy, Paediatric Nurses. We need to support existing staff to undertake ANP and/or NMP training Training Committee to produce an agreed service Training that will link with the workforce plan and will maximise learning opportunities for all staff	Current Workforce Plan with agreed Investment. Short, Medium and Long Term Plan for recruitment into posts. Permissions to advertise nationally in a creative way Mapping current prescribers output and effectiveness to patients journey Training Plan Data to be collected and ways to demonstrate effectiveness of Training.	31 July 2019 31 May 2019-21 31 March 2019 31 Jan 2020 31 March 2020	CAMHS SLWG Finance approved to advertise Current CAMHS Admin Time Financial costs for course Medical Supervisor Training Committee

(HIS TEMPLATE) CAMHS PRIORITISED IMPROVEMENT PLAN					
Priority	**Topic**	**Aim / Intended Improvement**	**Data Supporting Identification**	**Timescale to Achieve**	**Resource Required to Deliver**
6. Information and Knowledge	Developing a Data dashboard to provide information regarding our current and future CAMHS Position	The aim is to: To collect and analyse data information that will allow the service to understand current position, progress and Improvement The intended improvement is: To work with Information analyst, Trakcare and EMIS to develop a CAMHS Dashboard. Improve staff Data literacy and agree how we will be sharing Data with all staff	A Dashboard that will provide all information required to understand our current position, highlight gaps in service and maximise our outputs to improve outcomes for CYP	31 May 2019	SLWG to include; Waiting times co-ordinator Business, Information Analyst, EMIS rep and CAMHS Service Leads.
7. Finance	Understanding of the expenditure that is required to resource NHS Tayside CAMHS and what impact this will have on the service delivery	The aim is to: Utilise the NES CAMHS Access funding to appoint to posts to enhance the Neurodevelopmental pathways and increase the current staff capacity The intended improvement is: The CAMH service is providing value for money for children and young people services	Access funding bid for: 1 WTE Consultant Paediatrician for Neurodevelopmental Pathway 4 x WTE Band 6 Outpatient nurses 1 WTE Band 3 Admin to create central booking of appointments	After funding agreed from NES there will be a 3 month recruitment time - April to end of June 2019. A further 2/3 month training period complete end of September 2019	Information from NHS Tayside Finance department and HR support to recruit

Appendix 6

(HIS TEMPLATE) NHS Tayside – PSYCHOTHERAPY PRIORITISED IMPROVEMENT PLAN					
Priority	Topic	Aim/Intended Improvement	Data Supporting Identification	Timescale to Achieve	Resource Required to Deliver
1. Highly Specialist Psychotherapy Services	To deliver a highly specialist Psychotherapy services to those who need it within the 18 week WTT. Currently, MAPS have 46 patients waiting for treatment. The longest wait is 40 weeks and 24 patients have been waiting over 18 weeks. Factors that prevented the service achieving WTTs: 1) Demand exceeding capacity (referrals average 200 per year, this doubled in 2015 and 2016, creating a significant backlog); 2) The long term nature of the service's clinical interventions/ 50 sessions (slower rate of throughput); 3) Long term sickness within a small team in 2018 (3 team members; 2.3 WTE); 4) Some delays in job planning for medical psychotherapists (to confirm actual clinical capacity).	**Stabilise staffing** Confirm clinical leadership arrangements Consolidate fixed term posts (which reduced waiting list by 1/3 between Dec 2017-18) **Service redesign/ Revision of Standard Operating Procedures** Define service philosophy Modify clinical pathways Alter referral routes and procedures Re-define the duration of treatment (for some) Improve processes for the systematic analysis of clinical outcomes;	Business Unit/ISD reports on WTT improvements. Internal data on diagnosis/presenting problems of those referred for treatment Internal data highlighting sources of referrals Consistent use of a Minimum/Mandatory data set	June 2018 June 2019 April- June 2019 July – September 2019	Post regrading by April 2019 Mgt Accountant tasked to provide anticipated costs. Monthly team meeting time allocated to service development work One day dedicated to service-user engagement (focus group) Clinical lead to consult with partners 0.1 staffing resource for data collection

NHS Tayside – PSYCHOTHERAPY PRIORITISED IMPROVEMENT PLAN					
Priority	Topic	Aim/Intended Improvement	Data Supporting Identification	Timescale to Achieve	Resource Required to Deliver
		Explore the introduction of group-based intervention.	Review of evidence base	July 2019	Developed and delivered within existing staff resource.
		Optimise clinical capacity. Commence an option appraisal to explore staffing requirements based on a more detailed analysis of demand and capacity projections.	DCAQ Activity Modelling/Job Planning	September 2019	Leadership support from ISD and DHSCP to define the resource requirement to meet clinical demand.
		Recruit additional staff	Workforce Plan/recruitment	October 2019	TBC: Resource from within DHSPC.

(HIS TEMPLATE) SUMMARY OF DATA AND PRIORITISED IMPROVEMENT PLAN

Priority	Topic	Aim/Intended Improvement	Data Supporting Identification	Timescale to Achieve	Resource Required to Deliver
Clinical Neuro-psychology Waiting Times	The Clinical Neuropsychology service has a waiting time of 75 weeks, as at the end of January 2019. There are currently 393 patients waiting to be seen, with 253 having waited over 18 weeks and 99 having waited over 52 weeks. Factors that have contributed to the waiting times breaches include: • Longstanding demand for the service exceeding resourced capacity • Significant increase in referral rate without concomitant increase in service capacity, e.g. the referral rate has risen by over 350% at its peak since 2010, with referrals rising from 241 in the year 2009-10 to 962 in 2016-17 • Loss of a 1.0wte Band 8a post in June 2015 in order to meet efficiency savings targets. • From an established complement of 6.8wte a recurring maternity leave factor of 2.0wte over a period of at least 2 years.	The aim is to conduct an updated demand/capacity modelling exercise to assist in the preparation of a Business Case to secure additional resource to meet the increase in demand for this service.	Data on referral rates, DNA rates, throughput per 1.0wte Clinical Neuropsychologist, discharge rates and projected maternity vacancy factor.	This exercise to be completed by the end of May 2019.	Assistance from colleagues re: Financial Services, Mental Health Innovation Officers and Consultant Clinical Neuropsychologist time.
Dundee Adult Psychological	DAPTS last met the 18 week referral to treatment target in November	A revised demand/capacity exercise	Data on referral rates, DNA rates, throughput	This exercise to be achieved by	Assistance from colleagues re:

Therapies Service (DAPTS)	2016. At the end of January 2019, 744 patients were waiting to be seen with 214 waiting beyond 18 weeks. The overall yearly referral rate increased by 98 from 2016 to 2017 and by another 77 in 2017 to 2018 (1264, to 1362 to 1439). This represents a 14% increase over a two year period. Over 2017, the service (when there were 12.1wte substantive posts) experienced 4 maternity leave absences (3.4wte) and over 2018 experienced 1.3wte maternity leave and 0.7wte special circumstances career break.	to be undertaken to determine the capacity of the service within the current resource envelope.	per 1.0wte clinical staff, discharge rates and projected maternity vacancy factor.	May 2019.	Mental Health Innovation Officers, Business Unit, Consultant Clinical Psychologist.
Angus Adult Psychological Therapies Service (AAPTS)	At the end of January 2019, 480 patients were waiting to be seen with 170 waiting beyond 18 weeks. From a staff complement of 7.0wte, there exists 2.0wte posts that have remained unfilled despite regular advertisements. There has been a 0.6wte career break and a 1.0wte retiral is due in August 2019.	It is unlikely that the above posts will be filled by Clinical Psychologists or Clinical Associates in the near future. In order to deal with the patients with less complex presentations, an attempt will be made to allocate Assistant Psychologists to assist in the running of group interventions for a subset of patients waiting to be seen. This approach will not be suitable for all patients and it is envisaged that this waiting list will	Identification of patients whose presenting problem may be amenable to low intensity group intervention.	At present, it takes at least 4 months to appoint to Assistant posts. It is likely to be July 2019, at the earliest, before the proposed service reconfiguration might be achieved.	Assistance from Financial Services to reconfigure budgeting expenditure. Consultant Psychologist time to review waiting list patient referring problems.

		continue to increase until substantive posts are appointed to.			
Perth City CMHT	At the end of February 2019, the total number of patients waiting to be seen was 44. Of these, 41 had waited beyond 18 weeks, with the longest wait being 91 weeks.	Of the 41 patient breaches, 21 had waited beyond 52 weeks. All of these patients will be offered an initial appointment in April 2019. The remaining 20 patient breaches who have waited between 18 weeks and 51 weeks, will be offered initial appointments by the end of June 2019.	Establishment of Assessment Clinic. Monitoring of New/Return patient appointment ratio per 1.0wte clinical staff.	End of June 2019	Dedicated time from 2 Clinical Psychologists, including the newly appointed Consultant Clinical Psychologist.
Dundee Clinical Psychology to Community Mental Health Team	Clinical Psychology to Community Mental Health Teams in Dundee have not met the 18 week referral to treatment target in 2017 or 2018. The current substantive staffing level is 5.3wte. However, from this staffing complement, patient assessment and treatment is provided to in-patient care and time dedicated to delivering group treatments to CMHT patients. The former are included in activity figures but the latter not, as these referrals are not managed by the Psychological Therapies Service. Previous capacity modelling indicated that 1.0wte Clinical psychologist	revised demand/capacity modelling exercise to be undertaken for 2019.	Data on referral rates, DNA rates, throughput per 1.0wte clinical staff, discharge rate and any vacancy or maternity vacancy factors.	This exercise to be completed May 2019.	Assistance from colleagues re: Mental Health Innovation Officers, Business Unit, Consultant Clinical Psychologist.

	should be able to see 33 new individual patients per year. This equates to a service capacity of 175 patients per year. The number of new patients referred in 2017 was 172; in 2018 was 165. However, at the beginning of 2017, there were already 68 patients waiting to be seen (17 waiting longer than 18 weeks) with a longest wait of 43 weeks). The Service had a 0.8wte maternity leave running from 2016 through to July 2017 but with a second 0.8wte maternity leave running from July 2017 to April 2018. This reduced capacity would equate to 145 new patients seen each year.				
Recording of Clinical Effectiveness	The Mandatory Data Set (MDS) contains specific outcome measures: ICD-10 Diagnosis (added or amended to at any contact) Global Assessment of Functioning (GAF). This is rated between one and 100 at every contact with the client, and indicates the client's current functioning. Clinical Global Impression of Severity (CGI-S). This is rated between one and seven at every contact with the client, and indicates the client's current severity of presenting mental	There is a need for the Mandatory Data Set to be re-established to provide information regarding treatment effectiveness across adult Primary Care mental health services in the first instance. Information to be able to be analysed at the following levels:- • Service Level • Across diagnostic	The first pilot site to be Perth Adult Mental Health Primary Care Service. This is to be achieved and in routine use by June 2019. Thereafter to be rolled out across Dundee and Angus Adult Mental Health Primary Care Service by September 2019 and the remainder of Psychological Therapies thereafter.	Ring fenced dedicated time from MHAIST Information Analysts, NHS Tayside Business Unit and Clinical staff.	

	health difficulties. Clinical Global Impression of Improvement (CGI-I). This is rated between one and seven at every contact with the client (apart from first contact), and indicates the improvement or worsening of the client's mental health difficulties. Patient Global Impression of Improvement (PGI-I). This is rated between one and seven at every contact with the client (apart from the first contact), and indicates the patient's own view on the improvement or worsening of their mental health difficulties. The Mandatory Data Set has previously achieved a compliance rate exceeding 95% of all clinical appointments across some adult mental health services. However, recent changes with data recording systems have compromised this recording and reporting of treatment process and outcome data.	categories • Individual clinician level • Individual patient level The above data to be used as the primary driver for clinical service improvement by Consultant Clinical Psychologist/Lead Clinicians and member of their clinical team.			

NHS Tayside
Budget and Finance Plan – 2019/20
Draft

February 2019

Contents

Introduction
Section 1: Setting the budget
Section 2: 2019/20 Budget: allocation of resources and savings
Section 3: Financial savings plan

Introduction

1.1 The purpose of this paper is to set out the following:-

- Section 1: assumptions underpinning the budget, taking account of new resources available to the Board and an estimate of the projected increases in costs in the coming year;

- Section 2: distribution of the total resources across the key operational areas and apportions the savings targets based on a comparison of projected resources and expenditure for each area, and

- Section 3: status and risk assessment of the savings plan and projected end of year forecast.

1.2 The budget and financial plan for 2019/20 will form part of the three year financial plan which will be presented to the Board in April. The three year plan will set out how the Board aim to achieve financial balance by 31 March, 2022.

1.3 The steps taken by the Board during 2018/19 to stabilise the financial position have had a positive impact and the following benefits will be carried forward into 2019/20:-

- Reduced the monthly overspend by £0.5 million since Quarter 1 (2018/19);
- Reduced the recurring deficit by £6.0 million through increasing the level of recurring savings;
- Addressed historic reliance on earmarked slippage - £8.0 million benefit (in future years), and
- Open, transparent and timely reporting.

1.4 The financial plan anticipates further significant progress during 2019/20 in terms of reducing the financial deficit to £11.2 million. The key outcomes that will be delivered will be:-

- An improved position regarding performance against the national access standards for inpatients, outpatients, diagnostics, cancer and CAHMS in line with agreed trajectories, and
- An £8.0 million reduction in the recurring deficit to £18.0 million.

Section 1: Setting the Budget

Introduction

1.1 Following approval of the 2019/20 Budget Bill by Scottish Parliament, the Cabinet Secretary for Health and Sport confirmed the allocations for Health Boards in February 2019. These were in line with indicative allocations issued to Boards previously, and confirmed the following uplifts for NHS Tayside in 2019/20:-

	£m
Baseline funding (2.6% uplift)	18.9
NRAC Parity Funding	2.1
	21.0

1.2 All territorial Boards received a baseline funding uplift of 2.5%. In addition, those Boards furthest from NRAC parity received a further allocation to ensure that no Board is further than 0.8% from NRAC parity in 2018/19. NHS Tayside received an allocation of £2.1 million in recognition of this commitment.

1.3 The Scottish Government budget also confirmed that in 2019/20, NHS payments to Integration Authorities for delegated health functions must deliver a real terms uplift in baseline funding, before provision of funding for pay awards, over 2018/19 cash levels. This financial plan assumes an allocation to the Integration Joint Boards (IJBs) of £7.4 million, which is a full share of the Board's 2.6% baseline uplift. In addition to this, and separate from the Board Funding uplift, will be two elements of funding for Social Care:-

- £120.0 million will be transferred from the Health Portfolio to the Local Authorities in-year for investment in integration, including delivery of the Living Wage and up-rating free personal care, and school counselling services; and
- £40.0 million has been included directly in the Local Government settlement to support the continued implementation of the Carers (Scotland) Act 2016 and extending free personal care to under 65s, as set out in the Programme for Government.

The Local Authorities will have flexibility to offset their adult social care allocations to Integration Authorities in 2019-20 by 2.2% compared to 2018/19.

1.4 The following additional resources are also reflected in NHS Tayside's current financial plan:-

	£m
Pharmaceutical Specials Service Unitary Charge	2.1
Assumed additional resources	**2.1**

1.5 The budget also included additional investment in reform, and a renewed focus on alcohol and drugs. The allocation of funding to Boards is in the process of being confirmed:-

- Investment in the Primary Care Fund will increase to £155.0 million in 2019/20. This will support the transformation of primary care by enabling the expansion of multi-disciplinary teams for improved patient care, and a strengthened and clarified role for GPs as expert medical generalists and clinical leaders in the community.

- Investment of £146.0 million will be provided to support delivery of the trajectories set out in the Waiting Times Improvement Plan. Up to £40.0 million will be accelerated into 2018/19 to allow Boards to support immediate priorities.

- To support the mental health strategy, in 2019-20 a further £14.0 million will be invested, which will go towards the commitment to increase the workforce by an extra 800 workers; for transformation of CAMHS; and to support the recent Programme for Government commitments on adult and children's mental health services. In order to maximise the contribution from this direct investment, this funding is provided on the basis that it is in addition to a real terms increase in existing 2018/19 spending levels by NHS Boards and Integration Authorities. This means that funding for 2019/20 must be at least 1.8% greater than the recurrent budgeted allocations in 2018/19, plus £14.0 million. Directions regarding the use of £14.0 million will be issued in year.

- Trauma Networks funding will increase by £8.0 million to £18.0 million, taking forward the implementation of the major trauma networks.

- Continued investment in the £100.0 million cancer strategy

Assumptions

1.6 The following key assumptions have been made in relation to the budgets for 2019/20:-

- All budgets will be uplifted by a share of the 2.6% uplift, in line with the increase in baseline funding. This includes the allocation of funding to meet the implications of the pay uplifts.
- NRAC parity funding will be used to offset existing costs.
- Cost pressures for all services will have to be managed from within existing allocated budgets.
- A contingency of £3.0 million has been established to address any **exceptional** circumstances that could not have been envisaged at the start of the financial year.
- We have assumed that slippage on current and prior year allocations from SGHSCD will be £5.0 million.

1.7 In terms of the calculation of the financial savings requirement for 2019/20, the following analysis sets out the basis on which the 2018/19 baseline budget has been rolled forward. The table refers to Board directed services.

Board Directed Budgets	Revenue Allocation £m	Forecast Expenditure £m	Financial Gap £m
2018/19 Recurring Baseline B/Fwd*	474.5		
2019/20 Anticipated Allocations (note 1 opposite)	15.0		
Baseline Expenditure		-511.5	
Recurring Deficit**	**489.5**	**-511.5**	**-22.0**
New Resources			
2018/19 Baseline Uplift (exc IJB uplift of £7.4m)	11.5		
NRAC Parity Funding	2.1		
Other	2.1		
Total New Resources	**15.7**		**-6.3**
Growth/Cost Pressures			
Pay Uplifts		-10.7	
Non pay uplifts		-10.4	
Contingency		-3.0	
Miscellaneous Uplifts		-5.3	
Total Growth/Cost Pressures		**-29.4**	**-35.7**
BOARD OPERATING COSTS/FINANCIAL GAP	**505.2**	**-540.9**	**-35.7**

* Includes baseline RRL & non-core RRL

Note 1: 2019/20 Board Anticipated Allocations (excludes IJB-related allocations)	**£m**
Outcomes Framework	5.0
CSO - R&D	7.5
SRTC	5.0
Other	4.7
New Medicines Fund	3.5
Public Dental Services	2.2
e-Health - ICT	2.2
Early Years Family Nurse Partnership	1.6
Mental Health Outcomes Framework	1.6
Distinction Awards for NHS Consultants	1.5
Scottish Trauma Network	1.4
Top Slice	-4.1
Depreciation	-16.5
Total	**15.0**

** The recurring deficit against baseline budget for 2019/20 totals £26.0 million. However, £4.0 million of this total relates to budgets delegated to IJBs, which are included in IJB financial plans.

The Board's financial gap for 2019/20 is currently assessed as £35.7 million.

IJB Deficits	Angus £m	Dundee City £m	Perth & Kinross £m	Total £m
IJB Financial Gap – covering both health and social care budgets	**0**	**5.9**	**4.2**	**10.1**

In addition to the £35.7 million gap on Board directed services, the Board is exposed to potential IJB deficits of £10.1 million through the risk share agreements. The total deficit of £10.1 million reflects both health and social care budgets. It should be noted that the figure of £10.1 million is a provisional figure, and not yet formally approved by respective IJBs. IJB Risk Share agreements in Dundee City and Angus now allocate a share of any overall deficit between the two partner organisations, irrespective of the source of the overspend. Discussions continue with all three IJBs and Local Authority partners to confirm the basis for risk share and the related financial implications.

Risks

A number of risks specific to Tayside NHS Board are noted below:-

- IJB positions
  - the IJBs' ability to operate within available budget allocations;
  - the exposure to social care overspends and impact of IJB Risk Share agreements.
- Operational performance
  - delivery of waiting times improvement plan targets within available resource;
  - availability of funding to support operational capacity requirements.
- Secondary care medicines
  - managing a projected 12% growth in secondary care medicine costs;
  - availability of central funding to support Scottish Medicines Consortium recommendations.
- Property and estates
  - decisions are required around Board property and infrastructure to maximise the use of resource and mitigate operational risks.
- eHealth
  - resource required for appropriate IT infrastructure and support for service transformation.

Section 2: 2019/20 Budget: allocation of resources and savings

2.1 Based on the confirmed and forecast new resources and expenditure commitments the budget and savings requirements for 2019/20 for Board service budgets are noted below:-

	2019/20 Draft Budget				Savings Requirement
	Unscheduled Care	Elective Care	Other	Total	
	£m	£m	£m	£m	£m
Core Operational Group					
Patient Assurance and Access	22.1	43.3	46.0	111.4	4.5
Medicine	46.3	23.9	4.3	74.5	2.8
Woman, Children and Families	17.2	41.9	2.9	62.0	1.6
Surgery	47.6	69.3	6.2	123.1	7.6
Regional Mental Health Services			5.8	5.8	0.1
Facilities & Operational Services			77.3	77.3	1.9
Total Core Operational Unit	**133.2**	**178.5**	**142.4**	**454.1**	**18.5**
Corporate			54.2	54.2	2.0
Other Healthcare Services			21.2	21.2	
Income			(79.1)	(79.1)	
Depreciation			21.0	21.0	
Total Board Corporate	**0.0**	**0.0**	**17.4**	**17.4**	**2.0**
Financial Flexibility					4.0
Total Direct Budgets	**133.2**	**178.5**	**159.8**	**471.5**	**24.5**
Forecast Deficit Position					11.2
Total Financial Gap - Board					**35.7**

At this stage the forecast deficit for 2019/20 is £11.2 million, assuming delivery of £24.5 million of savings. The deficit includes a significant increase in secondary care medicines cost of 12% (£6.4 million). This is in line with other Boards' assumptions, and includes the impact of central direction on use of new high cost cystic fibrosis drugs.

The draft budget above splits out unscheduled care costs from other services, on the basis that unscheduled care must be delivered by the Board and fully resourced. A total unscheduled care budget of £133.2 million is identified. The level of efficiency applied to this budget will be restricted to
£1.5 million (1.1%), which assumes a level of variation in service provision exists.

Section 3: Financial Plan

Introduction

3.1 Based on the allocation of resources and the detailed budget prepared, it is forecast that the Board will require to deliver savings of £35.7 million, plus a share of the potential IJB deficit, in 2019/20 in order to achieve financial breakeven. The scale and size of this challenge should be considered in the context that the Board has not delivered financial breakeven since 2011/12.

3.2 The engagement with and involvement of all staff in managing budgets and operating within available resources is key and significant progress is being made in providing the necessary leadership and support to ensure that all steps to reduce the cost base are considered, alongside delivery of high quality and safe patient care.

3.3 Within this section we summarise the actions to reduce the cost base and increase productivity.

Closing the Gap

3.4 Transforming Tayside describes our high level direction, in response to the National Clinical Strategy[1], the Health and Social Care Delivery Plan[2] and the challenges posed to modern healthcare by Realistic Medicine[3]. The design of new clinically-led, sustainable models of care, developed in partnership with our communities, will transform our future approach to health and social care.

The Board is adopting a five tier approach to closing the financial gap:-

Level 1	Transforming Tayside
Level 2	Regional and National opportunities
Level 3	Productivity and improvement gains
Level 4	Cost reduction plans (each service)
Level 5	Financial flexibility

While progress is anticipated with transformation of services in 2019/20, given the current status of plans the 2019/20 efficiency savings plan will be reliant on actions within levels 3 to 5.

As detailed in the 2019/20 plan, the immediate goal will be to improve productivity with a focus on achieving upper quartile performance.

The Three year Transformation and Financial Plans coming to the Board in April 2019 will set out in more detail how the longer term financial strategy will be delivered through Transformation.

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[1] (2016) "National Clinical Strategy for Scotland" Feb 2016, Edinburgh. www.gov.scot. ISBN: 978-1-78652-002-9
[2] 2016) "Health and Social Care Delivery Plan" 19 Dec 2016, Edinburgh. www.gov.scot/publications. ISBN: 978-1-78652-701-1
[3] (2018) "Practicing Realistic Medicine: CMO Summary Report 2016-17" April 2018, Edinburgh www.gov.scot/publications. ISBN: 978-1-78851-3

Savings identified to date with supporting action plans

3.5 A summary of the savings identified to date with supporting actions noted below:-

	Savings Required	Savings Identified	Risk Assessment		
	£m	£m	High (£m)	Medium (£m)	Low (£m)
Core Operational Unit	18.5	10.6	6.7	4.4	7.4
Corporate Services	2.0			2.0	
Financial Flexibility	4.0	4.0			4.0
Total Direct Budgets	**24.5**		**6.7**	**6.4**	**11.4**

3.6 In the remainder of this section the savings identified to date are presented across each of the above areas.

Core Operational Unit

3.7 The savings identified within the core operational unit are noted below:-

	2018/19 Draft Budget			
	£000	Red	Amber	Green
Elective Care Productivity	£7.1m		£1.4m	£5.7m
Secondary Care Medicines	£3.5m	£3.5m		
Unscheduled Care	£1.5m	£0.5m	£0.7m	£0.3m
Cash Release Efficiency Targets:-				
• Access Division	£1.7m	£0.5m	£0.6m	£0.6m
• Medicine Division	£0.5m	£0.1m	£0.1m	£0.3m

• Surgery Division	£1.4m	£0.4m	£0.7m	£0.3m
• Regional Mental Health Services	£0.1m		£0.1m	
• Women, Children & Families	£0.8m	£0.2m	£0.4m	£0.2m
• Facilities & Operational Services	£1.9m	£1.5m	£0.4m	
Total	**£18.5m**	**£6.7m**	**£4.4m**	**£7.4m**

Elective Care Productivity

3.8 The finance plan is dependent on delivery of a significant increase in capacity from within existing resources. Individual plans will be agreed with each service across a range of measures, taking into account national benchmarking and reducing internal variation of performance. Demand and capacity is currently being modelled by the Business Unit who along with each service area will produce a capacity plan to achieve sustainable performance. Contained within each plan will be the required improvements expected to improve productivity and efficiency. The actions will also be underpinned by the support and resources around quality improvement areas, including achieving 77% end Theatre utilisation for example.

Transforming Outpatients

The Board is currently a national outlier in relation to new:review outpatient ratios and outpatient DNA:-

- New:Review ratio measures the ratio of return appointments delivered for every new outpatient appointment attended. NHS Tayside's performance is consistently above the national benchmark (Scottish Average) and in October 2018 was 4.1 compared to a benchmark of 2.5.
- Did Not Attend rates measures the percentage of new outpatient appointments that were not attended by patients. NHS Tayside's performance is consistently above the national benchmark (Scottish Average), and in October 2018 was 11.2% compared to a benchmark of 6.8%.

Delivering performance at the national benchmarks will create capacity to increase the number of new outpatient appointments and reduce the overall waiting list. There are a number of interventions currently being modelled which will be detailed in the next iteration of the financial plan.

Inpatient Capacity and Flow

Significant work has been made in reviewing the current service model and there are opportunities to increase capacity by redesign in the following areas:-

- Optimising admission processes, including same day admission;
- Embed integrated discharge processes and reducing hospital length of stays;
- Review capacity and flow pathways to reduce variation and bottlenecks, and
- Phased reconfiguration of services across the main sites at Ninewells, Perth Royal Infirmary and Stracathro.

Theatre Utilisation

Similar to inpatient flow and capacity, significant work has been undertaken to inform decision making regarding a more efficient and productive use of theatre capacity focused on:

- Optimising effective and efficient booking and scheduling;
- Improving data quality (OPERA) to inform improvement and key performance measures, and
- Provide a deliverable, cost effective theatre workforce plan and implement the target elective schedule.

3.9 Clinical Care Groups are developing their proposals to meet the October 2019 waiting times standard, for inclusion in NHS Tayside 2019/20 submission for national waiting times funding. Submission date is mid to end February 2019.

3.10 The delivery of the agreed metrics and trajectories will be rigorously monitored through the implementation of formal performance reviews both internally within the operational unit and by the Executive Leadership Team. Progress against the plans will be reported to the Performance Resources Committee, and Tayside NHS Board.

Secondary Care medicines

3.11 An assessment has been undertaken of the likely projected secondary care medicines expenditure. The process of budget setting for secondary care drugs includes analysis and use of a range of horizon scanning resources, including the Forward Look report by the SMC, Prescribing Outlook – New medicines by UKMI, the new drugs reports from the various prescribing consortia across the UK and work plans for SIGN/Healthcare Improvement Scotland and NICE. In addition to these formal sources local clinicians, pharmacists and service managers are engaged in and have contributed to medicines intelligence underpinning the assumptions and estimations made in this document.

3.12 It should be noted that there is an element of risk arising from the accuracy of the prediction due to the number of variables. Horizon scanning is a continual process and information regarding new drugs, licensing, etc. are communicated regularly throughout the year to clinicians and managers in order to inform on likely year end out-turn.

3.13 Based on the work undertaken and an assumption on the rate of the introduction of new medicines being at 40% (of the SMC Forward Look annual impact), the secondary care medicines budget would increase by £6.4m in 2019/20. Following Scottish Government advice regarding the impact of a new Cystic Fibrosis drug, expenditure projections have been increased for this patient group. Due to Scottish Government engagement with regards to cystic fibrosis drugs included in the Forward Look, the 40% would only apply to Oncology drugs.

Financial Planning	Full Year	SMC F/L 40%
	£000	**£000**
Growth on Existing Medicines	2,682	2,682
SMC New Medicines	10,168	6,856
Cost Reductions	(3,096)	(3,096)
Net Growth for 2019/20	**9,754**	**6,443**

The net growth in projected expenditure for 2019/20 is **£6.4 million**, an increase of 12% on 2018/19 baseline expenditure of £53.3 million.

3.14 Following discussion and agreement through the Operational Leadership Team, revised arrangements are in place to strengthen governance and control around secondary care drugs expenditure. Whilst secondary care budgets will continue to be allocated at unit/service level, these revised arrangements will include monitoring of the overall drugs budget by the Operational Leadership Team. This will ensure cross system ownership by clinicians and managers, facilitating the management of expenditure by those who generate it and allow prioritisation of treatments based on available resources.

Unscheduled Care

3.15 The clinicians responsible for unscheduled care are tasked with undertaking a comprehensive assessment of current capacity with the aim of identifying plans to reduce overall expenditure by £1.5 million without impacting on patient flow.

Service Cost reduction plans

3.16 In line with prior years, services have been allocated a 2% cost reduction target and plans will be implemented to support delivery of these savings. This will include the outputs of the Safe Affordable Workforce process reported to the Board and opportunities to reduce expenditure through local service actions. The savings assigned to services are consistent with prior years.

Integration Joint Boards (IJBs)

3.17 The financial plans for the three IJBs have still to be formally approved.

3.18 We would acknowledge the continued close working relationships with the three IJBs and support provided by the respective Chief Officers and Chief Financial Officers and Local Authority Directors of Finance. The key risks as identified in the Integration Joint Board financial plans include:-

- The impact of prescribing cost pressures. Benchmarking data would, however highlight, that two of the three IJBs remain outliers in terms of prescribing volumes compared to the Scottish average (Angus and Perth and Kinross). Support to assist the three IJBs will be co-ordinated through the Prescribing Management Group.

- The integration schemes for Angus and Dundee City from 1 April result in the Health Board and Local Authority sharing the responsibility for any overspends within the IJBs, irrespective of the source of the overspend.

- The cost of funding complex care packages continues to rise and further consideration will be required to assess the associated financial risk.

- The overspend with Mental Health and Learning and Disability Services; a significant element of which relates to the levels of resource within learning disability and CAHMS services compared to peer Boards in Scotland

Corporate Services

3.19 The Corporate Directorates have confirmed agreement to achievement of a 2% savings target.

Appendix 8

Core RRL

NHS TAYSIDE *select Board from drop-down*

FINANCIAL PLAN 2019-20

Core Revenue Outturn Statement

Line no	2018-19 Total £000s	Revenue Resource Limit (RRL)	2019-20 Rec £000s	2019-20 Non-Rec £000s	2019-20 TOTAL	2020-21 Rec £000s	2020-21 Non-Rec £000s	2020-21 TOTAL	2021-22 Rec £000s	2021-22 Non-Rec £000s	2021-22 TOTAL
1.01	1,087,662	Gross Expenditure - Clinical & Non-clinical	1,003,355	86,120	1,089,475	1,021,280	87,575	1,108,855	1,042,865	86,437	1,129,302
1.02	155,464	Less: Gross Income	159,351		159,351	163,334		163,334	167,418		167,418
1.03	932,198	**Total Expenditure**	**844,004**	**86,120**	**930,124**	**857,946**	**87,575**	**945,521**	**875,447**	**86,437**	**961,884**
1.04	34,744	Less: Total Non-Core RRL Expenditure		26,653	26,653		31,215	31,215		34,092	34,092
1.05	45,481	Less: FHS Non Discretionary Net Expenditure	45,356		45,356	45,356		45,356	45,356		45,356
1.06	851,973	**Core Revenue Resource Outturn**	**798,648**	**59,467**	**858,115**	**812,590**	**56,360**	**868,950**	**830,091**	**52,345**	**882,436**
1.07	741,022	Baseline Allocation	762,817		762,817	784,040		784,040	803,641		803,641
1.08	2,900	NRAC parity funding uplift	2,100		2,100			0			0
1.09	89,351	Anticipated Allocations: Rec/ Non-rec/ Earmarked	13,931	68,105	82,036	11,450	67,819	79,269	11,450	67,345	78,795
1.10	833,273	**Core Revenue Resource Limit (RRL)**	**778,848**	**68,105**	**846,953**	**795,490**	**67,819**	**863,309**	**815,091**	**67,345**	**882,436**
1.11	(18,700)	**Forecast variance against Core RRL**	(19,800)	8,638	(11,162)	(17,100)	11,459	(5,641)	(15,000)	15,000	0
1.12		**Financial flexibility (% core RRL)**			-1%			-1%			0%

	2018-19 £000s	**Balance of Care Cost Split:**	2019-20 £000s	2020-21 £000s	2021-22 £000s
1.13	467,963	Hospital Services total	465062	465196	476133
1.14	464,235	Community Services total	465062	480325	485751
1.15	932,198	Total (inc. FHS)	930124	945521	961884

Cumulative 3-Year Total Outturn (16,803)

Main contact name	Stuart Lyall
email address	stuartlyall@nhs.net
Phone number	01382 632054

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Efficiencies

NHS TAYSIDE

FINANCIAL PLAN 2019-20

Cash-releasing Savings Requirement

		2019-20			2020-21			2021-22		
		Rec £000s	Non-Rec £000s	Total £000s	Rec £000s	Non-Rec £000s	Total £000s	Rec £000s	Non-Rec £000s	Total £000s
2.01	Forecast variance against Core RRL	(19,800)	8,638	(11,162)	(17,100)	11,459	(5,641)	(15,000)	15,000	0
2.02	Savings forecast to be delivered (detailed in table below)	12,677	11,823	24,500	13,400	13,100	26,500	14,850	14,250	29,100
2.03	**Savings required to break even**	32,477	3,185	35,662	30,500	1,641	32,141	29,850	(750)	29,100
2.04	Savings as % of Baseline	4%	0%	5%	4%	0%	4%	4%	0%	4%

	Savings planned to be delivered:	2019-20			Risk rating			2020-21			Risk rating			2021-22			Risk rating		
		Rec £000s	Non-Rec £000s	Total £000s	High £000s	Med £000s	Low £000s	Rec £000s	Non-Rec £000s	Total £000s	High £000s	Med £000s	Low £000s	Rec £000s	Non-Rec £000s	Total £000s	High £000s	Med £000s	Low £000s
2.05	Service redesign	3,000	4,056	7,056	250	1704	5,102	3,750	3,750	7,500	1,000	3750	2,750	6,250	6,250	12,500	3,000	6250	3,250
2.06	Drugs and prescribing	3,500	0	3,500	3,500	0	0	3,500	0	3,500	3,500		0	3,500		3,500	3,500		0
2.07	Workforce	2,069	2,250	4,319	1,675	1716	928	1,000	2,500	3,500		3500	0	2,000	3,500	5,500	2,000		3,500
2.08	Procurement	738	30	768	0	105	663	800	0	800			800	500		500			500
2.09	Infrastructure *(e.g./acilities management, IT, other support services)*	0	116	116	0	116	0	1,000	500	1,500	1,000	500	0	1,000	500	1,500	1,000	500	0
2.10	Other	1,370	1,371	2,741	1,275	759	707	2,350	2,350	4,700	1,410	1500	1,790	600		600			600
2.11	**Total Efficiency Savings workstreams**	10,677	7,823	18,500	6,700	4,400	7,400	12,400	9,100	21,500	6,910	9,250	5,340	13,850	10,250	24,100	9,500	6,750	7,850
2.12	Financial Management / Corporate Initiatives	2,000	4,000	6,000		2000	4,000	1,000	4,000	5,000			5,000	1,000	4,000	5,000			5,000
2.13	Unidentified savings assumed to be delivered in year			0	0					0	0					0	0		
2.14	**Total core NHS Board Savings**	**12,677**	**11,823**	**24,500**	**6,700**	**6,400**	**11,400**	**13,400**	**13,100**	**26,500**	**6,910**	**9,250**	**10,340**	**14,850**	**14,250**	**29,100**	**9,500**	**6,750**	**12,850**
2.15	**Savings delegated to Integration Authorities**			**0**			0			**0**			0			**0**			0
2.16	**Savings challenge remaining (£000)**	**(19,800)**	**8,638**	**(11,162)**				**(17,100)**	**11,459**	**(5,641)**				**(15,000)**	**15,000**	**0**			

Non Core RRL

NHS TAYSIDE
FINANCIAL PLAN 2019-20
Non-Core RRL Expenditure

Line no	2018-19 Total £000s		2019-20 Total Non-Rec £000s	2020-21 Total Non-Rec £000s	2021-22 Total Non-Rec £000s
3.01	150	Capital Grants	150	150	150
3.02	16,847	Depreciation / Amortisation	16,770	17,056	17,530
		ODEL - IFRS PFI Expenditure			
3.03	3,599	PFI/PPP/Hub - Depreciation	4,504	4,681	4,865
3.04		PFI/PPP/Hub - Impairment			
3.05	(460)	PFI/PPP/Hub - Notional Costs	(602)	(762)	(936)
3.06	3,139	**Total IFRS PFI Expenditure**	3,902	3,919	3,929
		Annually Managed Expenditure			
3.07	13,144	AME - Impairments	4,422	8,676	11,052
3.08	906	AME - Provisions	906	906	906
3.09	558	AME - Donated Assets Depreciation	503	508	525
3.10		AME - Movement in Pension Valuation			
3.11	14,608	**Total AME Expenditure**	5,831	10,090	12,483
3.12	34,744	**Total Non-Core RRL Expenditure**	**26,653**	**31,215**	**34,092**

Capital Investment

NHS TAYSIDE
FINANCIAL PLAN 2019-20
Infrastructure Investment Programme

Line No	2018-19 £000s		2019-20 £000s	2020-21 £000s	2021-22 £000s	2022-23 £000s	2023-24 £000s
4.01		**Capital Resource Limit (CRL)**					
4.02	9,473	SGHSCD formula allocation	9,473	9,473	9,473	9,473	9,473
4.03	(462)	Asset sale proceeds reapplied *(net book value, from line 4.33 below)*	0	0	0	0	0
4.04	1,731	Project specific funding *(from line 4.24 below)*	21,433	20,391	28,115	8,769	6,902
4.05	40	Radiotherapy funding	3,630	625	3,160	2,689	270
4.06	2,185	Other centrally provided capital funding	1,012	0	0	0	0
4.07	3,500	Revenue to capital transfers	3,500	3,500	3,500	3,500	3,500
4.08	**16,467**	**Total Capital Resource Limit**	**39,048**	**33,989**	**44,248**	**24,431**	**20,145**
4.09	**16,467**	**Saving / (Excess) against CRL** *(4.08 less 4.01)*	**39,048**	**33,989**	**44,248**	**24,431**	**20,145**

	2018-19 £000s	**Hub Projects:**	2019-20 £000s	2020-21 £000s	2021-22 £000s	2022-23 £000s	2023-24 £000s
4.10		<name of project>					
4.11		Reshaping Non Acute Care (Kingsway Replacement)					
4.12							
4.13							
4.14							
4.15	**0**	**Total Non-Core Capital ODEL**	**0**	**0**	**0**	**0**	**0**

Memoranda

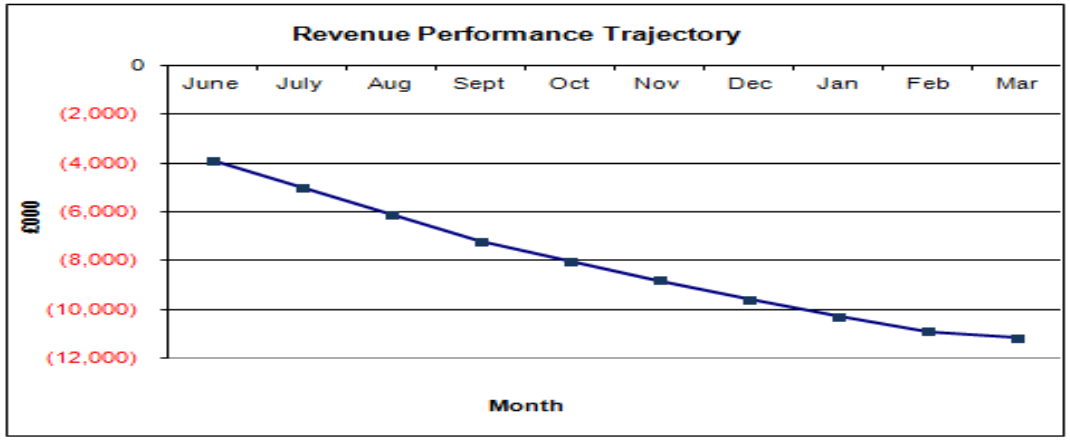
	2018-19 £000s	Project Specific Funding:	2019-20 £000s	2020-21 £000s	2021-22 £000s	2022-23 £000s	2023-24 £000s
4.16		<name of project>					
4.17	317	Ninewells Electrical Infrastructure	12,301	9,288	6,897	6,827	6,902
4.18	231	Neonatal Intensive Care Unit	5,637	776			
4.19	0	Multistorey Plant Unit (NICU/CTS/Zone 2)	1,674				
4.20	40	Elective Care	1,821	10,327	21,218	1,942	
4.21	1,143	NHSS PSS Equipment & Enabling					
4.22							
4.23							
4.24	**1,731**	**Total Project Specific Funding** *(copies to line 4.03 above)*	**21,433**	**20,391**	**28,115**	**8,769**	**6,902**

	2018-19 £000s	**Source of capital receipts** (please enter NBV figures as **negative**):	2019-20 £000s	2020-21 £000s	2021-22 £000s	2022-23 £000s	2023-24 £000s
4.25		<name of source>					
4.26	(110)	Trades Lane					
4.27	(352)	Equipment Asset Disposals					
4.28							
4.29							
4.30							
4.31							
4.32							
4.33	**(462)**	**Total Asset Sale proceeds (at NBV)** (copies to line 4.03 above)	**0**	**0**	**0**	**0**	**0**

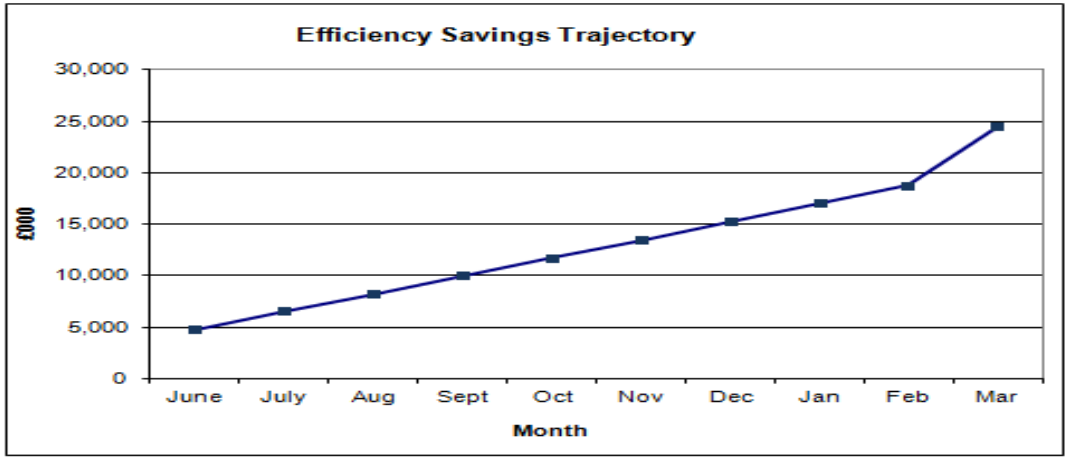
Trajectories

NHS TAYSIDE
FINANCIAL PLAN 2019-20
Financial Trajectories

	Revenue Outturn	RRL Saving/ (Excess)
	Saving / (Excess) against Core RRL as at the end of:	£000s
5.01	June	(3,900)
5.02	July	(5,000)
5.03	Aug	(6,100)
5.04	Sept	(7,200)
5.05	Oct	(8,000)
5.06	Nov	(8,800)
5.07	Dec	(9,600)
5.08	Jan	(10,300)
5.09	Feb	(10,900)
5.10	Mar	(11,162)



	Cumulative value of efficiency savings as at the end of:	Total
		£000s
5.11	June	4,809
5.12	July	6,525
5.13	Aug	8,240
5.14	Sept	9,992
5.15	Oct	11,743
5.16	Nov	13,494
5.17	Dec	15,246
5.18	Jan	16,997
5.19	Feb	18,749
5.20	Mar	24,500



Assumptions and Risks

NHS TAYSIDE
FINANCIAL PLAN 2019-20
Financial Planning Assumptions & Risk Assessment

Financial Planning Assumptions:

	2018-19	Assumptions - uplift (%)		2019-20	2020-21	2021-22
6.01		Resources	Base uplift	2.60%	2.50%	2.50%
6.02			NRAC		0.00%	0.00%
6.03			Other		0.00%	0.00%
6.04		Pay	Base uplift	2.80%	4.08%	3.81%
6.05			Incremental drift	0.00%	0.00%	0.00%
6.06			Other			
6.07		Prices				
6.08		GP prescribing	Price	1.00%	1.00%	1.00%
6.09			Volume	1.00%	1.00%	1.00%
6.10		Hospital drugs	Price	10.70%		
6.11			Volume			

Risk Assessment

Line no	Key Assumptions / Risks	£ Value Risk/ £ Assumption/ % Assumption	Impact / Description	Risk rating (please select from drop-down)
6.12	Pay and Pension		The increase in Employers Superannuation from 1 April 2019 have not been factored into the current financial plan, neither anticipated funding nor cost. It is assumed that SG will meet Board costs, however given the national shortfall from Barnett Consequentials, it is recognised that there is a risk associated with this, value to be determined through CFN.	Medium Risk
6.13	Waiting Times	£5m	£5.0m SG funding allocated in 2018/19 needs to be re-instated to maintain current core service capacity, otherwise significant deterioration in waiting times numbers. Also, risk of loss of any additional funding if performance trajectories not met.	Medium Risk
6.14	Prescribing	£2m	Financial impact of SMC recommendations. Continued price increases and short supply issues.	High Risk
6.15	Pharmaceutical Price Regulation Scheme (PPRS)		Planning on basis of NRAC share of £80m	Low Risk
6.16	Primary Care Improvement Fund		Funding allocation not included in figures at this stage. Assumed that increase in costs will match funding received	Low Risk
6.17	Mental Health		Funding allocation not included in figures at this stage. Assumed that increase in costs will match funding received	Low Risk
6.18	Transformational Change Fund		Funding allocation not included in figures at this stage. Assumed that increase in costs will match funding received	Low Risk
6.19	eHealth		Resource required for appropriate IT infrastructure and support for service transformation.	High Risk

6.20	Capital Programme	Up to £85.6m	Additional capital funding from SGHSCD assumed for 'Project Specific'. Restricted formula capital has limited NHST ability to progress with investment required to advance the clinical strategy and PAMS. If additional funding not provided, this will add further pressure to the already limited capital funding and will result in re-prioritisation of the five year capital programme.	High Risk
6.21	Capital Programme - NBV of asset disposals retained locally to support capital programme	Up to £3.1m	NBV retained to support investment in essential backlog maintenance and medical equipment replacement. If NHST is required to return this funding to SGHSCD this will result in a reduction to CRL funding and re-prioritisation of the capital programme.	Medium Risk
6.22	Capital Programme - Radiotherapy Funding	c£5.4m	Beyond the linear accelerator replacement in 2019/20, NHST cannot accommodate the replacement of any future linear accelerators within the existing infrastructure. Current accommodation with regards to the clinical environment and bunkers to support the linacs need to be addressed. Value based on linac replacements in National Radiotherapy Capital Equipment Replacement Programme in 2021/22 and 2022/23.	High Risk
6.23	Hub Procurement timing	c£20m	Project timelines for Reshaping Non Acute Care project not confirmed. Value based on Ministerial announcement in 2014.	Medium Risk
6.24	Primary Care Premises		There may be a requirement for capital investment in future years associated with the establishment of new GP hubs in line with the new GP contracts. No assumptions made on this within capital programme.	Medium Risk
6.25	ADEL	£4m	£4.0m ADEL funding assumed in each year of the plan	Medium Risk
6.26	IJBs	Up to £10m	Templates currently assume IJBs deliver financial balance. Current risk across both health and social care budgets is assessed at £10.1m - NHST would be exposed to c£6.5m through risk share agreements. Position currently being assessed, may be further exposure through prescribing and mental health overspends.	High Risk

Appendix 1

DRAFT NHS Tayside Elective Care Capacity Plan & Waiting Times Improvement Plan 2019-2020

1. Introduction

NHS Tayside is committed to ensuring that waiting lists for outpatient appointments and elective procedures are appropriately managed and are supported by a plan to achieve the LDP waiting times standards and that the milestones set out within Scottish Governments Waiting Times Improvement Plan released in October 2018 are met.

The Improvement Plan describes the need to make a phased, decisive improvement in the experience of patients waiting to be seen or treated:

By October 2019
- 80% of outpatients will wait less than 12 weeks to be seen
- 75% of inpatients/daycases (eligible under the treatment time guarantee) will wait less than 12 weeks to be treated
- 95% of patients for cancer treatment will be continue to be seen within the 31-day standard

By October 2020
- 85% of outpatients will wait less than 12 weeks to be seen
- 85% of inpatients/daycases will wait less than 12 weeks to be treated

By Spring 2021
- 95% of outpatients will wait less than 12 weeks to be seen
- 100% of inpatients/daycases will wait less than 12 weeks to be treated
- 95% of patients for cancer treatment will be seen within the 62-day waiting-time standard

To achieve the first milestone in October 2019, NHS Tayside will require to deliver the following:
- Reduce current OP queue from 11227 to 6979 waiting over 12 weeks
- Reduce current TTG queue from 3355 to 2019 waiting over 12 weeks
- Improve 31 day cancer performance consistently

This paper outlines the current and ongoing work in establishing and delivering on core funded capacity across the clinical specialities; the productive opportunities that exist and the additional activity this can provide; the recurring and non-recurring activity gap and improvement plans to bridge the defined gap.

Years two and three of the plan (2020 – 2022) will be shaped as the Transforming Tayside Programme of work progresses.

2. Approach to Capacity Planning for 2019/20

We have assessed demand for our elective (planned) services. This takes account of the volume of patients referred and treated the year before; changes in the numbers of patients waiting for both outpatient and inpatient treatment and any existing backlog. Speciality level capacity plans, based on consultant job plans and the core theatre schedule, have been progressed.

These plans are underpinned by productivity and efficiency opportunities identified through analysis of national benchmarking data where NHS Tayside activity could be improved when compared with other Scottish Health Boards.

This then allows us to identify any gap between demand and available capacity across specialities, both from a recurring and non-recurring (backlog) perspective. This information then forms the basis of the improvement plan and funding bid detailed below and attached in the completed Long-term Waiting Times Improvement Plan 2019-21 templates.

The Acute Service is approaching the improvement of waiting times in a number of ways;

- Effective waiting list management
- Service Level Capacity Plans
- Transforming Tayside key projects
- Regional planning
- Short term plans to address long waits and medium term plans to address longer term sustainability

Each of these key work streams is in different stages of development. It is important that plans address both the immediate problem of long waits but also provide sustainable solutions for future management of waiting lists.

Short term capacity issues will be addressed through productivity improvement and where necessary the development of waiting times funding proposals, that will specifically consider the provision of additional capacity internally where feasible or outsourcing if necessary.

Senior clinical staff are developing the longer term vision with service redesign aimed at meeting future need both in terms of physical infrastructure and appropriate staffing along with reviewing patient pathways that will deliver modern systems of care. A number of these proposals feature in the Transforming Tayside paper approved at NHS Tayside Board February 2019.

Each of the above pieces of work is essential to support the delivery of waiting times that meet the national standards.

NHS Tayside has undertaken work to complete the Scottish Government Waiting Times Improvement Template aligning this to the work that has been undertaken in relation to Capacity Planning. Whilst the template provides an overview of the position across Tayside, it does not account for variances in how demand and activity is coded and any sub-speciality variation resulting in some specialities and diagnostics tests either appearing to have a recurring gap when there isn't one or not showing a recurring gap when there is one. The improvement plans we have submitted therefore take account of the local knowledge in respect of these variances and are focused on the areas where there is known need for recurring or non-recurring capacity. NHS Tayside will continue to develop our work on capacity planning throughout 2019/20 to better inform future DCAQ modelling, and would be keen to work with Scottish Government to consider how the annual template may be aligned with our local developments. Other key points to note:

- Section 3 of this report references funding for continuation of core capacity, the finances for this have been added to the template. As this is to sustain core capacity, no additional capacity has been included in tab 9 of the template.
- A revised Cancer template was received on Friday 29th March with a deadline of Friday 5th April 2019, this will therefore be submitted at this time

3. Continuation of Core Activity funded 2018/19

In 2018/19 NHS Tayside received £7.2 million of Waiting Times funding. An initial allocation of £3.9 million was invested in maintaining core capacity. A further £0.7 million was received in December to support the continuation of core TTG activity through the increased productivity in theatres, a mobile cardiac cath lab was also maintained on the Ninewells site both to meet the demand for cardiology outpatient procedures and to protect elective capacity within the theatres at a cost of £0.2 million (full year £0.5 million).

In summary (excluding diagnostics) £5.1 million is required in 2019/20 to maintain the current core levels of activity provided in 2018/19. If this element of core waiting times funding is not received, the current trajectories will significantly deteriorate.

Service	**TTG**		**Outpatients**		**Total**
	£000	**Activity**	**£000**	**Activity**	**£000**
Waiting Times 2018/19 Initial Allocation	2,415	770	1,485	9,202	3,900
Waiting Times Improvement Plan Tranche 1 – theatre productivity	700				700
Waiting Times Improvement Plan Tranche 1 – cardiac cath lab	484				484
TOTAL	**3,599**		**1,485**		**5,084**

4. Funding Approval to support immediate initiatives - April 2019

SG have requested activity levels are maintained throughout the first quarter of 2019/20 and asked that NHS Tayside explore how this could be achieved for key high volume and long wait specialities from 1 April 2019, in addition to progressing any in-house developments for these key specialities.

Urology have the largest volume of TTG patients waiting over 12 weeks, with 70% of the NHS Tayside TTG waits and the longest wait at 124 weeks. General Surgery also has a number of long waits for routine procedures. Given the current challenge with theatre workforce, there is an inability to increase theatre sessions to support these procedures. Provision of Independent Sector support to reduce the backlog is critical whilst the service teams redesign and realign their elective care pathways to create sustainable service models through Transforming Tayside.

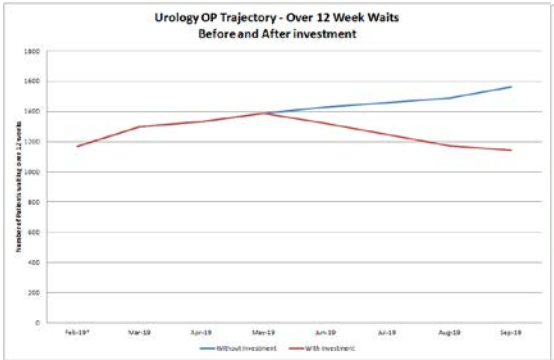
The development of a one stop OP and Diagnostic facility at PRI will support a more efficient and effective use of workforce and facility resource to increase throughput, with the aim of reducing the Urology OP waits over 12 weeks and the cystoscopy waits over 6 weeks.

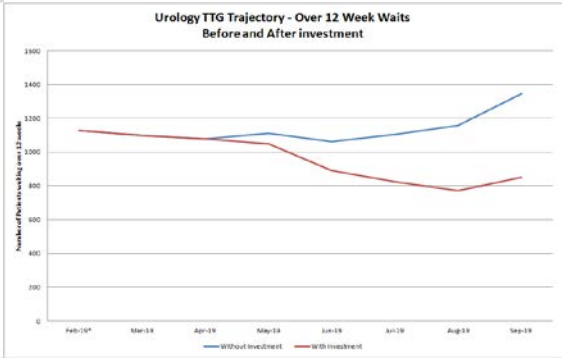
Funding to support the first 6 months of activity was requested and agreed for the following:

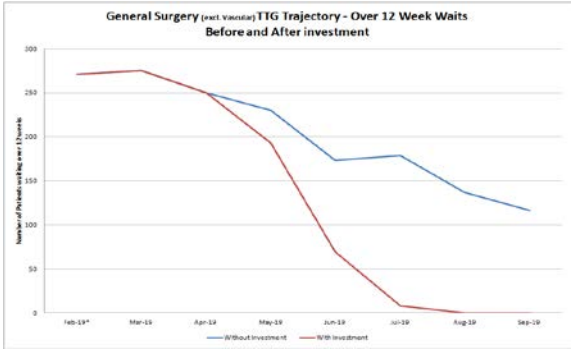
Service	TTG		Outpatients		Diagnostics		Total
	£000	Activity	£000	Activity	£000	Activity	£000
Urology – one stop diagnostic facility at PRI			85	420*		220*	85
In –Sourcing Urology & Gen Surgery - April – Sept 2019	119	500					119
Outsourcing Urology – other minor**	259	180					259
Outsourcing General Surgery – hernia**	229	120					229
TOTAL	**726**	**1300**	**85**	**420**		**220**	**692**

Weekly monitoring and reporting of performance will be in place to ensure focus and progress around reduction of longest wait patients.

Impact on waiting times position







*It should be noted that these trajectories do not currently factor in any other initiatives, such as productivity, service redesign, etc, that are planned during 2019/20 and described in the subsequent sections of this report

5. SRTC – Provision of Mobile Theatre

At the request of SG a paper has been progressed which provides an initial assessment of requirements to maximise and increase the available theatre capacity through the provision of a mobile theatre on the SRTC site, outlining the potential increase in activity and the impact on current waiting time trajectories for both NHS Tayside and NHS Grampian.

This paper highlights that the additional activity gain through improved productivity and the provision of a mobile theatre would be approx. 1500 – 1700 procedures across the key specialities of General Surgery, Urology, OMFS and Plastic Surgery.

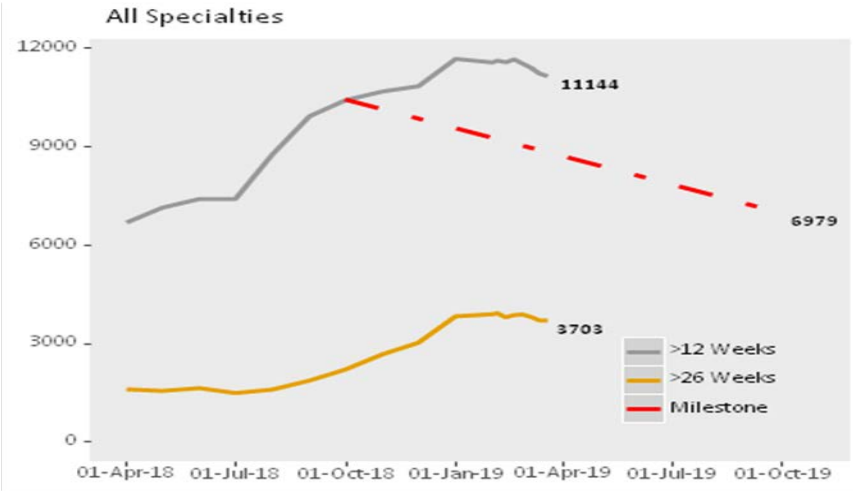
The predicted cost to provide the mobile theatre, support staffing and additional activity is £2.584m. This will support a phased reduction in the number of inpatients/ day cases currently waiting greater than 26 and 52 weeks. The appointment of a dedicated manager for SRTC is seen as essential to progressing and delivering increased utilisation of this site. These costs are not included in the NHS Tayside plan as they have been submitted within the NHS Grampian bid.

6. Waiting Times Improvement Plans based on Capacity Planning Outcomes and Productivity & Efficiency Plans

Speciality level waiting times improvement plans have been developed for 2019/20 to progress towards the national standards for OP, TTG, Diagnostics and Cancer. Each speciality has utilised available data to review their service level capacity, demand, activity and queue to create an initial 6 month and 12 month plan for 2019/20 detailing optimisation of existing resource, backlog clearance and recurring additional resource to develop a sustainable delivery model. The outputs from the service level plans form the basis for the overarching NHS Tayside trajectories as outlined below and in the attached appendices.

Outpatient Improvement Plan

The graph below outlines the trajectory of achievement that is required for NHS Tayside to meet the October 2019 target for Outpatients (OP).



Scottish Government Trajectory for NHS Tayside

As at 18th March 2019, to achieve the October 2019 target the current OP queue will need to reduce by 4165 patients.

Six key specialties account for 80% of the longest patient waits on the new outpatient waiting list:

- Dermatology
- Gynaecology
- General Surgery
- Urology
- Orthopaedics
- Neurology

To develop realistic and robust improvement plans for 2019/20, the following actions have been progressed with the clinical care teams:

- Core capacity plan confirmed based on available medical staff resource utilising job plan information
- Clinic Variation reviewed and assurance provided that meet minimum professional standards
- Productive opportunity ambition – based on Scottish average and Upper Quartile performance metrics, improvements per speciality have been agreed with a focus on variation; reducing the DNA rate and improving N:R ratio

Productivity gains will equate to approximately 2280 'additional' OP activity across all specialities between April and October 2019.
Service level improvement plans including productivity and efficiency opportunities are detailed in Appendix A, outlining the current speciality position, the reduction in queue to achieve the October 2019 target, the recurring capacity gap and the ongoing backlog clearance required.

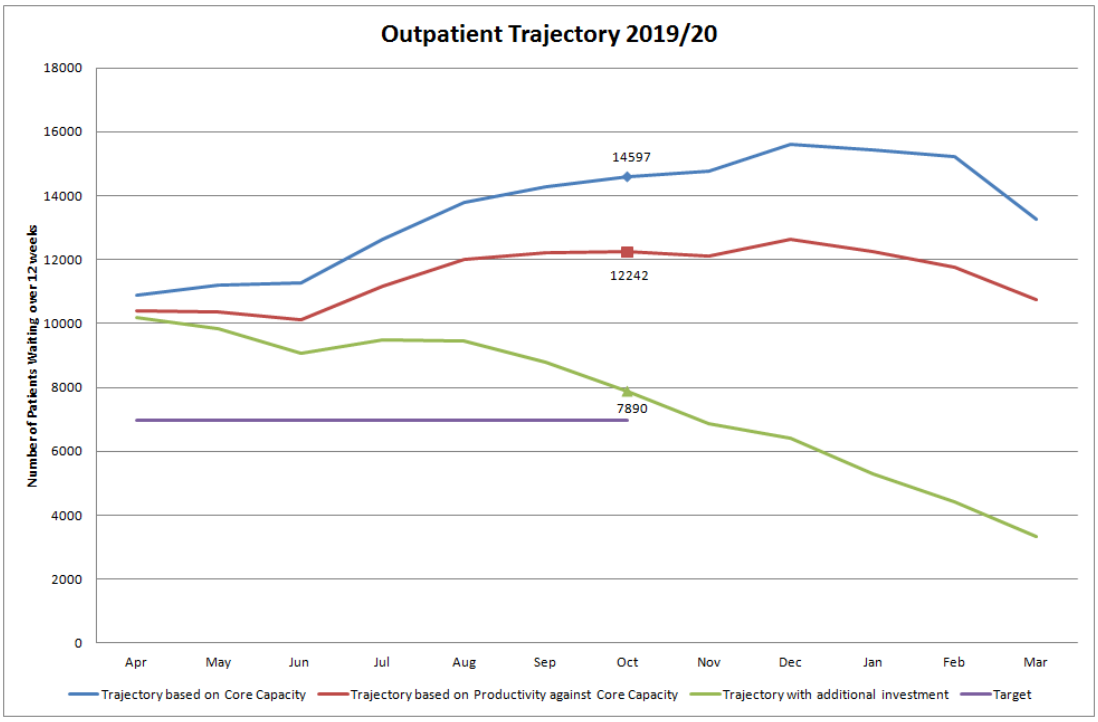
The Transforming Outpatient Programme team (TOPs) will continue to support clinical teams transform their OP pathways and ways of working to ensure efficient and effective service deliver models are in place. TOPs have prepared a pathway checklist, based on general good practice principles and aligned to the pathway work progressing through the Scottish Access Collaborative. TOPs will focus its work plan for this year on working with the 6 high volume specialities outlined above. The opportunity the programme represents is access to a previously unconnected set of skills and knowledge, including clinical (primary and secondary care), operational, infrastructure, analysis and change management skills.

	Short Term Bid	**2019/20**	**Recurring**	**Capital**	**Total**		**Activity**		
	£000	**£000**	**£000**	**£000**	**£000**		**To October 2019**	**To March 2020**	**Recurring**
Dermatology		16	199	0	216		1042	2340	1398
Gynaecology		206	34	0	240		955	1682	262
Orthopaedics		26	79	0	105		1050	2300	600
General Surgery (inc Vascular)		450	62	0	512		535	1070	470
Urology	85	105	79	173	442		640	1368	638
Neurology		15	19	0	34		325	398	146
Plastics Surgery		17	25	0	42		384	480	192
Ophthalmology		0	71	0	71		271	542	542
ENT		42	44	0	87		195	650	910
Gastroenterology		125	183	0	308		347	964	1014
Neurosurgery		0	27	0	27		82	239	364
Diabetes		28	40	0	68		47	194	200
Respiratory		4	19	14	37		84	224	340
Total Funding Required	**85**	**1,034**	**881**	**187**	**2,187**		**5957**	**12451**	**7076**
Average Cost per Case (£)								**£161**	

In order to deliver an additional 5957 outpatient appointments by October 2019 and 12451 outpatient appointments by March 2020 the total funding required in 2019/20 is £2.187 million. £0.881 million of this funding is required on a recurring basis, and £0.187 million is for capital equipment purchases.

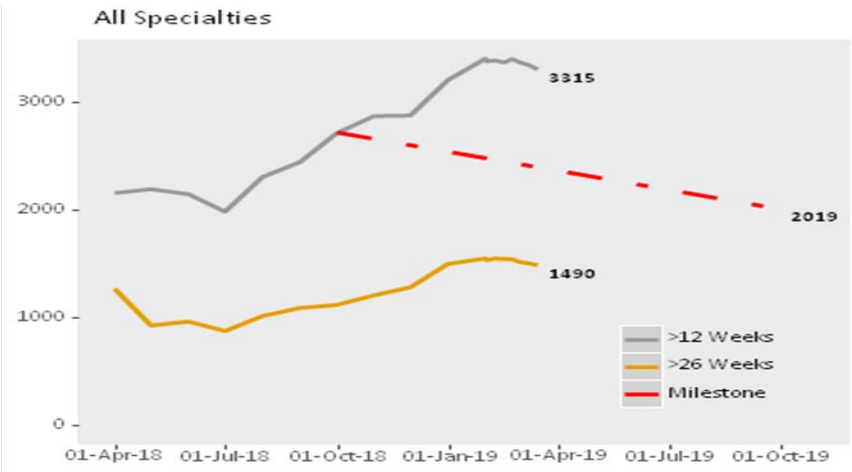
The funding will be invested in additional capacity within both the external sector and in-house, an element of which will be used to support the additional cost of increased throughput related to the realisation of productive opportunities. The average cost per case for 2019/20 investment is £161.

Assuming the delivery of all the productivity opportunities identified and the receipt of funding to implement both the recurring and non-recurring improvement initiatives identified within Appendix A, NHS Tayside is projected to deliver the following performance during 2019/20



TTG (Inpatient/Daycase) Improvement Plan

The graph below outlines the trajectory of achievement that is required for NHS Tayside to meet the October 2019 target set for Treatment Time Guarantee



Scottish Government Trajectory for NHS Tayside

As at 18 March 2019, for NHS Tayside to achieve the October 2019 target the inpatient/day case waiting list will need to reduce by 1296 patients.

NHS Tayside focus is on working with the key specialities with largest volume and longest IP/Day case waits:

- Urology
- Trauma & Orthopaedics
- Gynaecology
- General Surgery (incl vascular)

To develop realistic and robust improvement plans for 2019/20, the following actions have been progressed with the clinical care teams:

- Capacity plan confirmed based on available medical staff resource utilising job plan information and available staffed theatre sessions

- Theatre utilisation reviewed and opportunities for improvement identified including reduction in under and over runs and list scheduling

- Productive opportunity ambition – minimum 77% theatre utilisation per speciality across all sites

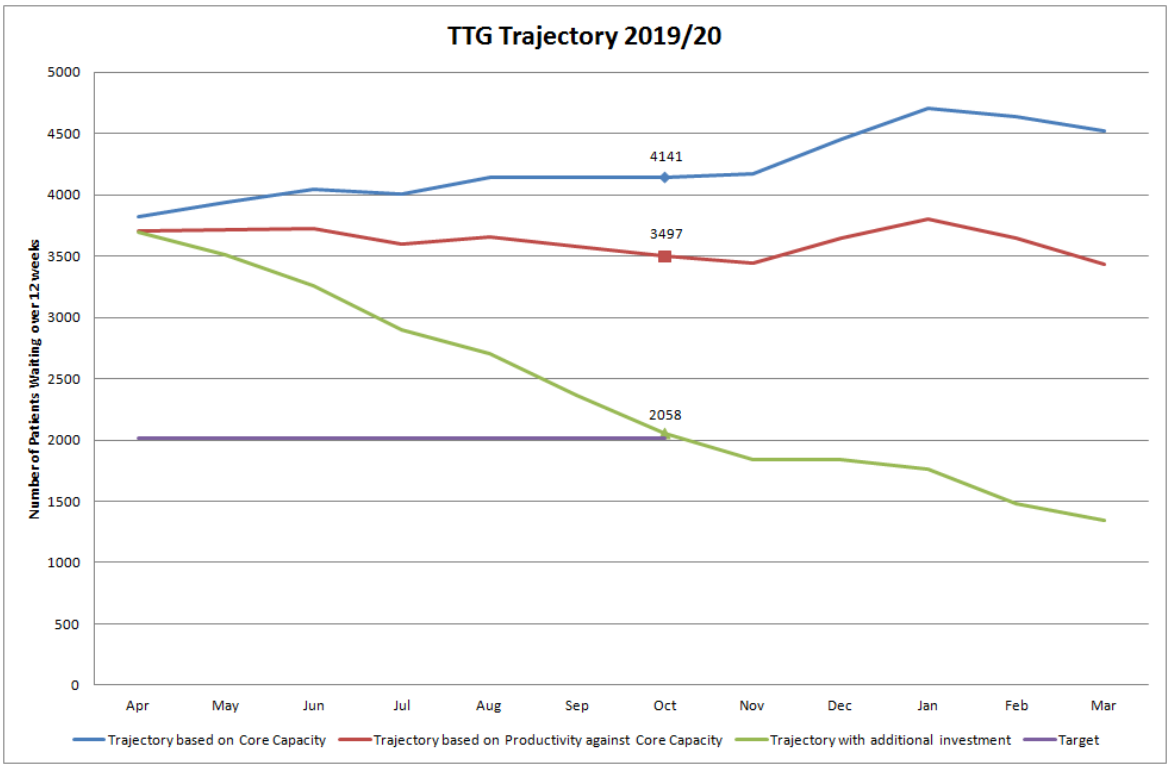
Speciality level improvement plans including productivity and efficiency opportunities are detailed in Appendix B, outlining the current speciality position, the reduction in queue to achieve the October 2019 target, the recurring capacity gap and the ongoing backlog clearance required.

	Short Term Bid	**2019/20**	**Recurring**	**Capital**	**Total**		**Activity**		
	£000	**£000**	**£000**	**£000**	**£000**		**To October 2019**	**To March 2020**	**Recurring**
Urology	354	354	144	120	972		703	1425	320
Orthopaedics	0	1,094	268	0	1,362		144	287	87
General Surgery (inc Vascular)	253	253	306	0	812		343	542	102
Ophthalmology	0	10	164	0	174		128	336	456
Gynaecology	0	482	329	0	811		163	333	73
Plastic Surgery	0	0	90	0	90		15	30	30
ENT	0	0	30	0	30		5	10	10
Total Funding Required	**607**	**2,194**	**1,331**	**120**	**4,251**		**1501**	**2963**	**1078**
Average Cost per Case (£)								**£1,435**	

In order to deliver an additional 1501 TTG procedures by October 2019 and 2963 TTG procedures by March 2020 the total funding required in 2019/20 is £4.251 million. £1.331 million of this funding is required on a recurring basis, and £0.120 million is for capital equipment purchases.

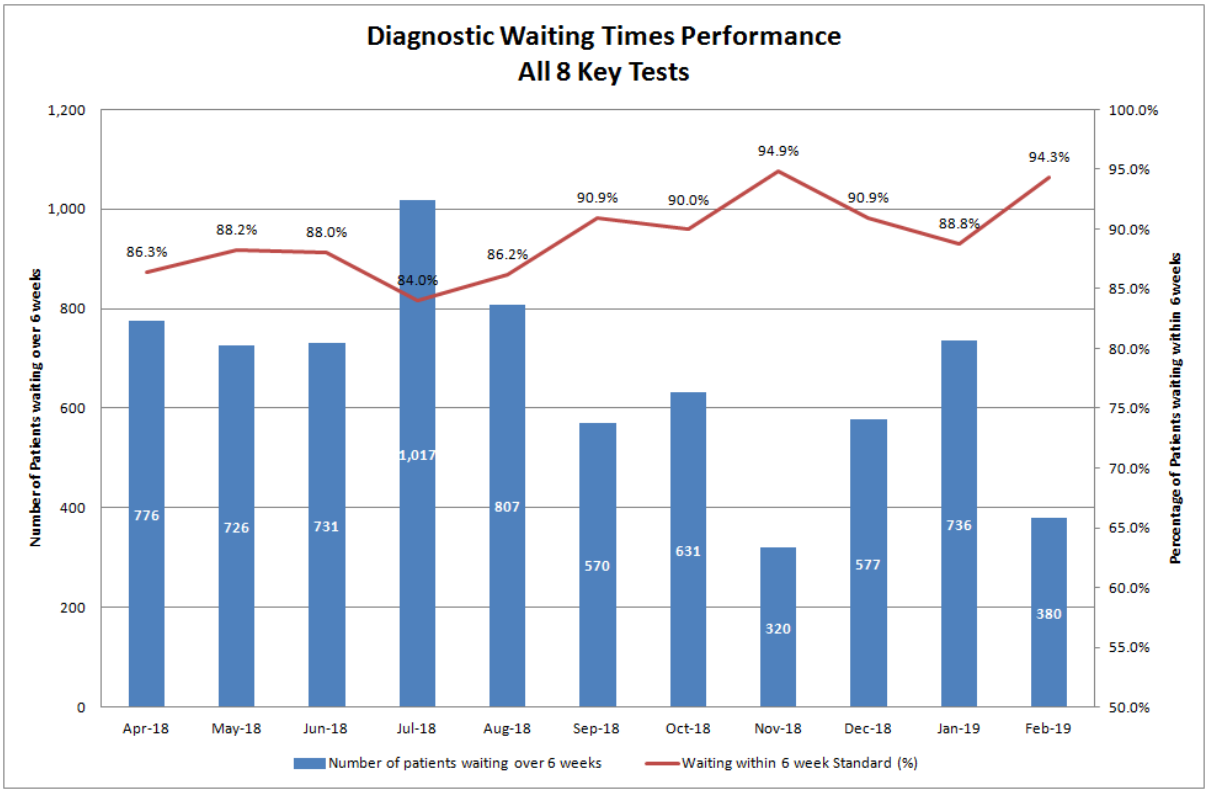
The funding will be invested in additional capacity within both the external sector and in-house, an element of which will be used to support the additional cost of increased throughput related to the realisation of productive opportunities. The average cost per case for 2019/20 investment is £1,435.

Assuming the delivery of all the productivity opportunities identified and the receipt of funding to implement both the recurring and non-recurring improvement initiatives identified within Appendix A, NHS Tayside is projected to deliver the following performance during 2019/20



Diagnostics Improvement Plan

The graph below outlines NHS Tayside's current performance in respect 6 week diagnostic waiting times.



Radiology

Over the next three years activity in CT, MRI, ultrasound and DEXA is expected to grow by approximately 3%, to maintain waiting time targets at 6 weeks, significant investment is requested across 2019-22.

Productivity and efficiency of available resource remains a key focus for the service, with ongoing improvement plans in place across the modalities to optimise patients per session. A short life working group has been established to develop and deliver an improved framework for management of inpatient diagnostics requests, working with clinical service referrers to ensure a consistent and clinically prioritised approach to diagnostic requesting.

Continued outsourcing through use of mobile vans has supported the increasing gap between available capacity and demand in CT and MRI in recent years, but the service do not feel that this is a long-term, efficient or effective solution.

From June 2019, an additional CT scanner will be available on the Ninewells site to meet the current and future anticipated gap. Recurring workforce revenue funding is required to provide this sustainable service model.

Continued outsourcing through University SLA and mobile vans will support the MRI activity gap in year 1. To future proof the service, an additional MRI scanner is required for the PRI site. Capital and revenue funding requests are outlined for 2020 onwards. This is a more cost-effective model of service delivery. A suitable location for housing the MRI scanner has already been identified on the PRI site.

The Radiology 3 year plan is outlined in more detail within Appendix C – Diagnostics Improvement Plan including the additional funding requirement to provide robust and resilient diagnostic services.

Endoscopy

The current waiting time for a routine Endoscopy Diagnostic test is approximately 12 weeks and between 4 and 6 weeks for an Urgent Endoscopy Diagnostic Test. As of 2018 it was mandated by the service that any Suspicion of Cancer Referral would not exceed 2 weeks waiting time and the booking team are maintaining this with escalation process built in when issues arise preventing from achieving this standard.

Due to significant changes in the unscheduled care delivery model for AMU and the implementation of an Out of Hours GI Bleeding Rota, the available endoscopy capacity will reduce in 2019/20.

There is further risk/ potential impact on capacity from August 2019 if recruitment to the 2 clinical fellow posts is unsuccessful, this could have a significant weekly impact on available elective endoscopy capacity.

The continued utilisation of qFIT test to triage referrals and manage colonoscopy demand is also requested to be funded on a recurring basis moving forward.

Cardiology (Echo & BNP)

The current wait for an ECHO is approx. 4 months (a decrease from 11 months in 2017/18), require to reduce to 4 weeks. Previous waiting time funding allocation provided to support up to end of August 2019 to provide additional echo sessions. There continues to be a gap of 1 WTE Band 7 cardiac physiologist to meet demand in Echo.

Use of BNP test in Primary Care to ensure only those requiring a cardiac echo are referred, continues to demonstrate a positive impact on the current queue with 66% of request being cancelled based on the BNP result. Recurring funding required to embed this as a sustainable service delivery model.

	Short Term Bid	**2019/20**	**Recurring**	**Capital**	**Total**		**Activity**		
	£000	**£000**	**£000**	**£000**	**£000**		**To October 2019**	**To March 2020**	**Recurring**
Radiology - CT			726		726				
Radiology - MRI			240		240				
Radiology - Ultrasound			105		105				
Radiology - DEXA			105		105				
Radiology - Other			235		235				
Qfit			75		75				
Endoscopy		included as part of Gastro OP bid			0				
Cardiology (ECHO & BNP)		52	20		72				
Total Funding Required	**0**	**52**	**1,506**	**0**	**1,558**				

In 2018/19 additional MRI and CT capacity was funded by waiting times and provided through the use of mobile/ university scanners, and also incurred additional external reporting costs. In 2019/20 this activity is required, with a further anticipated growth requirement also. Detailed work is progressing within the service to validate the recurring gap for both

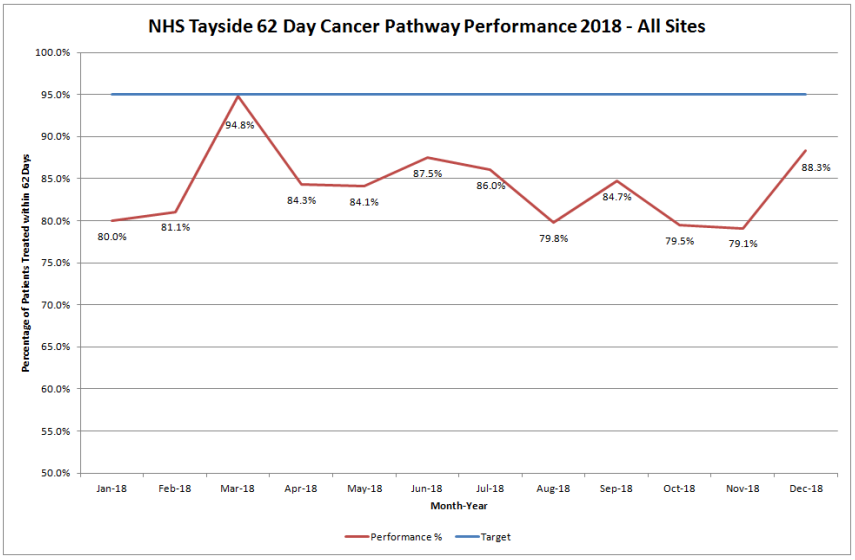
CT and MRI. Anticipated funding requirement in 2020/21 to deliver sustainable in-house capacity and reduce reliance on mobile vans is outlined in Appendix C.

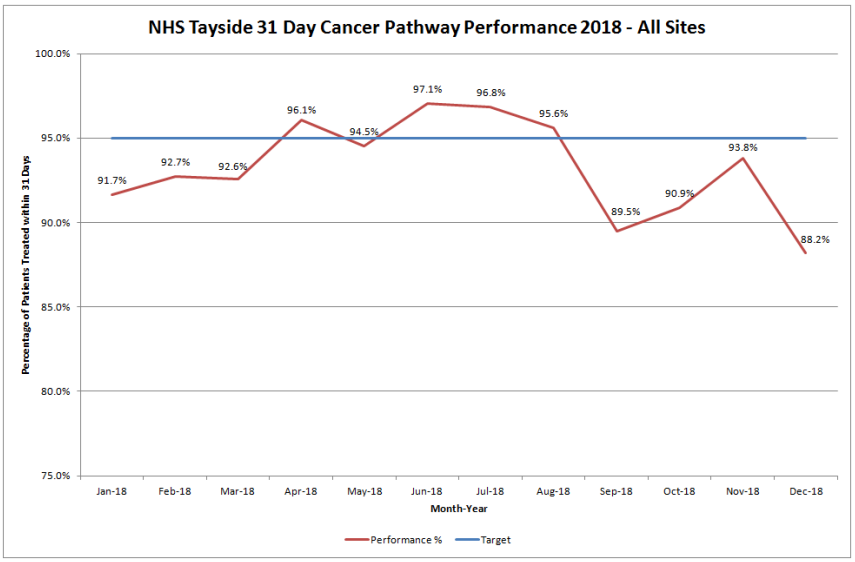
Diagnostics Trajectory for 2019/20

Standard	Quarter 1	Quarter 2	Quarter 3	Quarter 4
MRI	57	23	51	17
CT	47	58	85	0
Ultrasound	18	19	36	16
Barium Studies	0	0	0	0
Radiology Total	**122**	**100**	**172**	**33**
Upper Endoscopy	33	45	0	0
Lower Endoscopy	33	0	18	49
Colonoscopy	74	82	0	0
Cystoscopy	268	288	403	402
Endoscopy Total	**408**	**415**	**421**	**451**
Diagnostic Total	**530**	**515**	**593**	**484**

Cancer Waiting Times Improvement Plan

The graphs below outline NHS Tayside's current performance in respect the 62 day and 31 day waiting times standards for cancer.





Cancer Pathways

In line with NHST's Cancer Management Framework Action plan, the following actions are progressing to establish a more sustainable delivery of cancer waiting times standards:

- Implementation of weekly cancer pathway review meetings to identify and provide early escalation of patients deviating from the agreed timed pathways with agreed actions to prevent breach of target where possible
- Review and refresh of all timed pathway by cancer site
- Robust breach analysis including action plan to mitigate/ resolve variation
- Establish governance and performance reporting structure for NHST Cancer Improvement Group

To further support sustained delivery of service, review of the cancer pathways which account for 76.5% of NHS Tayside's 62 day breaches in 2018 was undertaken and improvement actions specific to the individual cancer pathway agreed. It should be noted these specialities also contribute to 83.6% of all the 31 day breaches in 2018. Details of these improvement actions and associated funding requirements are detailed in Appendix D.

Improvement Trajectories 2019/20

Through progressing with both the effective ways of working improvement plan and the increase in treatment capacity, the waiting times ambition for NHS Tayside is to ensure consistent performance moving forward in 2019/20 as follows:

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
31 Day Standard	95%	95%	95%	95%
62 Day Standard	85%	85%	90%	90%

Tumour site level trajectories have been included within the cancer section of the completed Long-term Waiting Times Improvement Plan 2019-21 templates.

	Short Term Bid	2019/20	Recurring	Capital	Total
	£000	£000	£000	£000	£000
Outpatients			110		110
Chemotherapy			70		70
Radiotherapy			57		57
Total Funding Required	**0**	**0**	**237**	**0**	**237**

7. Improvement & Planning Support

Business Unit – request to support 2 posts within the Business Unit to provide relevant clinical care team level data and information, specific to:

- resource utilisation, productive opportunities, effective care pathways (ECaP), trajectory development and DCAQ modelling
- cancer specific Waiting Times Reporting and Pathway Analysis to support Patient Tracking List meetings and identification of areas for improvement in patient journeys

	Recurring
	£000
Business Unit Information Analyst and Senior Information Officer – 2wte	84
Data Quality Support officers (from Jan 20 as initial pump priming will end)	73
Total Funding Required	**157**

8. Risks to Implementation

High level risks to delivery of the detailed increased activity and subsequent impact on waiting times trajectories are outlined below:

- Workforce – ongoing recruitment and retention of staff in particular the current challenges within the theatre and radiology workforces
- Ability of Independent Provider to fulfil contracted activity
- Impact of unscheduled care on available inpatient capacity
- Impact of environment or equipment failure – in particular current theatre infrastructure challenges and diagnostics scanner breakdowns
- Any change in demand – for example any increase in urgent cancer patient referrals

A detailed risk assessment will be provided as part of the final submission.

9. Framework for Monitoring and Management of Elective Care Performance

A framework for monitoring and management of elective care performance in NHS Tayside has been progressed, including the provision of assurance in respect of policy application, governance arrangements and implementation of agreed improvement plans.

The role of NHS Tayside Elective Care Performance and Assurance Framework is to:

- Scrutinise the delivery of waiting times standards, namely Treatment Time Guarantee, New Outpatients, Diagnostics and Cancer, in line with the National Waiting Times Improvement Plan.
- Provide scrutiny and monitoring on the development and implementation of Waiting Times improvement plans.
- Receive assurance regarding effective and consistent application of NHS Tayside's Access Policy
- Provide scrutiny of productivity and efficiency measures across elective services.
- Provide assurance to NHST Board of the Waiting Times process and target achievement through periodic/Annual Report to Performance and Resources Committee.

10. Financial Summary

2019/20				
Short Term	**2019/20**	**Recurring**	**Capital**	**Total**

	£000	£000	£000	£000	£000
Continuation of Core Activity funded 2018/19					
Core 201819 Allocation			3,900		
Theatre Productivity			700		
Cardiac Cath Lab		484			
Total		**484**	**4,600**	**0**	**5,084**
SRTC - Provision of Mobile Theatre					
Total		**0**	**0**	**0**	**0**
Waiting Times Improvement Plans					
Outpatients - Appendix A	85	1,034	881	187	2,187
TTG (Inpatient/ Daycase) - Appendix B	607	2,194	1,331	120	4,251
Diagnostics - Appendix C	0	52	1,506	0	1,558
Cancer Waiting Times - Appendix D	0	0	237	0	237
Total	**692**	**3,280**	**3,955**	**307**	**8,233**
Other					
Improvement & Planning Support			157		157
Total			**157**		**157**
Total Funding Requested	**692**	**3,764**	**8,712**	**307**	**13,474**

The total funding required in 2019/20 is £13.5 million. £5.1 million of this is required to support the continuation of core activity delivered in 2019/20, and without this funding the trajectories below will significantly deteriorate. The SRTC mobile theatre costs are not included within this Improvement Plan as they are being submitted via the NHS Grampian Improvement Plan.

An element of the funding is also to be used towards capital purchases to support the services deliver additional capacity in house, £0.307 million.

11. Quarterly Trajectories

Standard	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Treatment Time Guarantee	3261	2362	1844	1349
Outpatients	9063	8782	6418	3351
Diagnostics	530	515	593	484
Cancer 31 Day	95%	95%	95%	95%
Cancer 62 Day	85%	85%	90%	90%

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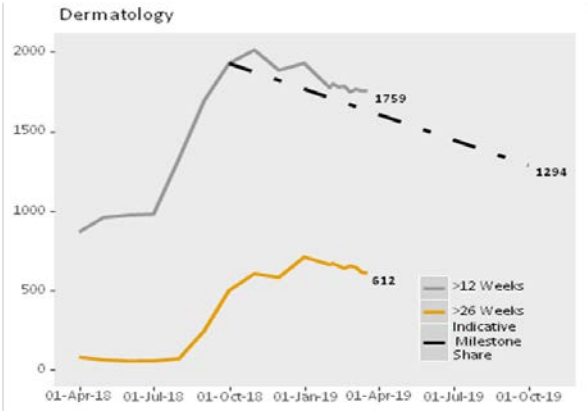
Appendix A
Outpatient Improvement Plan by Speciality

Outlined below are service level improvement plans including productivity and efficiency opportunities. The data provided details the current speciality position, the reduction in queue to achieve the October 2019 target, the recurring capacity gap and the ongoing backlog clearance required.

Dermatology



Current Position> 12 weeks	1759
Target - Oct 19	1294
Recurring Capacity Gap	0*
Backlog Clearance	1759

*With recruitment to the current service vacancy and delivery of productive opportunities there would be no recurrent gap

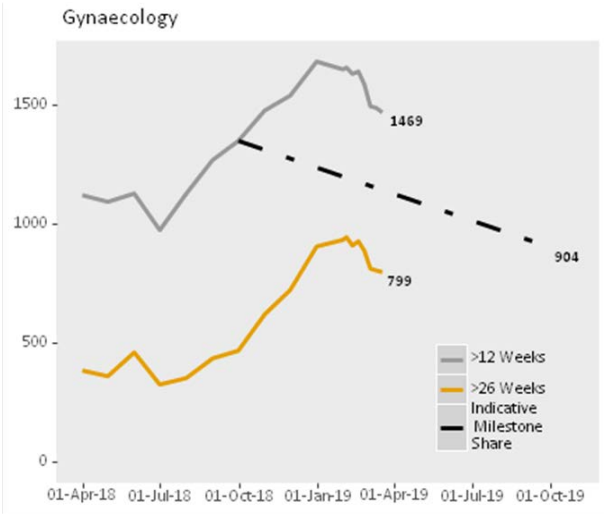
Improvement Focus	Impact by October 19	Impact by March 20	Recurring
Recruitment to consultant vacancy – August 2019	218	580	870
Productivity ambition including: • Active clinical referral triage to reduce inappropriate referrals • Reduce DNA rate through PFB, Open appointments and PIFU • Review New:Review ratio	264	528	528
Backlog Clearance			
Independent sector support requested for 2019/20 through the national procurement exercise: 1232 new OP appointments from May onwards.	560	1232	
Total Activity	1042	2340	1398

Additional funding requested to support backlog clearance for the speciality, with review of the sustainable service model throughout the year as the consultant vacancy is embedded alongside the productive opportunities.

Trajectory for October and March

Standard	Oct-19	Mar-20
Waits over 12 weeks	1634	132

Gynaecology



Current Position> 12 weeks	1469
Target - Oct 19	904
Recurring Capacity Gap	800
Backlog Clearance	1469

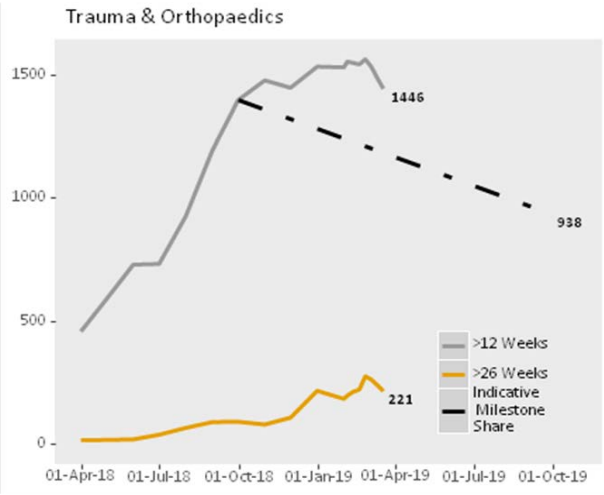
Improvement Focus	Impact by October 19	Impact by March 20	Recurring
Productivity ambition including: • Active clinical referral triage to reduce inappropriate referrals including a review of primary care referral criteria into the Urogynae service • Implement Patient Focussed Booking and return appointment waiting lists to reduce DNA rate and maximise available resource • Review New:Review ratio	131	262	262
Backlog Clearance			
Recruitment to Locum consultant post (Jun to Dec)	657	920	
Independent Sector support	167	500	
Total Activity	955	1682	262

Additional funding requested to outsource some of the backlog activity to support reduction in longest waits. The service continue to review sub speciality pathways and consultant job plans to support a sustainable service model moving forward.

Trajectory for October and March

Standard	Oct-19	Mar-20
Waits over 12 weeks	451	0

Trauma & Orthopaedics



Current Position> 12 weeks	1446
Target - Oct 19	938
Recurring Capacity Gap	384
Backlog Clearance	1446

Improvement Focus	Impact by October 19	Impact by March 20	Recurring
Increased 'see and treat' allocation through Golden Jubilee	250	500	
AHP led initiative for hand, wrist and upper limb from 2018/19 waiting times funding (6 month test of change)	200	600	
Productivity ambition including: • Active clinical referral triage to reduce inappropriate referrals • Reduce DNA rate through PFB, Open appointments and PIFU • Review new:review ratio	300	600	600
Backlog Clearance			
2 consultant EPA's provide additional clinics for foot & ankle and knees referrals	300	600	
6 month Locum Consultant	252	252	
Total Activity	1352	2552	600

Further to the increase in elective capacity at Golden Jubilee and the funding received in the last quarter of 18/19, additional funding is requested to support additional OP clinics in house to further clear the current backlog over 12 weeks.

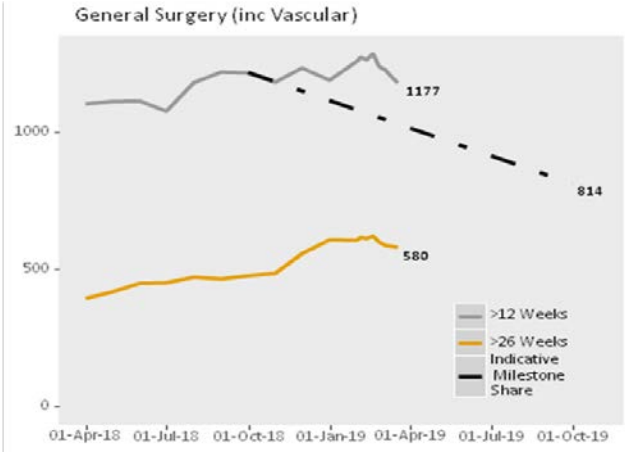
Through the national MSK & Orthopaedic Quality Drive there is support for the introduction of a Surgical Podiatrist position within NHS Tayside. At present the service model, activity gains and finances have not been worked up and therefore this post is not included within the WTIP.

It should be noted there is an emerging workforce risk in Orthopaedics which may impact on the specialities ability to deliver the level of activity detailed within this plan.

Trajectory for October and March

Standard	Oct-19	Mar-20
Waits over 12 weeks	1254	274

General Surgery including Vascular



Current Position> 12 weeks	1177
Target - Oct 19	814
Recurring Capacity Gap	TBC
Backlog Clearance	1177

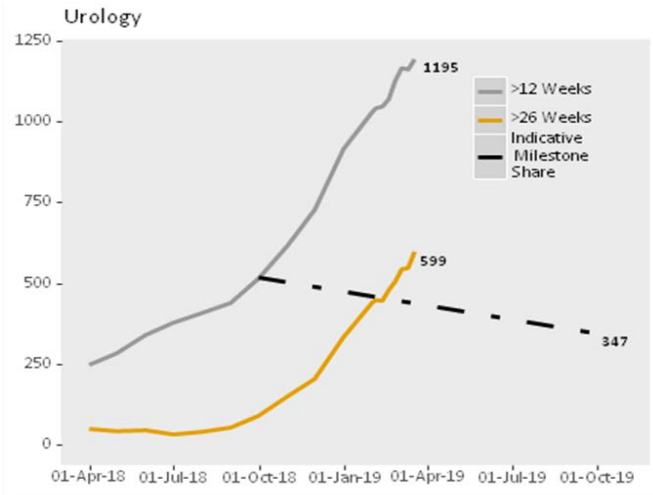
Improvement Focus	Impact by October 19	Impact by March 20	Recurring
Productivity ambition including: • Active clinical referral triage to reduce inappropriate referrals • Reduce DNA rate through PFB, Open appointments and PIFU • Review new:review ratio	235	470	470
Backlog Clearance			
See and Treat Model for Hernia and Lap Cholecystectomy – 600 new OP slots (230-385 procedures)	300	600	
Total Activity	535	1070	470

Additional funding is required to outsource a volume of long wait patients on a see & treat basis to support backlog clearance while the service progresses through its programme of work aligned to Transforming Tayside and a sustainable service delivery model.

Trajectory for October and March

Standard	Oct-19	Mar-20
Waits over 12 weeks	699	161

Urology



Current Position> 12 weeks	1195
Target - Oct 19	347
Recurring Capacity Gap	1648
Backlog Clearance	1195

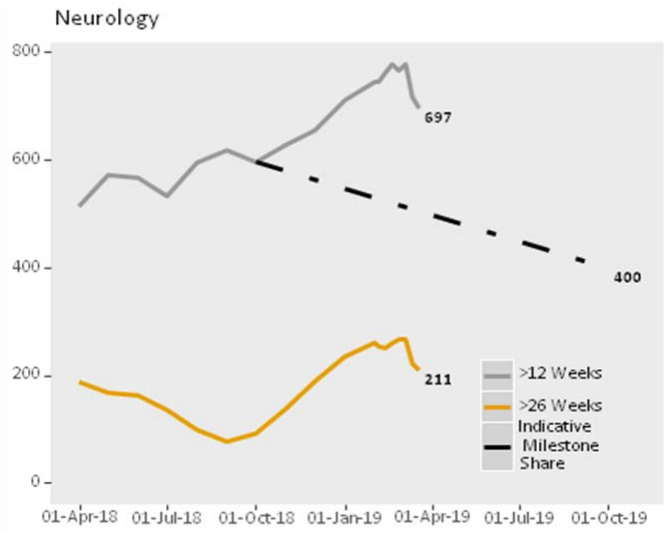
Improvement Focus	Impact by October 19	Impact by March 20	Recurring
One stop OP and Diagnostic clinic being developed at PRI, waiting times funding approved March 2019 to support	175	350	420
Productivity ambition including: • Active clinical referral triage to reduce inappropriate referrals • Reduce DNA rate through PFB, Open appointments and PIFU • Review new:review ratio	109	218	218
Backlog Clearance			
Independent Sector support through national procurement (800 slots from July)	356	800	
Total Activity	640	1368	618

Additional funding is requested to support backlog clearance for the speciality through the national procurement exercise in 2019/20. This will support the service as they redesign services on the PRI site, where a sustainable level of OP capacity to meet demand will be progressed throughout the year.

Trajectory for October and March

Standard	Oct-19	Mar-20
Waits over 12 weeks	920	822

Neurology



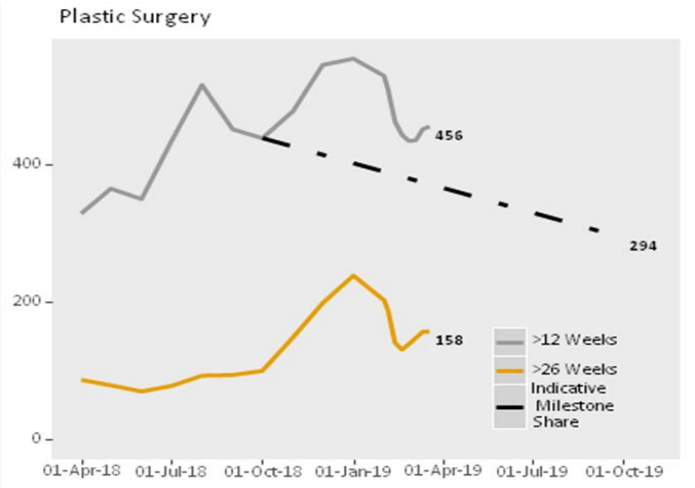
Current Position >12 weeks	697
Target - Oct 19	400
Recurring Capacity Gap	0
Backlog Clearance	697

Improvement Focus	Impact by October 19	Impact by March 20	Recurring
Productivity ambition including: • Enhanced Neurology eTriage Service – initial funding for 6 months from national modernising OP programme, impact to be monitored and built into trajectory • Review new:review ratio	73	146	146
Backlog Clearance			
Independent Sector support April – June, carry forward of 2018/19 funding	252	252	
Total Activity	325	398	146

Trajectory for October and March

Standard	Oct-19	Mar-20
Waits over 12 weeks	452	444

Plastic Surgery



Current Position >12 weeks	456
Target - Oct 19	294
Recurring Capacity Gap	346
Backlog Clearance	456

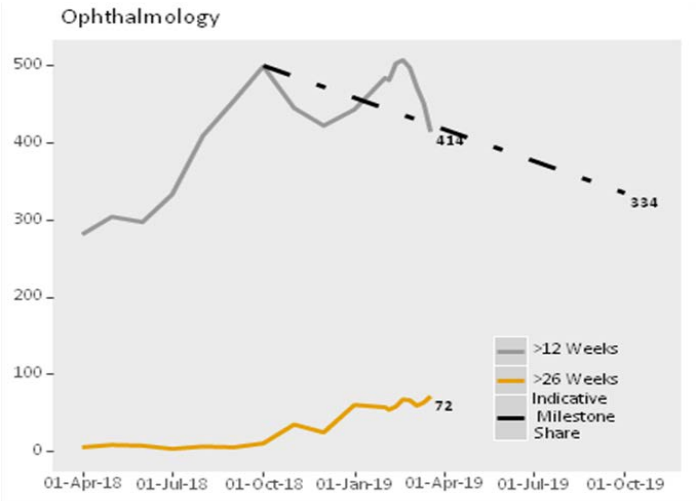
Improvement Focus	Impact by October 19	Impact by March 20	Recurring
Productivity ambition including: • Active clinical referral triage to reduce inappropriate referrals • Reduce DNA rate through PFB, Open appointments and PIFU • Review New:review ratio	96	192	192
Backlog Clearance			
2 EPAs for Locum Consultant	288	288	
Total Activity	384	480	192

Additional funding requested to support backlog clearance through 2 additional OP clinics per week by current locum.

Trajectory for October and March

Standard	Oct-19	Mar-20
Waits over 12 weeks	146	0

Ophthalmology



Current Position >12 weeks	414
Target - Oct 19	334
Recurring Capacity Gap	0
Backlog Clearance	414

Improvement Focus	Impact by October 19	Impact by March 20	Recurring
Productivity ambition including: • Active clinical referral triage to reduce inappropriate referrals • Reduce DNA rate through PFB, Open appointments and PIFU • Review new:review ratio	271	542	542
Total Activity	271	542	542

Trajectory for October and March

Standard	Oct-19	Mar-20
Waits over 12 weeks	231	0

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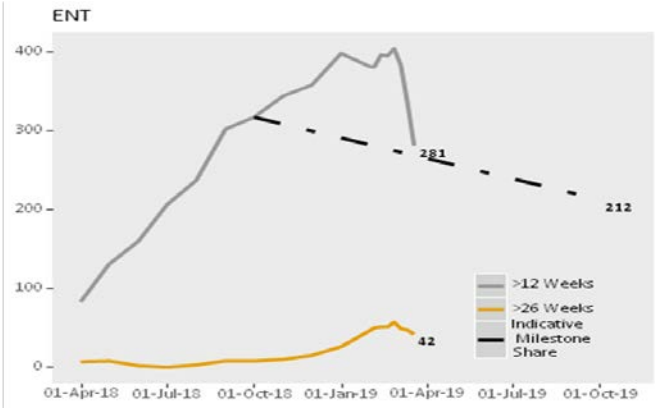


Current Position >12 weeks	281
Target - Oct 19	212
Recurring Capacity Gap	
Backlog Clearance	281

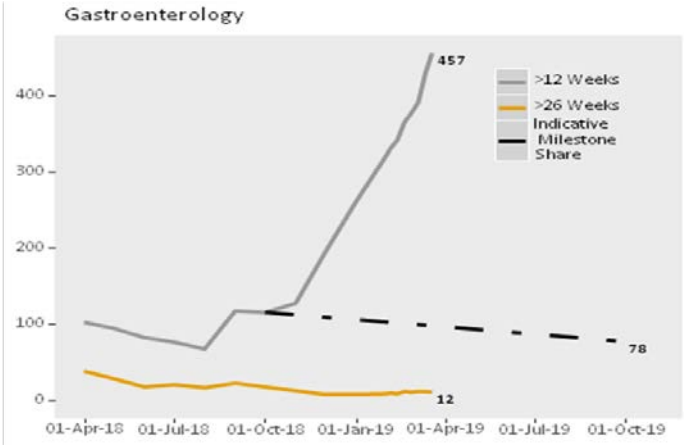
Improvement Focus	Impact by October 19	Impact by March 20	Recurring
Introduction of TYM smart phone otoscope (or similar device) in primary care, image with referral, potential reduction in secondary care consultant OP appointments	60	180	240
Establish a weekly nurse led clinic to assess tonsillectomy patients using an agreed clinical assessment protocol - 6 months training required.	0	125	250
Introduce a weekly nurse led clinic for Aural Care Referrals, longer term plan for community based service – 6 months training required.	0	75	150
Productivity ambition including: • Active clinical referral triage to reduce inappropriate referrals • Reduce DNA rate through PFB, Open appointments and PIFU • Review New:Review Ratio	135	270	270
Total Activity	195	650	910

Additional funding requested to support a) reduction in demand to secondary care service through improved referral information and b) improved utilisation of MDT skills to review patients releasing consultant time for more complex and urgent cases.

Trajectory for October and March

Standard	Oct-19	Mar-20
Waits over 12 weeks	362	0

Gastroenterology



Current Position >12 weeks	457
Target - Oct 19	78
Recurring Capacity Gap	500*
Backlog Clearance	457

*Recurring gap assuming recruitment to a new consultant post isn't funded

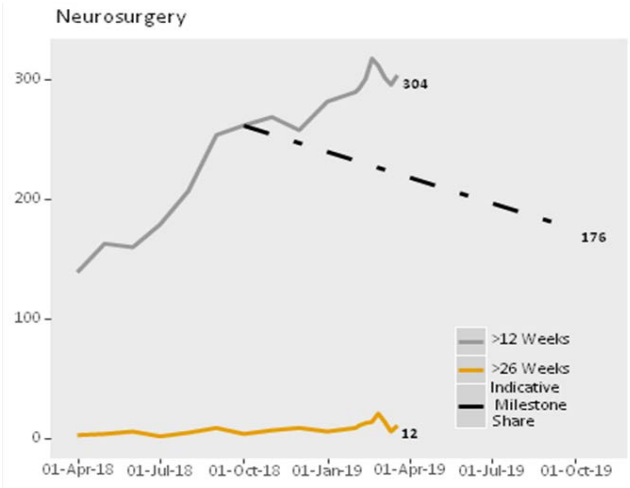
Improvement Focus	Impact by October 19	Impact by March 20	Recurring
Productivity ambition including: • Active clinical referral triage to reduce inappropriate referrals • Reduce DNA rate through PFB, Open appointments and PIFU • Review New:Review Ratio	257	514	514
1.0wte Consultant Gastroenterologist (also support increase in endoscopy sessions)	-	250	500
Backlog Clearance			
Locum consultant (6 months)	90	200	
Total Activity	347	964	1014

Additional consultant post required within the service to provide required OP and endoscopy capacity to meet demand and maintain sustainable service model. Requirement to realign resource to meet unscheduled care needs has impacted on elective activity.

Trajectory for October and March

Standard	Oct-19	Mar-20
Waits over 12 weeks	421	527

Neurosurgery



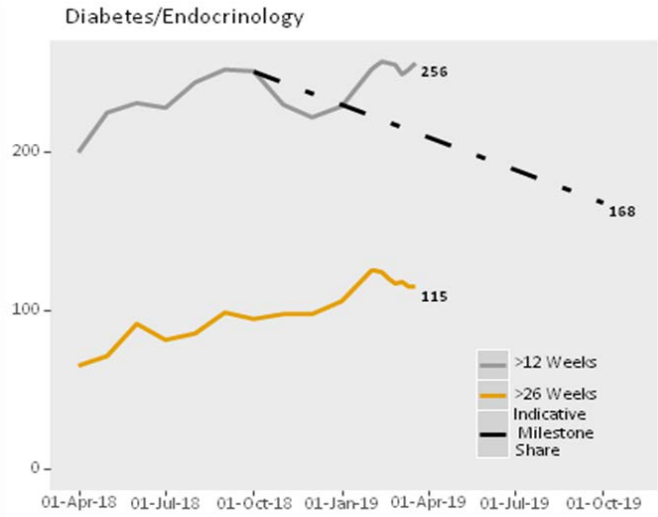
Current Position >12 weeks	304
Target - Oct 19	176
Recurring Capacity Gap	113
Backlog Clearance	304

Improvement Focus	Impact by October 19	Impact by March 20	Recurring
0.3 wte Advanced Nurse Practitioner	50	175	300
Productivity ambition including: • Active clinical referral triage to reduce inappropriate referrals • Reduce DNA rate through PFB, Open appointments and PIFU • Review new:review Ratio	32	64	64
Total Activity	82	239	364

Additional funding requested to further enhance the ANP model to support the elective workload within neurosurgery, reducing the current recurring capacity gap.

Trajectory for October and March

Standard	Oct-19	Mar-20
Waits over 12 weeks	394	326



Diabetes

Current Position >12 weeks	256
Target - Oct 19	168
Recurring Capacity Gap	0*
Backlog Clearance	256

*No recurring gap assumed with recent consultant appointment which has resulted in additional sessions for diabetes

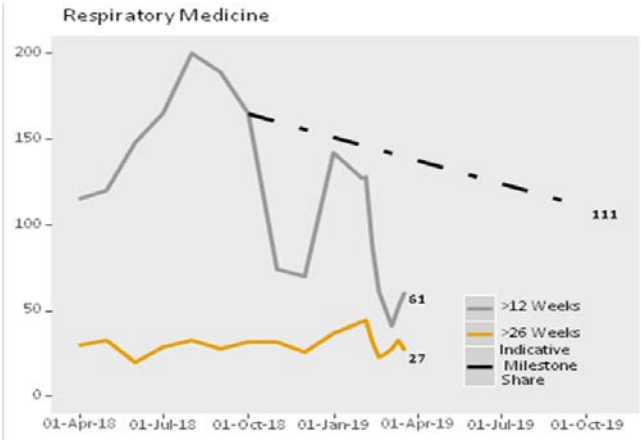
Improvement Focus	Impact by October 19	Impact by March 20	Recurring
Implementation of Near Me technology for review clinics in peripheral rural sites, Healthcare Support worker and equipment required to support implementation	-	100	200
Productivity ambition including: • Active clinical referral triage to reduce inappropriate referrals • Reduce DNA rate through PFB, Open appointments and PIFU • Review new:review Ratio	47	94	94
Total Activity	47	94	94

Additional funding requested to support the implementation of Near Me within community setting. Funding is to support a healthcare support worker in the community clinic areas and the diabetic testing equipment needed to deliver the clinic. This will allow 200 new consultant slots to be delivered per annum.

Trajectory for October and March

Standard	Oct-19	Mar-20
Waits over 12 weeks	28	0

Respiratory



Current Position >12 weeks	61
Target - Oct 19	111
Recurring Capacity Gap	0
Backlog Clearance	61

Improvement Focus	Impact by October 19	Impact by March 20	Recurring
Sleep Service – management of long waits • Increase of physiology time to deliver 6 sleep studies per week • Appointment of senior physiologist to deliver more complex test and release consultant time	60 24	160 64	240 100
Total Activity	84	224	340

Although the speciality as a whole is on target to meet its trajectory there is a particular challenge within the sleep sub-speciality which is creating long waits for this group. Additional funding is requested to support an increase in physiologist time to deliver a higher number of general studies and the increase in funding to support a more senior post to deliver more complex tests currently delivered by consultants.

Trajectory for October and March

Standard	Oct-19	Mar-20
Waits over 12 weeks	0	0

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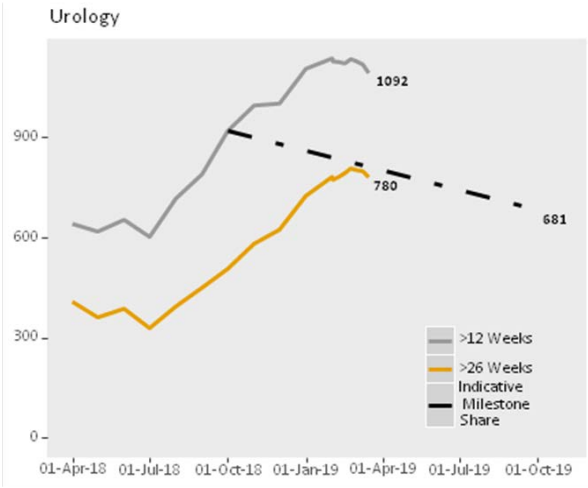
Appendix B
TTG Improvement Plan by Speciality

Outlined below are service level improvement plans including productivity and efficiency opportunities. The data provided details the current speciality position, the reduction in queue to achieve the October 2019 target, the recurring capacity gap and the ongoing backlog clearance required.

Urology



Current Position> 12 weeks	1092
Target - Oct 19	681
Recurring Capacity Gap	146
Backlog Clearance	1092

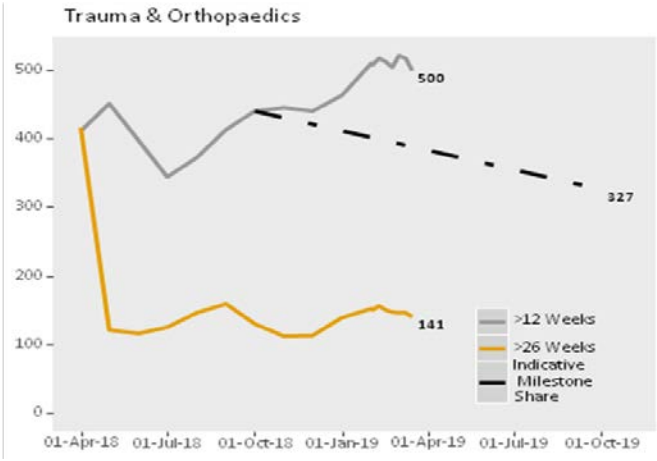
Improvement Focus	Impact by October 19	Impact by March 20	Recurring
Redesign of service – focus on elective benign at PRI	73	165	220
77% theatre utilisation productivity ambition	50	100	100
Backlog Clearance			
In-sourcing contract for vasectomies (already funded)	400		
Extension of In-sourcing contract for vasectomies Oct – Mar 20		800	
Out-sourcing for minor procedures (already funded)	180		
Extension of Out-sourcing for minor procedures (circumcisions) Oct – March 20		360	
Total Activity	703	1425	320

Additional funding requested to extend the in-sourcing and out-sourcing through quarter 3 & 4 to further reduce current backlog in support of the service as they redesign elective care delivery model throughout 2019/20 to provide sustainable capacity position.

Trajectory for October and March

Standard	Oct-19	Mar-20
Waits over 12 weeks	446	0

Orthopaedics



Current Position > 12 weeks	500
Target - Oct 19	327
Recurring Capacity Gap	0*
Backlog Clearance	500

Improvement Focus	Impact by October 19	Impact by March 20	Recurring
PRI Arthroplasty Institute	-	TBC	TBC
77% theatre utilisation productivity ambition	44	87	87
Backlog Clearance			
Increase in Golden Jubilee Joint allocation	100	200	
6 month Locum Consultant	63	63	
Total Activity	207	350	87

Additional elective capacity anticipated through the redesign of services across Tayside as part of Transforming Tayside programme – confirmed activity benefit to be confirmed by service.

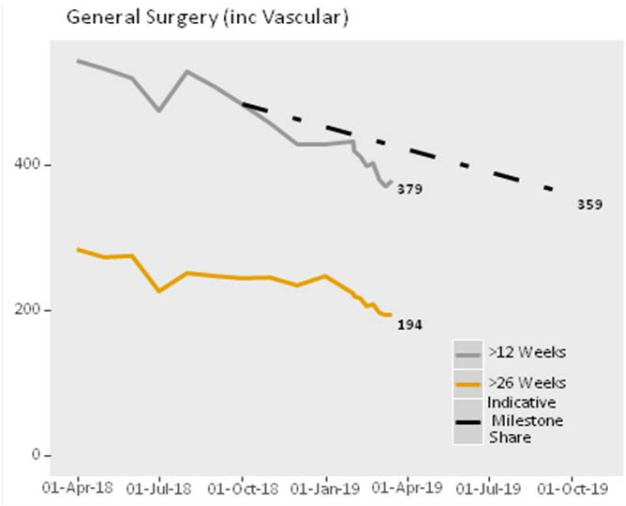
Through the national MSK & Orthopaedic Quality Drive there is support for the introduction of a Surgical Podiatrist position within NHS Tayside. At present the service model, activity gains and finances have not been worked up and therefore this post is not included within the WTIP.

It should be noted there is an emerging workforce risk in Orthopaedics which may impact on the specialities ability to deliver the level of activity detailed within this plan.

Trajectory for October and March

Standard	Oct-19	Mar-20
Waits over 12 weeks	405	302

General Surgery (incl Vascular)



Current Position > 12 weeks	379
Target - Oct 19	359
Recurring Capacity Gap	0
Backlog Clearance	379

Improvement Focus	Impact by October 19	Impact by March 20	Recurring
77% theatre utilisation productivity ambition	51	102	102
Backlog Clearance			
In-sourcing of Lumps & Bumps through SRTC (funding agreed)	100	100	
Outsourcing of Hernias (funding agreed)	120	120	
Outsourcing of Lap Chole	72	120	
Extension of In-sourcing contract for lumps and bumps Oct – Mar 20 at SRTC		100	
Total Activity	343	542	102

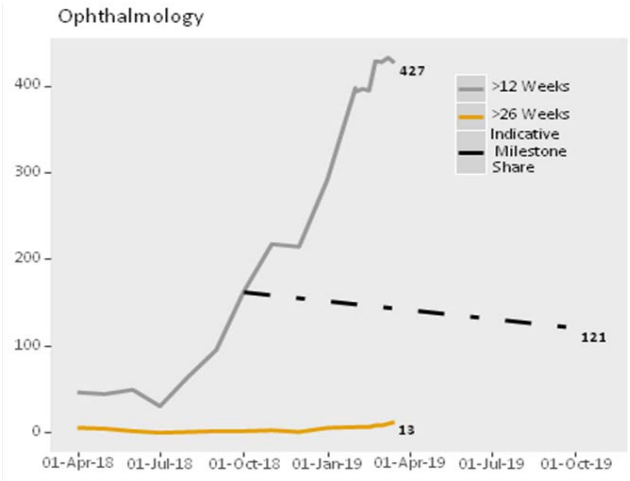
Additional funding to continue out-sourcing for lumps and bumps in quarter 3 & 4 to support back log reduction- speciality are reviewing the current pathway with plastic surgery, dermatology and primary care colleagues with the aim to reduce the referral demand into secondary care.

Trajectory for October and March

Standard	Oct-19	Mar-20
Waits over 12 weeks	185	202*

*All Vascular Waits

Ophthalmology



Current Position > 12 weeks	427
Target - Oct 19	121
Recurring Capacity Gap	305
Backlog Clearance	427

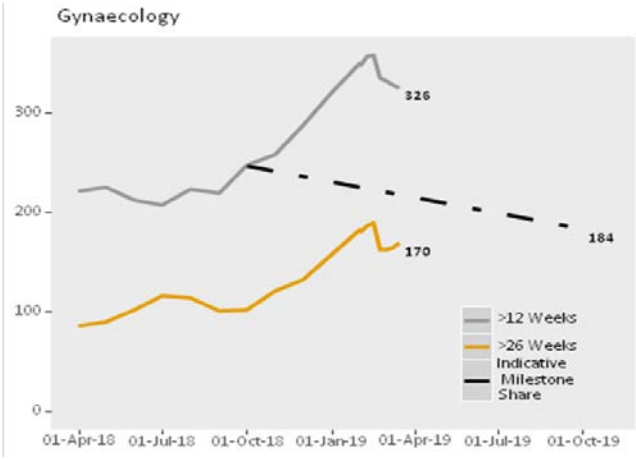
Improvement Focus	Impact by October 19	Impact by March 20	Recurring
Implementation of LA lists within 4 STAR weeks	108	216	216
Productivity & Efficiency – optimisation of cataract only lists, increase by 1 patient per list (October 2019)	20	120	240
Total Activity	128	336	456

Additional funding will support continuity of cataract lists through agreed STAR weeks within the annual elective theatre schedule – this will significantly reduce the capacity gap for the service.

Trajectory for October and March

Standard	Oct-19	Mar-20
Waits over 12 weeks	164	26

Gynaecology



Current Position > 12 weeks	326
Target - by Oct 19	184
Recurring Capacity Gap	0
Backlog Clearance	326

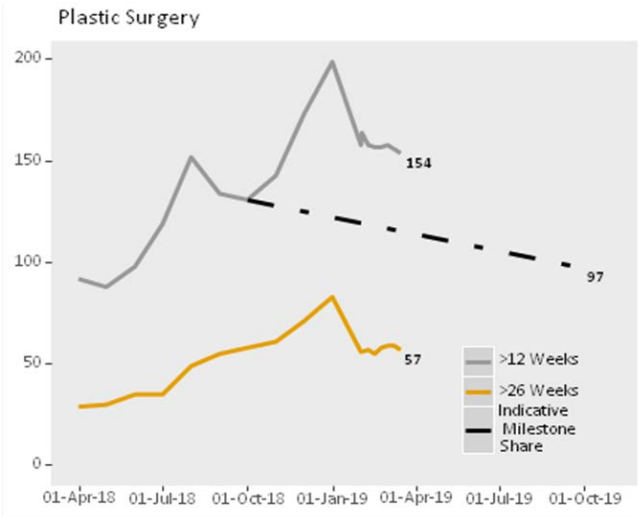
Improvement Focus	Impact by October 19	Impact by March 20	Recurring
2 week minor surgery only lists (test of change)	60		
77% theatre utilisation productivity ambition	36	73	73
Backlog Clearance			
Independent Sector Support for 200 minor procedures	67	200	
Total Activity	163	273	73

Additional funding is requested to support the out-sourcing of long wait patients, supporting reduction in backlog. The service is reviewing a number of patient pathways and service delivery model for elective care.

Trajectory for October and March

Standard	Oct-19	Mar-20
Waits over 12 weeks	271	213

Plastic Surgery



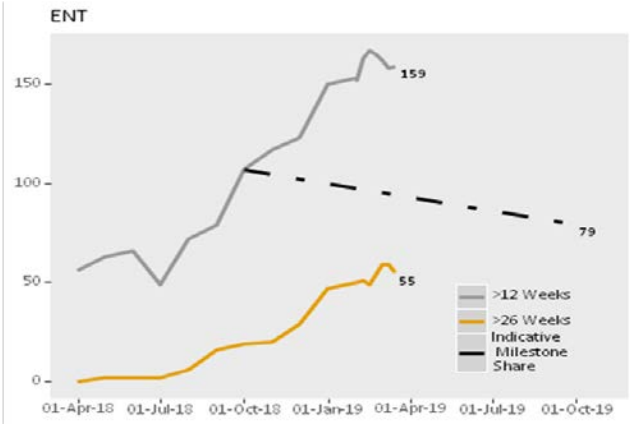
Current Position > 12 weeks	154
Target - Oct 19	97
Recurring Capacity Gap	0
Backlog Clearance	154

Improvement Focus	Impact by October 19	Impact by March 20	Recurring
77% theatre utilisation productivity ambition	15	30	30
Backlog Clearance			
Total Activity	15	30	30

Trajectory for October and March

Standard	Oct-19	Mar-20
Waits over 12 weeks	117	111

ENT



Current Position > 12 weeks	159
Target - Oct 19	79
Recurring Capacity Gap	0
Backlog Clearance	159

Improvement Focus	Impact by October 19	Impact by March 20	Recurring
77% theatre utilisation productivity ambition	5	10	10
Backlog Clearance			
Total Activity	5	10	10

Trajectory for October and March

Standard	Oct-19	Mar-20
Waits over 12 weeks	182	187

Appendix C
Diagnostics Improvement Plan by Modality

Outlined below are service level improvement plans including productivity and efficiency opportunities. The data provided details the current speciality position, the anticipated demand moving forward and the improvement plan to meet the national 6 week waiting time standard.

CT

CT demand in NHS Tayside has been growing at 3-5% each year since 2011. It is anticipated that CT activity and referrals will rise by 5% in 2018/19, which will put pressure on Radiology maintaining the 6 week waiting time guarantee.

There is expected longer term pressure on CT scanning due to changes in clinical practice, increased incidence of oncological disease and development of interventional CT techniques (CT Ablations). This additional activity will result in more reports and MDT sessions being required.

To meet these challenges, NHS Tayside has invested in a new CT scanner which will provide the capacity for previously outsourced capacity. 4 days of activity on the new CT scanner will provide the 2018/19 level of activity previously provided on external scanners and the 3% growth anticipated in 2019/20.

At present NHS Tayside is requesting additional funding to support just the growth anticipated for 2019/20 and will carry out further Demand, Capacity, Activity and Queue work during the first quarter of 2019/20 to determine the additional requirements for the next two years. Any further growth that cannot be met through productivity gains would require further investment to support staffing of the remaining scanning capacity that would be available on the new scanner.

	2019/20	
	Activity	**£000**
Continuation of 2018/19 requirements plus 2019/20 growth		
External Scanner Capacity from 2018/19 to be provided on in-house scanner	2,971	
2019/20 Anticipated 3% Growth on total 2018/19 activity	925	
Scanner Capacity Required	**3,896**	**340**
Associated Medica Costs		**386**
Total Additionality 2019/20		**726**

<u>CT Trajectory for 2019/20</u>

Standard	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
CT 6 week waits	47	58	85	0

MRI

MRI activity has increased by 1% since 2015/16 with activity profile remaining stable to the present day. However during the same period MRI referrals have increased by 6.5% providing strain on maintaining waiting times with a flat activity/capacity profile.

Again further pressure will continue on MRI services with changes in the Prostate cancer pathway, increasing volumes of patients requiring general anaesthesia (waiting times upto 10weeks) and more patients being able to be imaged with pacemakers in situ (which was a contraindication for MRI) . Again with the aging population further organic growth of the service will become visible.

The additional MRI capacity is provided on a University scanner, which is a more cost effective option to the hire of mobile scanners. The longer term aim is to request funding for a new scanner to be housed on the PRI site where a suitable location has already been identified. This would meet the estimated recurring gap on a sustainable basis. Revenue and capital funding for an additional MRI scanner are therefore requested in 2020/21. The recurring gap will be confirmed within the first quarter of 2019/20.

	2019/20	
	Activity	**£**
Continuation of 2018/19 requirements plus 2019/20 growth		

2018/19 External Scanner Capacity required - University MRI CRC	487	
2019/20 Anticipated 3% Growth on total 2018/19 activity	484	
Additional Vans	**971**	**192**
Associated Medica Costs		**48**
Total Additionality 2019/20		**240**

MRI Trajectory for 2019/20

Standard	Quarter 1	Quarter 2	Quarter 3	Quarter 4
MRI 6 week waits	57	23	51	17

Ultrasound

Ultrasound activity and referrals have decreased in 2018/19, however waiting times have increased due to staff vacancies, sickness and maternity leave, and due to a national shortage in sonographers there has also been an inability to recruit.

Ultrasound requires an investment in training to ensure succession planning for staff leaving/ maternity leave etc. By constantly training 1 member of staff, a more sustainable US model can be realised that can react to increases in capacity (Funding requested would be for 1 training post and 1 substantive post)

	Recurring £000
Sonography Training Post	43
Sonography Position	52
Training Allowance	10
Total Funding Required	**105**

Ultrasound Trajectory for 2019/20

Standard	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Ultrasound 6 week waits	18	19	36	16

DEXA

The DEXA service has been transferred to radiology with approximately 1.33WTE staff, There is a waiting list of over 4500 patients and there is a requirement for at least 4WTE to run the existing 2 scanner service. The waiting list is now over 1 year long for this test. To ensure waiting times are delivered an additional bid for 3 WTE Band 5 staff members are required to ensure there are at least 2 staff per DEXA machine.

	Recurring £000
Radiographer/Technician	105
Total Funding Required	**105**

Other Radiology

Further investment is required in promoting and utilising Reporting Radiographers to limit the use of expensive outsourcing, and succession planning and training of the radiographic talent pool is required to sustain and plug staff shortages in key diagnostic area's.

There is a national shortage of Radiologists and NHS Tayside need to provide the best opportunities for this staff group and further focus is needed in recruitment and retention of this staff group.

Furthermore, an investment in administration staff is required to ensure that waiting times are managed in real time with operational staff, this position was recently supported by SGHD Diagnostics Lead.

This extra Investment required will ensure waiting times for key diagnostic tests and cancer waiting times stay within guarantees in the short to medium term.

	Recurring £000
CT Renal Ablation – consultant resource, and nursing support	69.1
MDT Meetings – consultant support	84.9
Radiographic reporting	51.9
GA MRI	29.3
Total Funding Required	**235.2**

Endoscopy

The current waiting time for a routine Endoscopy Diagnostic test is approximately 12 weeks and between 4 and 6 weeks for an Urgent Endoscopy Diagnostic Test. As of 2018 it was mandated by the service that any Suspicion of Cancer Referral would not exceed 2 weeks waiting time and the booking team are maintaining this with escalation process built in when issues arise preventing from achieving this standard.

Clinical vetting is undertaken on a daily basis by the Consultant team. Patient focussed booking has been in place within the Endoscopy department for many years, and following the move to Trakcare in Summer 2017 employing a manual process for PFB until such time Trakcare was able to provide the electronic solution. All new routine patient and all Surveillance patients are invited via PFB to make their appointments. The service are also looking to introduce PFB for all other Endoscopy outpatient appointments regardless of urgency and whether or not they are new or return patients. The Admin Services Manager has visited colleagues within NHS Lanarkshire where this practice has been implemented successfully and will be using this learning to implement PFB across all Endoscopy appointments.
Due to significant changes in the unscheduled care delivery model for AMU and the implementation of an Out of Hours GI Bleeding Rota, the available endoscopy capacity will reduce in 2019/20.

There is further risk/ potential impact on capacity from August 2019 if recruitment to the 2 clinical fellow posts is unsuccessful, this could have a significant weekly impact on available elective endoscopy capacity

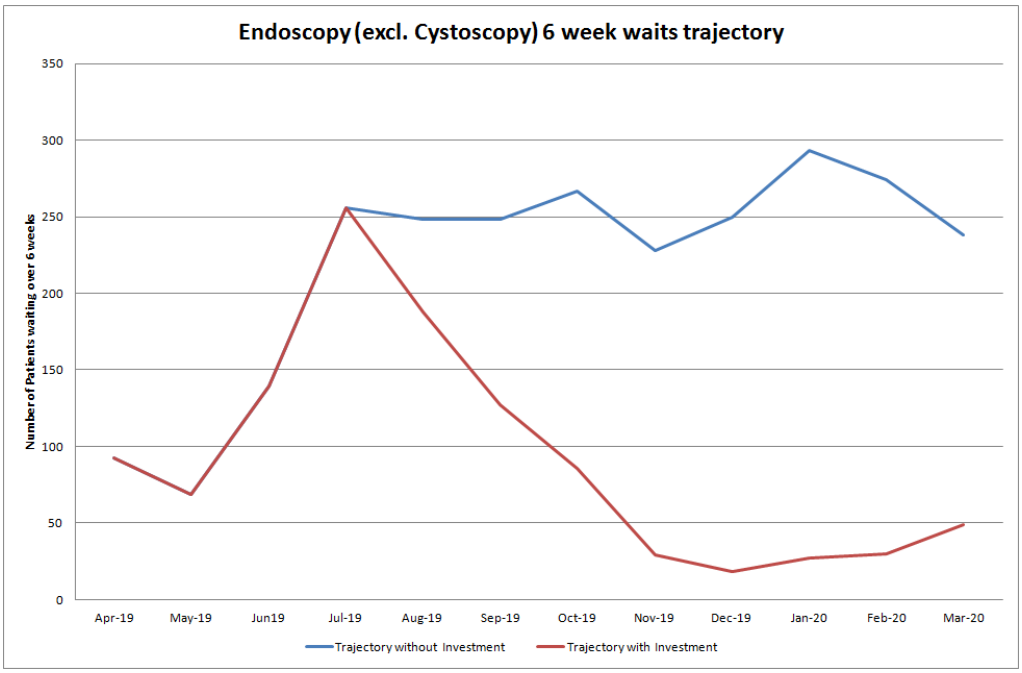
The above loss currently equates to the loss of 3 Endoscopy Lists = Loss of 396 Upper Endoscopy and 330 Colonoscopy per annum (33 week year).

In addition to the above the service is at risk of the loss of a further 10 Endoscopy lists due to the following: At the end of July 2019 the 2 current Clinical Fellows contracts will come to an end with both looking to move to senior posts elsewhere. The service are currently advertising for these vacancies however if remain unfilled this will result in the loss of 10 Endoscopy Lists per week equating to the potential loss of <2000 Upper Endoscopy and 825 Colonoscopy.

The funding requested as part of the Gastroenterology outpatients bid will support consultant capacity within endoscopy.

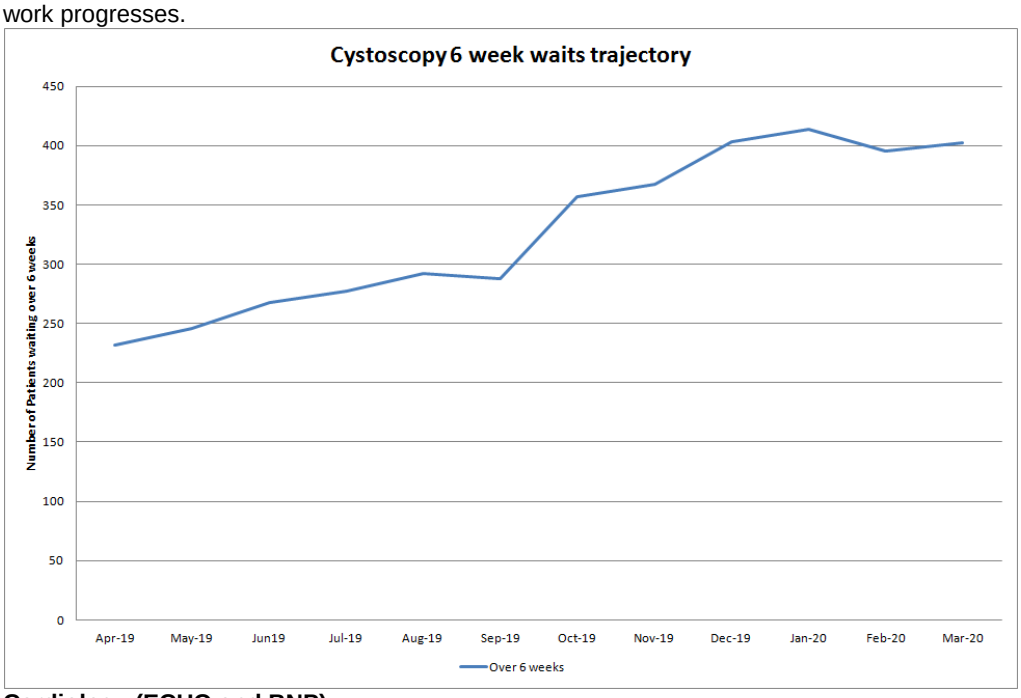
Despite being an integral test to managing colonoscopy demand and triaging patient referral, which entire primary/secondary care interface now relies upon, quantative faecal haemoglobin testing continues to be funded in an *ad hoc* fashion. In order to support the continued utilisation of qFIT test recurring funding is sought as part of the Waiting Times Improvement Plan.

Additional Support Recurring	**2019/20 £000**	**Recurring £000**
Qfit	75.0	75.0
Total Funding Required	**75.0**	**75.0**



Cystoscopy

The work of Transforming Tayside is supporting a focus on the redesign of Urology services which will include a consideration of Cystoscopy. Through this work a future service model will be determined which can support improvements in waiting times for Cystoscopy. At the current stage of the work it is too early to confirm any funding requirements and as such no bid or improvement plan has been submitted. This will however be revisted as the redesign work progresses.



Cardiology (ECHO and BNP)

ECHO wait currently approx. 4 months (a decrease from 11 months in 2017/18), require to reduce to 4 weeks. Previous waiting time funding allocation provided to support up to end of August 2019 to provide additional echo sessions. There continues to be a Gap of 1 WTE Band 7 cardiac physiologist to meet demand in Echo.

All Echo requests are submitted via the ICE Test Requesting system and are clinically vetted by Senior Cardiac Physiologists prior to addition to the waiting list. The service has recently moved to a centralised booking model and implemented a manual Patient Focussed Booking process (appointments booked through the Radiology CRIS system and

not Trakcare therefore has to be a manual process). The gap of 1 WTE Band 7 cardiac physiologist has been ongoing and has been supported from previous waiting times bids to undertake additional Echo Lists with the existing staff. Due to the complex nature of undertaking an Echocardiogram it is Band 7 Physiologists and above who perform this, in addition to Registrars or Consultants with these skills which NHS Tayside have employed the skills of in the past.

Use of BNP test in Primary Care to ensure only those requiring a cardiac echo are referred, continues to demonstrate a positive impact on the current queue with 66% of request being cancelled based on the BNP result. Recurring funding required to embed this as a sustainable service delivery model.

Additional Support Recurring	**2019/20 £000**	**Recurring £000**
1 x WTE Band 7 Cardiac Physiologist	51.9	
Funding to embed BNP Testing within Primary care		20.0
Total Funding Required	**51.9**	**20.0**

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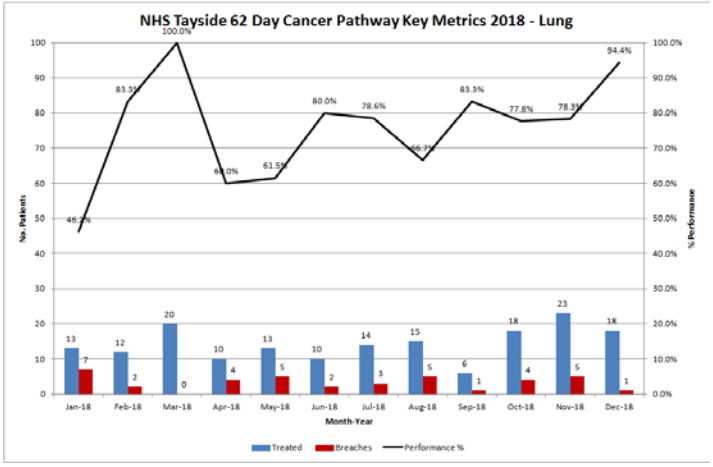
Appendix D
Cancer Waiting Times Improvement Plan

Outlined below is pathway specific improvement plans. The data provided details the current performance within each pathway, including the number of patients waiting beyond the standard and any patients waiting beyond 100 days. It also shows the reduction in breaches per quarter required in order to deliver improvements in performance during 2019/20.

Lung pathway



Number of Patients Waiting > 62 days 10
Number of Patients Waiting >100 days 3

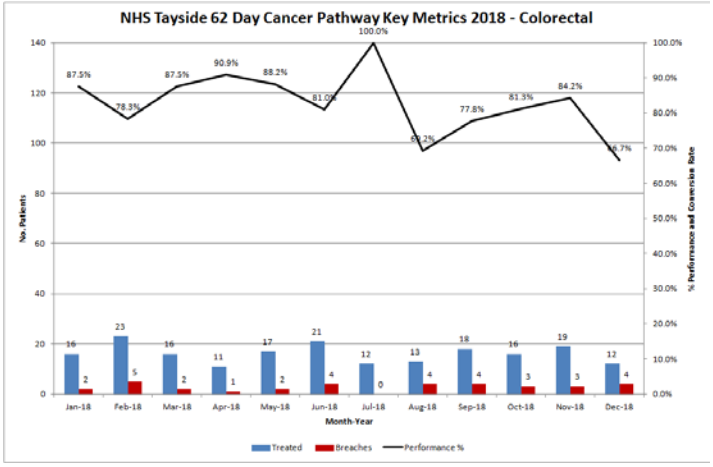
Improvement Aim
Reduce from 10 breaches per quarter to no greater than 6 breaches per quarter

Number of Patients Waiting > 31 days 4

Improvement Aim
Reduce from 5 breaches per quarter to no greater than 3 breaches per quarter

Identified Issues	Plan
Extended wait following onward referral to NHS Lothian for consideration of surgery/surgery taking place	Explore opportunities to have surgical pathway supported by another Scottish Health Board
Radiotherapy service capacity to support increasing referrals for SABR treatment – higher numbers of patients than had been anticipated	Inclusion of lung cancer service development/growth in Radiotherapy & Oncology/Diagnostic service capacity plans
Impact of consultant retiral	Contingency plan required to mitigate the impact of consultant retiral pending appointment to vacancy

Colorectal pathway



Number of Patients Waiting > 62 days 2
Number of Patients Waiting >100 days 0

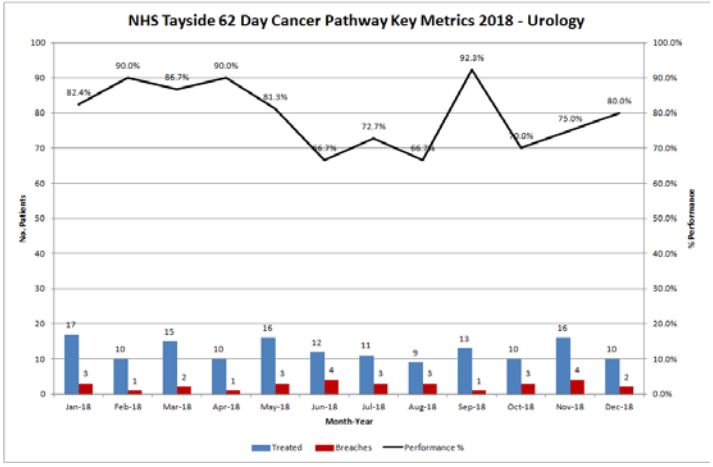
Improvement Aim
Reduce from 9 breaches per quarter to no greater than 6 breaches per quarter

Number of Patients Waiting > 31 days 0

Improvement Aim
Maintain current performance

Identified Issues	Plan
Challenges at the start of the pathway: • Radiology reporting • Delay to MDT discussion	Continual pathway and capacity review with diagnostic teams to minimise delay to test

Urology pathway



Number of Patients Waiting > 62 days 2
Number of Patients Waiting >100 days 1

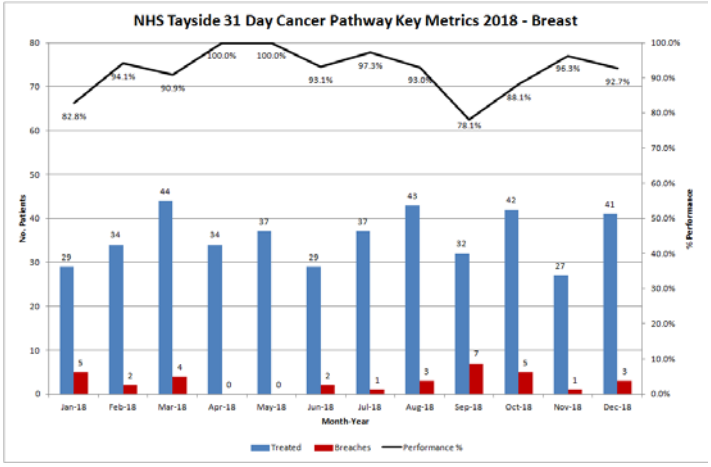
Improvement Aim
Reduce from 8 breaches per quarter to no greater than 4 breaches per quarter

Number of Patients Waiting > 31 days 4

Improvement Aim
Reduce from 8 breaches per quarter to no greater than 5 breaches per quarter

Identified Issues	Plan
Surgical capacity across individual pathways - limited cross cover	Ongoing recruitment – consultant/clinical fellow/ nurse specialist - to support service Increased theatre allocation to support increasing workload Explore regional opportunities to deliver pathways
Extended wait for bone scanning	Improvement plan developed to provide more resilient service
Extended wait for cystoscopy	Development of one stop OP & diagnostic facility will provide additional capacity

Breast pathway



Number of Patients Waiting > 62 days 1
Number of Patients Waiting >100 days 0

Improvement Aim
Maintain current performance

Number of Patients Waiting > 31 days 0

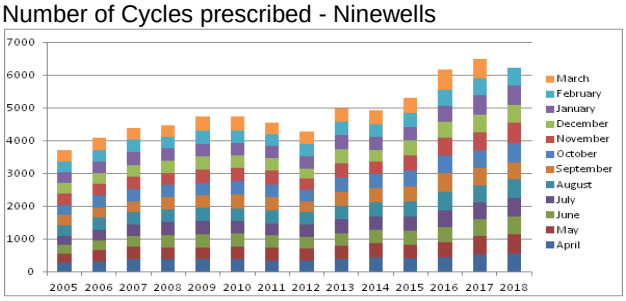
Improvement Aim
Reduce from 13 breaches per quarter to no greater than 5 breaches per quarter

Identified Issues	Plan
Increased waits for surgery	Consolidation of improvements by the appointment to consultant surgeon vacancy in March 2019 alongside ongoing improvements in the co-ordination of service delivery with plastics

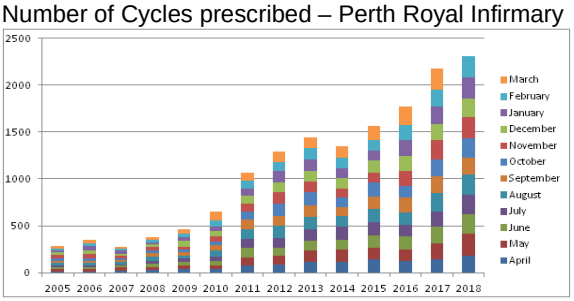
Oncology Capacity and Demand

Over the past 14 years there has been a significant growth in the number of cycles being delivered by Oncology (see graphs below). The increase is particularly evident in Perth Royal Infirmary where the number of cycles has increased from less than 500 per annum to more than 2000 per annum over the past 10 years.

Number of Cycles prescribed - Ninewells



Number of Cycles prescribed – Perth Royal Infirmary



Outpatients

Traditional follow up for cancer patients is conventional, medical and aimed at detecting residual or recurrent disease. In 2015, NHS Tayside in conjunction with Macmillan Cancer Support launched their Transforming Care after Treatment (TCAT) project. The goal was to introduce a service for the growing number of cancer patients, focused on recovery, shared care and supported self-management with early, rapid access to specialist services when/if required. This service was initially introduced to support Head and Neck Cancer patients in their often difficult post treatment period. Since the launch of the TCAT project the model has developed to encompass radically treated prostate and colorectal patients.

With investment the follow up process could be redesigned to reduce the number of Oncology Consultant review appointments and increase the number of new patient appointments in order to reduce the waiting time to be seen by a Consultant Oncologist.

Increased demand for on treatment review with the addition of patients receiving SABR (Stereotactic Ablative Radiotherapy) and STAMPEDE (Systemic therapy in Advancing or Metastatic Prostate Cancer) that initially requires review on each day of treatment (6 per patient) negates the ability of the current staffing complement to support the Wellbeing clinic.

Funding is therefore requested to support the introduction of new nurse specialist roles focused on well being and recovery that span the acute and community care settings.

Additional Support Recurring	Cost £000	Activity Gains
1 WTE band 6 Nurse Specialist	46.3	Revised follow up of prostate cancer patients post radiotherapy will free up between 930 – 1395* clinic appointments across the 2-3 year standard review period for Consultant utilisation to see new patients.
0.8 WTE band 6 Nurse Specialist	37.1	New breast cancer follow up post radiotherapy will free up 426* clinic slots each year for Consultant utilisation to see new patients.
0.8 WTE band 3 Health Care Support Worker	26.3	Wellbeing clinic running three days per week – 1 day in each locality - providing equity of service and ease of access for patients completing treatment for cancer.
Total Funding Required	**109.7**	Without this investment the current waiting time for a new patient to be seen by a consultant would increase by 1-2 days therefore there would be a higher breach rate of the 31-day cancer waiting times standard.

Chemotherapy

There has been a year on year increase in demand for Systemic Anti-Cancer Therapy (SACT), with data demonstrating a 60% increase in total episodes of SACT delivered in Perth Oncology and Haematology Day Area from 2015 to 2018 (14 – 23% per year). Demand for SACT is expected to continue to increase with modelling predicting a further increase of 40% in SACT activity across NHST by 2025. Increases in demand necessitate a significant change in the current capacity otherwise this will result in an unsustainable position and increased pressure on current infrastructure and workforce, leading to challenges meeting waiting times standards, and adverse patient experience and outcomes.

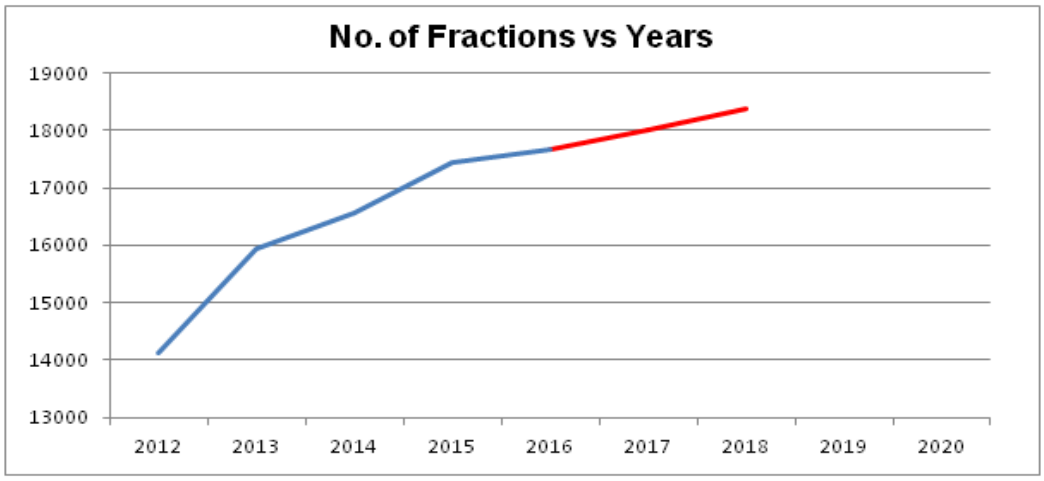
The Oncology team are currently reviewing their service model with the aim to move towards an OP based service model, this will in the long term reduce the current IP footprint and realign workforce resource. In the interim, to meet current demand there is a requirement to create additional capacity to treat the increase in patients and deliver the increased cycles of SACT and the following support is required:

Additional Support Recurring	Cost	

	£000	Activity Gains
1 WTE Band 6 Trainee Advanced Nurse Practitioner	44	Provide an additional 1200 SACT treatments per year in PRI to meet the predicted demand. This will also increase the flexibility of supporting SACT services at the Ninewells site.
0.5 WTE Band 7 Oncology Pharmacist	26	Introduce one nurse/ pharmacy led clinic per week for colorectal cancer to create capacity to see approx 8 additional patients per week. Create an additional 5 patient appointments for three days per week for administration of SACT treatments.
Total Funding Required	**70**	Two pre-chemotherapy Assessment led clinics per week will deliver an extra 16 patients slots to provide a more efficient service and reduce patient wait times for treatment on the day.

Radiotherapy Capacity and Demand

Over the past 7 years there has been a significant growth in the number of fractions being delivered by NHS Tayside's Radiotherapy department.



Radiotherapy

Due to the increasing complexity of treatments offered (including IMRT, VMAT and SABR) it is becoming an increasing challenge to offer these without impacting on radiotherapy planning and treatment capacity. In addition, the recent findings of the STAMPEDE (Systemic Therapy in Advancing or Metastatic Prostate Cancer: Evaluation of Drug Efficacy) trial indicates that patients with metastatic prostate cancer should now be offered radiotherapy to their primary disease site[1]. By the end of 2019 both factors will create capacity challenges for the NHS Tayside Radiotherapy department and will impact on the service's ability to meet cancer waiting times standards. In addition, as NHS Tayside delivers more complex radiotherapy the introduction of adaptive radiotherapy (ART) that monitors the changes to the radiotherapy plan after treatment has started, will become necessary. Projections indicate that by 2020, 5-20% of radiotherapy will need to be assessed for changes during treatment and this will result in 10% of the workload requiring a re-plan.

Through activity planning it has been possible to extrapolate the increased time required to deliver and plan the more complex treatments such as VMAT and ART. In addition, it has been possible to calculate the additional time and capacity required to treat and plan a new cohort of patients whom would have not previously had radiotherapy, in this case STAMPEDE prostate cancer patients. The Clinical Oncology Urology team in NHS Tayside have indicated that an additional 60 STAMPEDE patients will now require radiotherapy each year. Each patient will require six radiotherapy treatments resulting in the need for **360 additional treatment slots** per annum.

To create the additional capacity required to treat the new STAMPEDE patients, the service will need an additional 360 treatment slots per annum (60 patients for 6 treatment slots). The radiotherapy department does not currently offer a service on public holidays and therefore it is proposed that the department opens on four public holidays per year which will then create the additional capacity required. The department can currently treat 90 patients per day and the four additional days will create the 360 slots needed.

The table below demonstrates the additional planning time required to treat STAMPEDE patients and offer VMAT to patients. Please note these figures are in addition to what the service currently provides:

New sites and techniques 2019	Additional planning time required per week
Upper GI VMAT	0.5 hrs
Lung VMAT	4.0 hrs
Gynae VMAT	0.5 hrs
Colorectal VMAT	1.0 hrs
Lymphoma VMAT	1.0 hrs
ART for 10% of workload	7.2 hrs
New STAMPEDE patients	4.6 hrs
Additional CT scan time required	11.2 hrs
Total	**30hrs (0.8 WTE)**

In order to open a limited service on four public holidays (creating 360 additional treatment slots) the following funding is required:

Additional Support Recurring	**Cost £000**	**Activity Gains**
2 x Band 7 Radiographers	2.5	This investment will provide sufficient capacity to accommodate the additional 60 prostate cancer patients each year that will be eligible for radiotherapy treatment through the STAMPEDE trial. Without this investment the current waiting time for a new patient to be treated would increase by 1-2 days therefore there would be a higher breach rate of the 31-day cancer waiting time standard.
10 x Band 6 Radiographers	10.6	
1 x Band 3 Porter	0.7	
2 x Band 7 Engineering Technologist	2.5	
1 x Band 8A Clinical Scientist (MPE) - On call	1.5	
0.8 WTE band 6 radiographer to support additional planning hours	39.0	
Total Funding Required	**56.8**	

Extended working days will already be in place throughout 2019/20 to support the in-room linac swap that is progressing, with the service being delivered from 2 linacs instead of 3 for a significant part of the year.

Trajectories for 2019/20

Through progressing with both the effective ways of working improvement plan and the increase in treatment capacity, the waiting times ambition for NHS Tayside is to ensure consistent performance moving forward in 2019/20 as follows:

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
31 Day Standard	95%	95%	95%	95%
62 Day Standard	85%	85%	90%	90%

WAITING TIMES IMPROVEMENT PLAN

SERVICE PLANNING TEMPLATE

H/Board	Tayside
Specialty	All Specialties

SUMMARY

PERFORMANCE	Year 1	Year 2	Year 3
Total Activity	126,643	121,547	121,547
Recurring Gap	69,661	75,197	75,197
TTG			
Projected Numbers > 12 weeks	1,349	1,465	1,547
Projected Performance <12 weeks	56%	-100%	197%
WTIP Milestone > 12 Weeks	1,514	0	-
Projected Numbers > 26 weeks	138	164	205
Total Waiting List	3,061	732	-1,596
(Net) Recurring Demand	26,454	26,454	26,454
Total Activity	30,787	28,782	28,782
Recurring Gap	-4,333	-2,328	-2,328
All Radiology			
Projected Performance > 4 weeks	1,411	1,761	2,175
Projected Performance > 6 weeks	33	33	33
Total Waiting List	15,758	20,583	27,143
(Net) Recurring Demand	94,617	96,387	98,122
Total Activity	81,429	91,562	91,562
Recurring Gap	13,188	4,825	6,560
All Endoscopy			
Projected Performance > 4 weeks	867	867	867
Projected Performance > 6 weeks	2,292	3,294	3,294
Total Waiting List	0	0	0
(Net) Recurring Demand	10,081	10,081	10,081
Total Activity	7,789	7,789	7,789
Recurring Gap	2,292	2,292	2,292

FINANCIAL PLAN (REVENUE)	Year 1		Year 2		Year 3	
	Activity	Cost	Activity	Cost	Activity	Cost
TOTAL	3853.8238	£9,492.30	1785.8238	£6,581.90	1785.8238	£6,581.90
Radiology Actions						
Recurring	4867	£1,558.00	15000	£1,647.00	15000	£1,647.00
Non-Recurring	0	£ -	0	£2,300.00	0	£ -
TOTAL	4867	£1,558.00	15000	£3,947.00	15000	£1,647.00
Endoscopy Actions						
Recurring	220	£ -	330	£ -	330	£ -
Non-Recurring	165	£ -	0	£ -	0	£ -
TOTAL	385	£ -	330	£ -	330	£ -
Cancer Actions						
Recurring	0	£ 237.00	0	£ 237.00	0	£ 237.00
Non-Recurring	0	£ -	0	£ -	0	£ -
TOTAL	0	£ 237.00	0	£ 237.00	0	£ 237.00
GRAND TOTAL						
Recurring TOTAL	14296.505	£9,740.00	25689.505	£9,482.40	25689.505	£9,482.40
Non-Recurring Total	6280	£3,734.70	0	£2,300.00	0	£ -
GRAND TOTAL	20576.505	########	25689.505	########	25689.505	£9,482.40

Appendix 2

Cancer Service Trajectories for 2019/20

Standard	Jun-19	Sep-19	Dec-19	Mar-20
Cancer 31 Day	95%	95%	95%	95%
Cancer 62 Day	85%	85%	90%	90%

Appendix 3

Mental Health Directorate, AOP Template, March 2019

CHILD AND ADOLESCENT MENTAL HEALTH SERVICES

1. The LDP Standard for specialist Child and Adolescent Mental Health Services is for at least 90% of young people to start treatment within 18 weeks of referral. **Please complete the table with your trajectory for meeting the standard by, or before, December 2020.**

Quarter ending	Mar 2019	Jun 2019	Sep 2019	Dec 2019	Mar 2020	Jun 2020	Sep 2020	Dec 2020
Performance against the LDP standard (%)	62.9%	38%	38%	38%	38%	90%	90%	90%

2. **Please describe the actions that will be taken each quarter to deliver the above trajectory, the expected impact of these actions on progress towards the standard, and any associated dependencies and risks.** Actions might include for e.g.: recruitment of specific staff; waiting list initiatives; improvement work to improve processes; wider system change; etc. An example is included in the table below.

Quarter ending	Action(s)	Forecast impact on standard	Funding – source and amount	Interdependencies (i.e. between performance, funding, workforce, partners)	Risks and steps to mitigate
All detail can be found within the NHS Tayside CAMHS HIS Improvement Plan (March 2019) contained within the Child & Adolescent section of the Annual Operational Plan.					

Mental Health Waiting Times in Emergency Departments

1. The LDP Standard for Waiting Times for all presentations at ED is 4 Hours. **Please complete the table with your trajectory for meeting the standard, specifically for Mental health presentations by, or before, December 2020.**

Quarter ending	Mar 2019	Jun 2019	Sep 2019	Dec 2019	Mar 2020	Jun 2020	Sep 2020	Dec 2020
Performance against the LDP standard (%)	93.5%	95%	95%	95%	95%	95%	95%	95%

2. **Please describe the actions that will be taken each quarter to deliver the above trajectory, the expected impact of these actions on progress towards the standard, and any associated dependencies and risks.** Actions might include for e.g.: recruitment of specific staff; waiting list initiatives; improvement work to improve processes; wider system change; etc. An example is included in the table below.

Quarter ending	Action	Forecast impact on standard	Funding – source and amount	Interdependencies (i.e. between performance, funding, workforce, partners)	Risks and steps to mitigate
June 2019	Develop a system to interrogate non compliance with the 4 hour emergency care standard linked to mental health service related delays	NHS Tayside meet the 4 hour LDP for ED. We need to identify the number and % of patients where the standard is not met to identify areas to focus improvement efforts	None	None	Liaison service Hospital safety huddles
June 2019	Although the standard is measured for ED this best practice should be applied to the whole system therefore we will develop a method to measure the 4 hour standard (95% of patients should be admitted, discharged or transferred within 4 hours of arrival) at the crisis care service	Require to establish mechanism to measure current performance	None	None	Hospital Safety Huddle

September 2019	One element of the planned utilisation of the Dundee allocation of permanent `Action 15` funding is the development of a `Navigator` support service specifically to sit within the Emergency Department (ED) at Ninewells Hospital. We anticipate that this service will go live in early summer 2019.		Recurring Action 15 Funding	Following a collaborative planning process bringing together lead officers from the Dundee H&SCP, Ninewells Hospital ED, Police Scotland Violence Reduction Unit and the charity Medics Against Violence we are about to move to the recruitment phase of this project. This will provide 2 individuals with a lived experience of mental health issues rigorously selected to become peer `Navigators` and be available to support people who present to the ED in a state of mental distress. The Navigators will also provide a `bridge` to various forms of community support and advice by providing face to face follow up for 2 weeks after presentation to ED.	

PSYCHOLOGICAL THERAPIES

1. The LDP Standard for Psychological Therapies is for at least 90% of people to start treatment within 18 weeks of referral. **Please complete the table with your trajectory for meeting the standard by, or before, December 2020.**

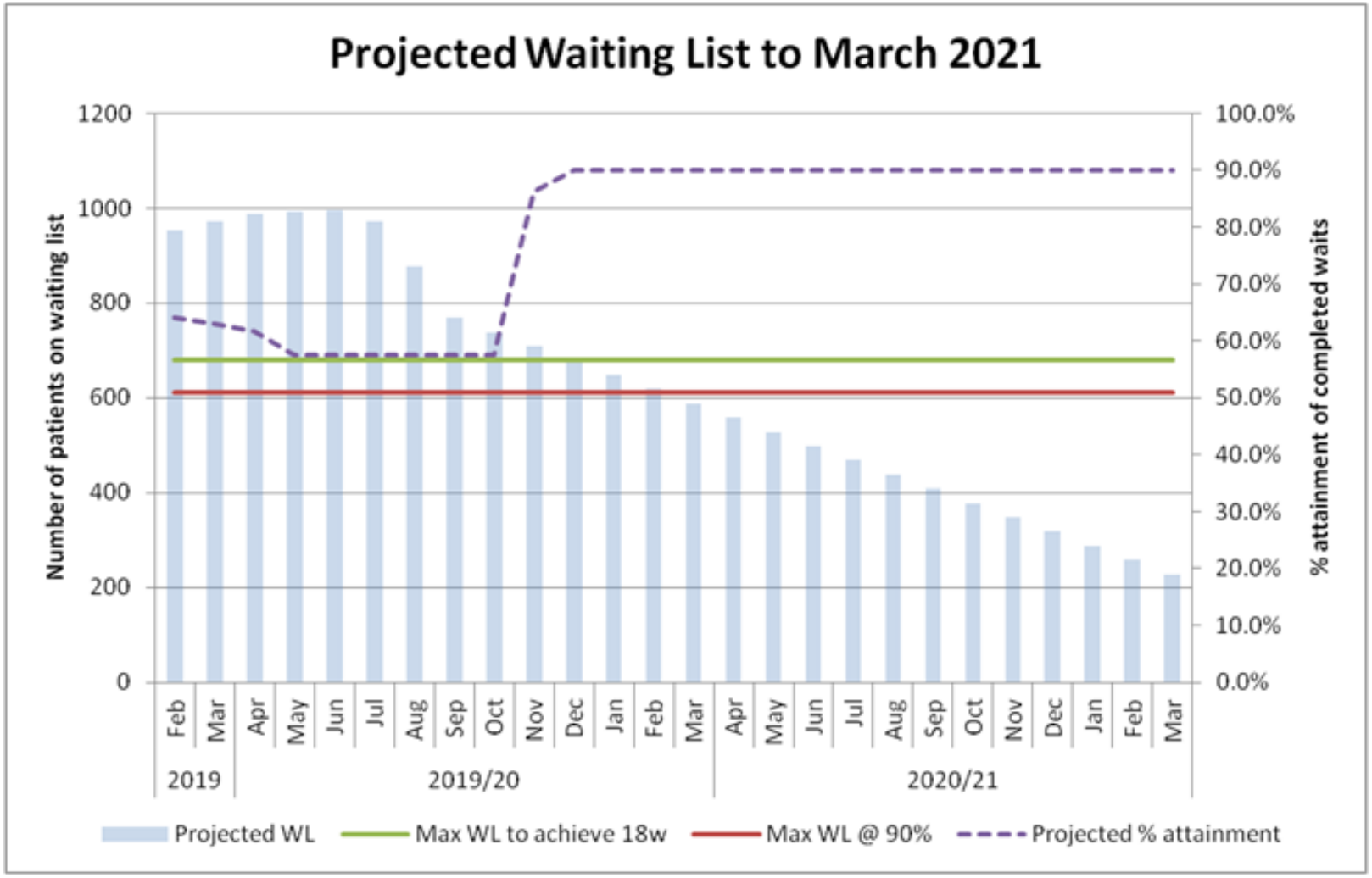
Quarter ending	Mar 2019	Jun 2019	Sep 2019	Dec 2019	Mar 2020	Jun 2020	Sep 2020	Dec 2020
Performance against the LDP standard (%)	67.3%	66.4%	70.2%	74.2%	77.0%	77.0%	77.0%	77.0%

2. **Please describe the actions that will be taken each quarter to deliver the above trajectory, the expected impact of these actions on progress towards the standard, and any associated dependencies and risks.** Actions might include for e.g.: recruitment of specific staff; waiting list initiatives; improvement work to improve processes; wider system change; etc. An example is included in the table below.

Quarter ending	Action	Forecast impact on standard	Funding – source and amount	Interdependencies (i.e. between performance, funding, workforce, partners)	Risks and steps to mitigate
All detail can be found within the NHS Tayside Psychological Therapies HIS Improvement Plan (March 2019) contained within the Psychological Therapies section of the Annual Operational Plan.					

Appendix 4

Projected Waiting List for CAMHS



Appendix 5

(HIS TEMPLATE) CAMHS PRIORITISED IMPROVEMENT PLAN					
Priority	**Topic**	**Aim / Intended Improvement**	**Data Supporting Identification**	**Timescale to Achieve**	**Resource Required to Deliver**
1. Generic Children and Young People's Mental Health Services	Understanding the requirements and identifying gaps to support community practitioners in universal settings. Tasked to work with 4 core groups: • Education staff • GPs • Paediatricians • School Nurses Develop a CAMHS advice line for Clinicians to seek advice re referrals and signposting. This is currently in the scoping stage but is most likely to be a Mon –Fri service approx 2-3hrs per day	The aim is to: Increase Knowledge and skills of community staff to increase confidence in supporting low level health and wellbeing in practice and to provide an Emotional Health & Wellbeing Toolkit. The intended improvement is: Practitioners will have the knowledge, skills and confidence to interact with CYP who present with emotional health and wellbeing issues at a much earlier stage before specialist intervention is required. The Toolkit will provide a comprehensive guide that staff can access for additional help and support. To reduce the inappropriate referrals to CAMHS Specialist service by 10%. To ensure CYP get the right intervention at the right time	The project has delivered training to 4,593 community practitioners to date, mostly from Tayside primary and secondary school staff. A key target group is to engage with GPs as one of the highest referrers into CAMHS (including having the highest rejected referral rates) Referral Management Data. Rejected referral Data	The Project will end in December 2019 and arrangements have been made for the Innovations Team to be invited to the GP Protected Learning Time (PLT) Events across Tayside over the coming months to deliver the Toolkit Training A request has been submitted to attend the GP' Training Evening Events between September to December 2019.These events will allow the Innovations Team to share the toolkit and provide a short training session January 2020	Mental Health Innovation Fund Project - Education Officers. Project Manager Telecommunications Clinical Governance

(HIS TEMPLATE) CAMHS PRIORITISED IMPROVEMENT PLAN					
Priority	**Topic**	**Aim / Intended Improvement**	**Data Supporting Identification**	**Timescale to Achieve**	**Resource Required to Deliver**
2. Specialist Children and Young People mental Health Services	To deliver a Specialist CAMHS Service for Children and Young People who need it. To Work in Partnership with newly formed Tayside Mental Health Alliance	The aim is to: Ensure Children and Young People are seen by the appropriate person at the right time. The intended improvement is: To Improve the access standard 18wks RTT and develop a Service Specification that describes CAMHS core business and Standard Operating Procedures To ensure that Tayside Mental Health Services work collaboratively to achieve change.	DCAQ Activity CAMHS Data Process Mapping Modelling/Job Planning Workforce Plan/recruitment Independent Mental Health Inquiry Co production and collaboration with stakeholders and Service Users to ensure the Improvement work reflects the feedback from all	Reduction in waiting list for first appointment by December 2019 April 2019	Successful workforce recruitment. Support from Information Analyst (HIS) Multi-disciplinary SLWG to develop Service Specification

(HIS TEMPLATE) CAMHS PRIORITISED IMPROVEMENT PLAN					
Priority	**Topic**	**Aim / Intended Improvement**	**Data Supporting Identification**	**Timescale to Achieve**	**Resource Required to Deliver**
3. Neurodevelopmental Services	Understanding, assessing, interpreting and routing referrals to the correct neurodevelopmental sub-speciality within CAMHS in order for patients to be seen appropriately and within timeline guidelines. Understanding the requirement for Neurodevelopmental patients to be seen at a multi-disciplinary Neurodevelopmental Hub and not referred to the specialist CAMHS service.	The aim is to: Streamline pathways and have clearer referral criteria to route referrals to either the Neurodevelopmental sub-specialty or Specialist CAMHS. To develop a Neurodevelopmental Hub with a range of multi-disciplinary professionals. The intended improvement is: Improving access to treatment by having effective and clearer referral criteria received in dept and routed at an earlier stage. Improving the patient journey by adopting streamlined pathways and eliminating a number of steps in current system. Improving and streamlining working practices between a range of multi-disciplinary professionals by having a designated Neurodevelopmental Hub.	PDSA cycle data for 10 patients to follow streamlined pathway Proposal paper and full Business Case to determine requirements. Referral Management Team Data PDSA Cycle Proposal Paper Business Case	Embed revised Referral Criteria into practice by 30 April 2019 Draft Proposal paper to be issued to CAMHS Management Improvement Meeting 21.3.19 PDSA Cycle to be completed by May 2019 for 10 patients. 31 March 2019	Clinical Staff Clinical Leads Clinical Leads

(HIS TEMPLATE) CAMHS PRIORITISED IMPROVEMENT PLAN					
Priority	**Topic**	**Aim / Intended Improvement**	**Data Supporting Identification**	**Timescale to Achieve**	**Resource Required to Deliver**
4. Additional Services for Children and Young People	Understand how easily Children and Young People with Heightened risk of poor mental Health can access our CAMHS Service This includes younger children, care experienced children, Refugees, Black and ethnic minority, children in temporary accommodation and young people in transition to adult services	The aim is to: To ensure CYP at risk of poor Mental Health are offered a service that is adapted to their needs The intended improvement is: CYP at risk of poor mental Health outcomes have equality of access to Specialist Mental Health Services	Process Mapping of current provision Engage with CYP Learn from Good Practice by engaging with other CAMHS boards Membership of Care Experienced Task and Finish Group Work with universal services and other Stakeholders who are involved with identified groups of CYP	30 September 2019	NHS Tayside CAMHS multidisciplinary SLWG Business Information Analyst

(HIS TEMPLATE) CAMHS PRIORITISED IMPROVEMENT PLAN					
Priority	**Topic**	**Aim / Intended Improvement**	**Data Supporting Identification**	**Timescale to Achieve**	**Resource Required to Deliver**
5. Workforce	To ensure we have a skilled workforce that can deliver a comprehensive and safe CAMHS service	The aim is to: Develop a workforce Plan that can support the sustainable delivery of the clinical models and maximize opportunities to transform Nursing and Clinical roles will reflect the needs of the service The intended improvement is: To have a sustainable workforce model that has the skill mix and capacity to meet service need Transform Clinical roles to create opportunities for the extended workforce that can support delivery i.e. ANP Mental Health, Pharmacy, Paediatric Nurses. We need to support existing staff to undertake ANP and/or NMP training Training Committee to produce an agreed service Training that will link with the workforce plan and will maximise learning opportunities for all staff	Current Workforce Plan with agreed Investment. Short, Medium and Long Term Plan for recruitment into posts. Permissions to advertise nationally in a creative way Mapping current prescribers output and effectiveness to patients journey Training Plan Data to be collected and ways to demonstrate effectiveness of Training.	31 July 2019 31 May 2019-21 31 March 2019 31 Jan 2020 31 March 2020	CAMHS SLWG Finance approved to advertise Current CAMHS Admin Time Financial costs for course Medical Supervisor Training Committee

(HIS TEMPLATE) CAMHS PRIORITISED IMPROVEMENT PLAN					
Priority	**Topic**	**Aim / Intended Improvement**	**Data Supporting Identification**	**Timescale to Achieve**	**Resource Required to Deliver**
6. Information and Knowledge	Developing a Data dashboard to provide information regarding our current and future CAMHS Position	The aim is to: To collect and analyse data information that will allow the service to understand current position, progress and Improvement The intended improvement is: To work with Information analyst, Trakcare and EMIS to develop a CAMHS Dashboard. Improve staff Data literacy and agree how we will be sharing Data with all staff	A Dashboard that will provide all information required to understand our current position, highlight gaps in service and maximise our outputs to improve outcomes for CYP	31 May 2019	SLWG to include; Waiting times co-ordinator Business, Information Analyst, EMIS rep and CAMHS Service Leads.
7. Finance	Understanding of the expenditure that is required to resource NHS Tayside CAMHS and what impact this will have on the service delivery	The aim is to: Utilise the NES CAMHS Access funding to appoint to posts to enhance the Neurodevelopmental pathways and increase the current staff capacity The intended improvement is: The CAMH service is providing value for money for children and young people services	Access funding bid for: 1 WTE Consultant Paediatrician for Neurodevelopmental Pathway 4 x WTE Band 6 Outpatient nurses 1 WTE Band 3 Admin to create central booking of appointments	After funding agreed from NES there will be a 3 month recruitment time - April to end of June 2019. A further 2/3 month training period complete end of September 2019	Information from NHS Tayside Finance department and HR support to recruit

Appendix 6

(HIS TEMPLATE) NHS Tayside – PSYCHOTHERAPY PRIORITISED IMPROVEMENT PLAN					
Priority	Topic	Aim/Intended Improvement	Data Supporting Identification	Timescale to Achieve	Resource Required to Deliver
1. Highly Specialist Psychotherapy Services	To deliver a highly specialist Psychotherapy services to those who need it within the 18 week WTT. Currently, MAPS have 46 patients waiting for treatment. The longest wait is 40 weeks and 24 patients have been waiting over 18 weeks. Factors that prevented the service achieving WTTs: 1) Demand exceeding capacity (referrals average 200 per year, this doubled in 2015 and 2016, creating a significant backlog); 2) The long term nature of the service's clinical interventions/ 50 sessions (slower rate of throughput); 3) Long term sickness within a small team in 2018 (3 team members; 2.3 WTE); 4) Some delays in job planning for medical psychotherapists (to confirm actual clinical capacity).	**Stabilise staffing** Confirm clinical leadership arrangements Consolidate fixed term posts (which reduced waiting list by 1/3 between Dec 2017-18) **Service redesign/ Revision of Standard Operating Procedures** Define service philosophy Modify clinical pathways Alter referral routes and procedures Re-define the duration of treatment (for some) Improve processes for the systematic analysis of clinical outcomes;	Business Unit/ISD reports on WTT improvements. Internal data on diagnosis/presenting problems of those referred for treatment Internal data highlighting sources of referrals Consistent use of a Minimum/Mandatory data set	June 2018 June 2019 April- June 2019 July – September 2019	Post regrading by April 2019 Mgt Accountant tasked to provide anticipated costs. Monthly team meeting time allocated to service development work One day dedicated to service-user engagement (focus group) Clinical lead to consult with partners 0.1 staffing resource for data collection

NHS Tayside – PSYCHOTHERAPY PRIORITISED IMPROVEMENT PLAN					
Priority	Topic	Aim/Intended Improvement	Data Supporting Identification	Timescale to Achieve	Resource Required to Deliver
		Explore the introduction of group-based intervention.	Review of evidence base	July 2019	Developed and delivered within existing staff resource.
		Optimise clinical capacity. Commence an option appraisal to explore staffing requirements based on a more detailed analysis of demand and capacity projections.	DCAQ Activity Modelling/Job Planning	September 2019	Leadership support from ISD and DHSCP to define the resource requirement to meet clinical demand.
		Recruit additional staff	Workforce Plan/recruitment	October 2019	TBC: Resource from within DHSPC.

(HIS TEMPLATE) SUMMARY OF DATA AND PRIORITISED IMPROVEMENT PLAN

Priority	Topic	Aim/Intended Improvement	Data Supporting Identification	Timescale to Achieve	Resource Required to Deliver
Clinical Neuro-psychology Waiting Times	The Clinical Neuropsychology service has a waiting time of 75 weeks, as at the end of January 2019. There are currently 393 patients waiting to be seen, with 253 having waited over 18 weeks and 99 having waited over 52 weeks. Factors that have contributed to the waiting times breaches include: • Longstanding demand for the service exceeding resourced capacity • Significant increase in referral rate without concomitant increase in service capacity, e.g. the referral rate has risen by over 350% at its peak since 2010, with referrals rising from 241 in the year 2009-10 to 962 in 2016-17 • Loss of a 1.0wte Band 8a post in June 2015 in order to meet efficiency savings targets. • From an established complement of 6.8wte a recurring maternity leave factor of 2.0wte over a period of at least 2 years.	The aim is to conduct an updated demand/capacity modelling exercise to assist in the preparation of a Business Case to secure additional resource to meet the increase in demand for this service.	Data on referral rates, DNA rates, throughput per 1.0wte Clinical Neuropsychologist, discharge rates and projected maternity vacancy factor.	This exercise to be completed by the end of May 2019.	Assistance from colleagues re: Financial Services, Mental Health Innovation Officers and Consultant Clinical Neuropsychologist time.
Dundee Adult Psychological	DAPTS last met the 18 week referral to treatment target in November	A revised demand/capacity exercise	Data on referral rates, DNA rates, throughput	This exercise to be achieved by	Assistance from colleagues re:

Therapies Service (DAPTS)	2016. At the end of January 2019, 744 patients were waiting to be seen with 214 waiting beyond 18 weeks. The overall yearly referral rate increased by 98 from 2016 to 2017 and by another 77 in 2017 to 2018 (1264, to 1362 to 1439). This represents a 14% increase over a two year period. Over 2017, the service (when there were 12.1wte substantive posts) experienced 4 maternity leave absences (3.4wte) and over 2018 experienced 1.3wte maternity leave and 0.7wte special circumstances career break.	to be undertaken to determine the capacity of the service within the current resource envelope.	per 1.0wte clinical staff, discharge rates and projected maternity vacancy factor.	May 2019.	Mental Health Innovation Officers, Business Unit, Consultant Clinical Psychologist.
Angus Adult Psychological Therapies Service (AAPTS)	At the end of January 2019, 480 patients were waiting to be seen with 170 waiting beyond 18 weeks. From a staff complement of 7.0wte, there exists 2.0wte posts that have remained unfilled despite regular advertisements. There has been a 0.6wte career break and a 1.0wte retiral is due in August 2019.	It is unlikely that the above posts will be filled by Clinical Psychologists or Clinical Associates in the near future. In order to deal with the patients with less complex presentations, an attempt will be made to allocate Assistant Psychologists to assist in the running of group interventions for a subset of patients waiting to be seen. This approach will not be suitable for all patients and it is envisaged that this waiting list will	Identification of patients whose presenting problem may be amenable to low intensity group intervention.	At present, it takes at least 4 months to appoint to Assistant posts. It is likely to be July 2019, at the earliest, before the proposed service reconfiguration might be achieved.	Assistance from Financial Services to reconfigure budgeting expenditure. Consultant Psychologist time to review waiting list patient referring problems.

		continue to increase until substantive posts are appointed to.			
Perth City CMHT	At the end of February 2019, the total number of patients waiting to be seen was 44. Of these, 41 had waited beyond 18 weeks, with the longest wait being 91 weeks.	Of the 41 patient breaches, 21 had waited beyond 52 weeks. All of these patients will be offered an initial appointment in April 2019. The remaining 20 patient breaches who have waited between 18 weeks and 51 weeks, will be offered initial appointments by the end of June 2019.	Establishment of Assessment Clinic. Monitoring of New/Return patient appointment ratio per 1.0wte clinical staff.	End of June 2019	Dedicated time from 2 Clinical Psychologists, including the newly appointed Consultant Clinical Psychologist.
Dundee Clinical Psychology to Community Mental Health Team	Clinical Psychology to Community Mental Health Teams in Dundee have not met the 18 week referral to treatment target in 2017 or 2018. The current substantive staffing level is 5.3wte. However, from this staffing complement, patient assessment and treatment is provided to in-patient care and time dedicated to delivering group treatments to CMHT patients. The former are included in activity figures but the latter not, as these referrals are not managed by the Psychological Therapies Service. Previous capacity modelling indicated that 1.0wte Clinical psychologist	revised demand/capacity modelling exercise to be undertaken for 2019.	Data on referral rates, DNA rates, throughput per 1.0wte clinical staff, discharge rate and any vacancy or maternity vacancy factors.	This exercise to be completed May 2019.	Assistance from colleagues re: Mental Health Innovation Officers, Business Unit, Consultant Clinical Psychologist.

	should be able to see 33 new individual patients per year. This equates to a service capacity of 175 patients per year. The number of new patients referred in 2017 was 172; in 2018 was 165. However, at the beginning of 2017, there were already 68 patients waiting to be seen (17 waiting longer than 18 weeks) with a longest wait of 43 weeks). The Service had a 0.8wte maternity leave running from 2016 through to July 2017 but with a second 0.8wte maternity leave running from July 2017 to April 2018. This reduced capacity would equate to 145 new patients seen each year.				
Recording of Clinical Effectiveness	The Mandatory Data Set (MDS) contains specific outcome measures: ICD-10 Diagnosis (added or amended to at any contact) Global Assessment of Functioning (GAF). This is rated between one and 100 at every contact with the client, and indicates the client's current functioning. Clinical Global Impression of Severity (CGI-S). This is rated between one and seven at every contact with the client, and indicates the client's current severity of presenting mental	There is a need for the Mandatory Data Set to be re-established to provide information regarding treatment effectiveness across adult Primary Care mental health services in the first instance. Information to be able to be analysed at the following levels:- • Service Level • Across diagnostic	The first pilot site to be Perth Adult Mental Health Primary Care Service. This is to be achieved and in routine use by June 2019. Thereafter to be rolled out across Dundee and Angus Adult Mental Health Primary Care Service by September 2019 and the remainder of Psychological Therapies thereafter.	Ring fenced dedicated time from MHAIST Information Analysts, NHS Tayside Business Unit and Clinical staff.	

	health difficulties. Clinical Global Impression of Improvement (CGI-I). This is rated between one and seven at every contact with the client (apart from first contact), and indicates the improvement or worsening of the client's mental health difficulties. Patient Global Impression of Improvement (PGI-I). This is rated between one and seven at every contact with the client (apart from the first contact), and indicates the patient's own view on the improvement or worsening of their mental health difficulties. The Mandatory Data Set has previously achieved a compliance rate exceeding 95% of all clinical appointments across some adult mental health services. However, recent changes with data recording systems have compromised this recording and reporting of treatment process and outcome data.	categories • Individual clinician level • Individual patient level The above data to be used as the primary driver for clinical service improvement by Consultant Clinical Psychologist/Lead Clinicians and member of their clinical team.			

Appendix 7

NHS Tayside
Budget and Finance Plan – 2019/20
Draft

February 2019

Contents

Introduction
Section 1: Setting the budget
Section 2: 2019/20 Budget: allocation of resources and savings
Section 3: Financial savings plan

Introduction

1.1 The purpose of this paper is to set out the following:-

- Section 1: assumptions underpinning the budget, taking account of new resources available to the Board and an estimate of the projected increases in costs in the coming year;

- Section 2: distribution of the total resources across the key operational areas and apportions the savings targets based on a comparison of projected resources and expenditure for each area, and

- Section 3: status and risk assessment of the savings plan and projected end of year forecast.

1.2 The budget and financial plan for 2019/20 will form part of the three year financial plan which will be presented to the Board in April. The three year plan will set out how the Board aim to achieve financial balance by 31 March, 2022.

1.3 The steps taken by the Board during 2018/19 to stabilise the financial position have had a positive impact and the following benefits will be carried forward into 2019/20:-

- Reduced the monthly overspend by £0.5 million since Quarter 1 (2018/19);
- Reduced the recurring deficit by £6.0 million through increasing the level of recurring savings;
- Addressed historic reliance on earmarked slippage - £8.0 million benefit (in future years), and
- Open, transparent and timely reporting.

1.4 The financial plan anticipates further significant progress during 2019/20 in terms of reducing the financial deficit to £11.2 million. The key outcomes that will be delivered will be:-

- An improved position regarding performance against the national access standards for inpatients, outpatients, diagnostics, cancer and CAHMS in line with agreed trajectories, and
- An £8.0 million reduction in the recurring deficit to £18.0 million.

Section 1: Setting the Budget

Introduction

1.1 Following approval of the 2019/20 Budget Bill by Scottish Parliament, the Cabinet Secretary for Health and Sport confirmed the allocations for Health Boards in February 2019. These were in line with indicative allocations issued to Boards previously, and confirmed the following uplifts for NHS Tayside in 2019/20:-

	£m
Baseline funding (2.6% uplift)	18.9
NRAC Parity Funding	2.1
	21.0

1.2 All territorial Boards received a baseline funding uplift of 2.5%. In addition, those Boards furthest from NRAC parity received a further allocation to ensure that no Board is further than 0.8% from NRAC parity in 2018/19. NHS Tayside received an allocation of £2.1 million in recognition of this commitment.

1.3 The Scottish Government budget also confirmed that in 2019/20, NHS payments to Integration Authorities for delegated health functions must deliver a real terms uplift in baseline funding, before provision of funding for pay awards, over 2018/19 cash levels. This financial plan assumes an allocation to the Integration Joint Boards (IJBs) of £7.4 million, which is a full share of the Board's 2.6% baseline uplift. In addition to this, and separate from the Board Funding uplift, will be two elements of funding for Social Care:-

- £120.0 million will be transferred from the Health Portfolio to the Local Authorities in-year for investment in integration, including delivery of the Living Wage and up-rating free personal care, and school counselling services; and
- £40.0 million has been included directly in the Local Government settlement to support the continued implementation of the Carers (Scotland) Act 2016 and extending free personal care to under 65s, as set out in the Programme for Government.

The Local Authorities will have flexibility to offset their adult social care allocations to Integration Authorities in 2019-20 by 2.2% compared to 2018/19.

1.4 The following additional resources are also reflected in NHS Tayside's current financial plan:-

	£m
Pharmaceutical Specials Service Unitary Charge	2.1
Assumed additional resources	**2.1**

1.5 The budget also included additional investment in reform, and a renewed focus on alcohol and drugs. The allocation of funding to Boards is in the process of being confirmed:-

- Investment in the Primary Care Fund will increase to £155.0 million in 2019/20. This will support the transformation of primary care by enabling the expansion of multi-disciplinary teams for improved patient care, and a strengthened and clarified role for GPs as expert medical generalists and clinical leaders in the community.

- Investment of £146.0 million will be provided to support delivery of the trajectories set out in the Waiting Times Improvement Plan. Up to £40.0 million will be accelerated into 2018/19 to allow Boards to support immediate priorities.

- To support the mental health strategy, in 2019-20 a further £14.0 million will be invested, which will go towards the commitment to increase the workforce by an extra 800 workers; for transformation of CAMHS; and to support the recent Programme for Government commitments on adult and children's mental health services. In order to maximise the contribution from this direct investment, this funding is provided on the basis that it is in addition to a real terms increase in existing 2018/19 spending levels by NHS Boards and Integration Authorities. This means that funding for 2019/20 must be at least 1.8% greater than the recurrent budgeted allocations in 2018/19, plus £14.0 million. Directions regarding the use of £14.0 million will be issued in year.

- Trauma Networks funding will increase by £8.0 million to £18.0 million, taking forward the implementation of the major trauma networks.

- Continued investment in the £100.0 million cancer strategy

Assumptions

1.6 The following key assumptions have been made in relation to the budgets for 2019/20:-

- All budgets will be uplifted by a share of the 2.6% uplift, in line with the increase in baseline funding. This includes the allocation of funding to meet the implications of the pay uplifts.
- NRAC parity funding will be used to offset existing costs.
- Cost pressures for all services will have to be managed from within existing allocated budgets.
- A contingency of £3.0 million has been established to address any **exceptional** circumstances that could not have been envisaged at the start of the financial year.
- We have assumed that slippage on current and prior year allocations from SGHSCD will be £5.0 million.

1.7 In terms of the calculation of the financial savings requirement for 2019/20, the following analysis sets out the basis on which the 2018/19 baseline budget has been rolled forward. The table refers to Board directed services.

Board Directed Budgets	Revenue Allocation £m	Forecast Expenditure £m	Financial Gap £m
2018/19 Recurring Baseline B/Fwd*	474.5		
2019/20 Anticipated Allocations (note 1 opposite)	15.0		
Baseline Expenditure		-511.5	
Recurring Deficit**	**489.5**	**-511.5**	**-22.0**
New Resources			
2018/19 Baseline Uplift (exc IJB uplift of £7.4m)	11.5		
NRAC Parity Funding	2.1		
Other	2.1		
Total New Resources	**15.7**		**-6.3**
Growth/Cost Pressures			
Pay Uplifts		-10.7	
Non pay uplifts		-10.4	
Contingency		-3.0	
Miscellaneous Uplifts		-5.3	
Total Growth/Cost Pressures		**-29.4**	**-35.7**
BOARD OPERATING COSTS/FINANCIAL GAP	**505.2**	**-540.9**	**-35.7**

Note 1:

2019/20 Board Anticipated Allocations (excludes IJB-related allocations)	**£m**
Outcomes Framework	5.0
CSO - R&D	7.5
SRTC	5.0
Other	4.7
New Medicines Fund	3.5
Public Dental Services	2.2
e-Health - ICT	2.2
Early Years Family Nurse Partnership	1.6
Mental Health Outcomes Framework	1.6
Distinction Awards for NHS Consultants	1.5
Scottish Trauma Network	1.4
Top Slice	-4.1
Depreciation	-16.5
Total	**15.0**

* Includes baseline RRL & non-core RRL

** The recurring deficit against baseline budget for 2019/20 totals £26.0 million. However, £4.0 million of this total relates to budgets delegated to IJBs, which are included in IJB financial plans.

The Board's financial gap for 2019/20 is currently assessed as £35.7 million.

IJB Deficits	Angus £m	Dundee City £m	Perth & Kinross £m	Total £m
IJB Financial Gap – covering both health and social care budgets	**0**	**5.9**	**4.2**	**10.1**

In addition to the £35.7 million gap on Board directed services, the Board is exposed to potential IJB deficits of £10.1 million through the risk share agreements. The total deficit of £10.1 million reflects both health and social care budgets. It should be noted that the figure of £10.1 million is a provisional figure, and not yet formally approved by respective IJBs. IJB Risk Share agreements in Dundee City and Angus now allocate a share of any overall deficit between the two partner organisations, irrespective of the source of the overspend. Discussions continue with all three IJBs and Local Authority partners to confirm the basis for risk share and the related financial implications.

Risks

A number of risks specific to Tayside NHS Board are noted below:-

- IJB positions
  - the IJBs' ability to operate within available budget allocations;
  - the exposure to social care overspends and impact of IJB Risk Share agreements.
- Operational performance
  - delivery of waiting times improvement plan targets within available resource;
  - availability of funding to support operational capacity requirements.
- Secondary care medicines
  - managing a projected 12% growth in secondary care medicine costs;
  - availability of central funding to support Scottish Medicines Consortium recommendations.
- Property and estates
  - decisions are required around Board property and infrastructure to maximise the use of resource and mitigate operational risks.
- eHealth
  - resource required for appropriate IT infrastructure and support for service transformation.

Section 2: 2019/20 Budget: allocation of resources and savings

2.1 Based on the confirmed and forecast new resources and expenditure commitments the budget and savings requirements for 2019/20 for Board service budgets are noted below:-

	2019/20 Draft Budget				Savings Requirement
	Unscheduled Care	Elective Care	Other	Total	
	£m	£m	£m	£m	£m
Core Operational Group					
Patient Assurance and Access	22.1	43.3	46.0	111.4	4.5
Medicine	46.3	23.9	4.3	74.5	2.8
Woman, Children and Families	17.2	41.9	2.9	62.0	1.6
Surgery	47.6	69.3	6.2	123.1	7.6
Regional Mental Health Services			5.8	5.8	0.1
Facilities & Operational Services			77.3	77.3	1.9
Total Core Operational Unit	**133.2**	**178.5**	**142.4**	**454.1**	**18.5**
Corporate			54.2	54.2	2.0
Other Healthcare Services			21.2	21.2	
Income			(79.1)	(79.1)	
Depreciation			21.0	21.0	
Total Board Corporate	**0.0**	**0.0**	**17.4**	**17.4**	**2.0**
Financial Flexibility					4.0
Total Direct Budgets	**133.2**	**178.5**	**159.8**	**471.5**	**24.5**
Forecast Deficit Position					11.2
Total Financial Gap - Board					**35.7**

At this stage the forecast deficit for 2019/20 is £11.2 million, assuming delivery of £24.5 million of savings. The deficit includes a significant increase in secondary care medicines cost of 12% (£6.4 million). This is in line with other Boards' assumptions, and includes the impact of central direction on use of new high cost cystic fibrosis drugs.

The draft budget above splits out unscheduled care costs from other services, on the basis that unscheduled care must be delivered by the Board and fully resourced. A total unscheduled care budget of £133.2 million is identified. The level of efficiency applied to this budget will be restricted to
£1.5 million (1.1%), which assumes a level of variation in service provision exists.

Section 3: Financial Plan

Introduction

3.1 Based on the allocation of resources and the detailed budget prepared, it is forecast that the Board will require to deliver savings of £35.7 million, plus a share of the potential IJB deficit, in 2019/20 in order to achieve financial breakeven. The scale and size of this challenge should be considered in the context that the Board has not delivered financial breakeven since 2011/12.

3.2 The engagement with and involvement of all staff in managing budgets and operating within available resources is key and significant progress is being made in providing the necessary leadership and support to ensure that all steps to reduce the cost base are considered, alongside delivery of high quality and safe patient care.

3.3 Within this section we summarise the actions to reduce the cost base and increase productivity.

Closing the Gap

3.4 Transforming Tayside describes our high level direction, in response to the National Clinical Strategy[1], the Health and Social Care Delivery Plan[2] and the challenges posed to modern healthcare by Realistic Medicine[3]. The design of new clinically-led, sustainable models of care, developed in partnership with our communities, will transform our future approach to health and social care.

The Board is adopting a five tier approach to closing the financial gap:-

Level 1	Transforming Tayside
Level 2	Regional and National opportunities
Level 3	Productivity and improvement gains
Level 4	Cost reduction plans (each service)
Level 5	Financial flexibility

While progress is anticipated with transformation of services in 2019/20, given the current status of plans the 2019/20 efficiency savings plan will be reliant on actions within levels 3 to 5.

As detailed in the 2019/20 plan, the immediate goal will be to improve productivity with a focus on achieving upper quartile performance.

The Three year Transformation and Financial Plans coming to the Board in April 2019 will set out in more detail how the longer term financial strategy will be delivered through Transformation.

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[1] (2016) "National Clinical Strategy for Scotland" Feb 2016, Edinburgh. www.gov.scot. ISBN: 978-1-78652-002-9
[2] 2016) "Health and Social Care Delivery Plan" 19 Dec 2016, Edinburgh. www.gov.scot/publications. ISBN: 978-1-78652-701-1
[3] (2018) "Practicing Realistic Medicine: CMO Summary Report 2016-17" April 2018, Edinburgh www.gov.scot/publications. ISBN: 978-1-78851-3

Savings identified to date with supporting action plans

3.5 A summary of the savings identified to date with supporting actions noted below:-

	Savings Required	Savings Identified	Risk Assessment		
	£m	£m	High (£m)	Medium (£m)	Low (£m)
Core Operational Unit	18.5	10.6	6.7	4.4	7.4
Corporate Services	2.0			2.0	
Financial Flexibility	4.0	4.0			4.0
Total Direct Budgets	**24.5**		**6.7**	**6.4**	**11.4**

3.6 In the remainder of this section the savings identified to date are presented across each of the above areas.

Core Operational Unit

3.7 The savings identified within the core operational unit are noted below:-

	2018/19 Draft Budget			
	£000	Red	Amber	Green
Elective Care Productivity	£7.1m		£1.4m	£5.7m
Secondary Care Medicines	£3.5m	£3.5m		
Unscheduled Care	£1.5m	£0.5m	£0.7m	£0.3m
Cash Release Efficiency Targets:-				
• Access Division	£1.7m	£0.5m	£0.6m	£0.6m
• Medicine Division	£0.5m	£0.1m	£0.1m	£0.3m

• Surgery Division	£1.4m	£0.4m	£0.7m	£0.3m
• Regional Mental Health Services	£0.1m		£0.1m	
• Women, Children & Families	£0.8m	£0.2m	£0.4m	£0.2m
• Facilities & Operational Services	£1.9m	£1.5m	£0.4m	
Total	**£18.5m**	**£6.7m**	**£4.4m**	**£7.4m**

Elective Care Productivity

3.8 The finance plan is dependent on delivery of a significant increase in capacity from within existing resources. Individual plans will be agreed with each service across a range of measures, taking into account national benchmarking and reducing internal variation of performance. Demand and capacity is currently being modelled by the Business Unit who along with each service area will produce a capacity plan to achieve sustainable performance. Contained within each plan will be the required improvements expected to improve productivity and efficiency. The actions will also be underpinned by the support and resources around quality improvement areas, including achieving 77% end Theatre utilisation for example.

Transforming Outpatients

The Board is currently a national outlier in relation to new:review outpatient ratios and outpatient DNA:-

- New:Review ratio measures the ratio of return appointments delivered for every new outpatient appointment attended. NHS Tayside's performance is consistently above the national benchmark (Scottish Average) and in October 2018 was 4.1 compared to a benchmark of 2.5.
- Did Not Attend rates measures the percentage of new outpatient appointments that were not attended by patients. NHS Tayside's performance is consistently above the national benchmark (Scottish Average), and in October 2018 was 11.2% compared to a benchmark of 6.8%.

Delivering performance at the national benchmarks will create capacity to increase the number of new outpatient appointments and reduce the overall waiting list. There are a number of interventions currently being modelled which will be detailed in the next iteration of the financial plan.

Inpatient Capacity and Flow

Significant work has been made in reviewing the current service model and there are opportunities to increase capacity by redesign in the following areas:-

- Optimising admission processes, including same day admission;
- Embed integrated discharge processes and reducing hospital length of stays;
- Review capacity and flow pathways to reduce variation and bottlenecks, and
- Phased reconfiguration of services across the main sites at Ninewells, Perth Royal Infirmary and Stracathro.

Theatre Utilisation

Similar to inpatient flow and capacity, significant work has been undertaken to inform decision making regarding a more efficient and productive use of theatre capacity focused on:

- Optimising effective and efficient booking and scheduling;
- Improving data quality (OPERA) to inform improvement and key performance measures, and
- Provide a deliverable, cost effective theatre workforce plan and implement the target elective schedule.

3.9 Clinical Care Groups are developing their proposals to meet the October 2019 waiting times standard, for inclusion in NHS Tayside 2019/20 submission for national waiting times funding. Submission date is mid to end February 2019.

3.10 The delivery of the agreed metrics and trajectories will be rigorously monitored through the implementation of formal performance reviews both internally within the operational unit and by the Executive Leadership Team. Progress against the plans will be reported to the Performance Resources Committee, and Tayside NHS Board.

Secondary Care medicines

3.11 An assessment has been undertaken of the likely projected secondary care medicines expenditure. The process of budget setting for secondary care drugs includes analysis and use of a range of horizon scanning resources, including the Forward Look report by the SMC, Prescribing Outlook – New medicines by UKMI, the new drugs reports from the various prescribing consortia across the UK and work plans for SIGN/Healthcare Improvement Scotland and NICE. In addition to these formal sources local clinicians, pharmacists and service managers are engaged in and have contributed to medicines intelligence underpinning the assumptions and estimations made in this document.

3.12 It should be noted that there is an element of risk arising from the accuracy of the prediction due to the number of variables. Horizon scanning is a continual process and information regarding new drugs, licensing, etc. are communicated regularly throughout the year to clinicians and managers in order to inform on likely year end out-turn.

3.13 Based on the work undertaken and an assumption on the rate of the introduction of new medicines being at 40% (of the SMC Forward Look annual impact), the secondary care medicines budget would increase by £6.4m in 2019/20. Following Scottish Government advice regarding the impact of a new Cystic Fibrosis drug, expenditure projections have been increased for this patient group. Due to Scottish Government engagement with regards to cystic fibrosis drugs included in the Forward Look, the 40% would only apply to Oncology drugs.

Financial Planning	Full Year	SMC F/L 40%
	£000	**£000**
Growth on Existing Medicines	2,682	2,682
SMC New Medicines	10,168	6,856
Cost Reductions	(3,096)	(3,096)
Net Growth for 2019/20	**9,754**	**6,443**

The net growth in projected expenditure for 2019/20 is **£6.4 million**, an increase of 12% on 2018/19 baseline expenditure of £53.3 million.

3.14 Following discussion and agreement through the Operational Leadership Team, revised arrangements are in place to strengthen governance and control around secondary care drugs expenditure. Whilst secondary care budgets will continue to be allocated at unit/service level, these revised arrangements will include monitoring of the overall drugs budget by the Operational Leadership Team. This will ensure cross system ownership by clinicians and managers, facilitating the management of expenditure by those who generate it and allow prioritisation of treatments based on available resources.

Unscheduled Care

3.15 The clinicians responsible for unscheduled care are tasked with undertaking a comprehensive assessment of current capacity with the aim of identifying plans to reduce overall expenditure by £1.5 million without impacting on patient flow.

Service Cost reduction plans

3.16 In line with prior years, services have been allocated a 2% cost reduction target and plans will be implemented to support delivery of these savings. This will include the outputs of the Safe Affordable Workforce process reported to the Board and opportunities to reduce expenditure through local service actions. The savings assigned to services are consistent with prior years.

Integration Joint Boards (IJBs)

3.17 The financial plans for the three IJBs have still to be formally approved.

3.18 We would acknowledge the continued close working relationships with the three IJBs and support provided by the respective Chief Officers and Chief Financial Officers and Local Authority Directors of Finance. The key risks as identified in the Integration Joint Board financial plans include:-

- The impact of prescribing cost pressures. Benchmarking data would, however highlight, that two of the three IJBs remain outliers in terms of prescribing volumes compared to the Scottish average (Angus and Perth and Kinross). Support to assist the three IJBs will be co-ordinated through the Prescribing Management Group.

- The integration schemes for Angus and Dundee City from 1 April result in the Health Board and Local Authority sharing the responsibility for any overspends within the IJBs, irrespective of the source of the overspend.

- The cost of funding complex care packages continues to rise and further consideration will be required to assess the associated financial risk.

- The overspend with Mental Health and Learning and Disability Services; a significant element of which relates to the levels of resource within learning disability and CAHMS services compared to peer Boards in Scotland

Corporate Services

3.19 The Corporate Directorates have confirmed agreement to achievement of a 2% savings target.

Appendix 8

Core RRL

NHS TAYSIDE *select Board from drop-down*

FINANCIAL PLAN 2019-20

Core Revenue Outturn Statement

Line no	2018-19 Total £000s	Revenue Resource Limit (RRL)	2019-20 Rec £000s	2019-20 Non-Rec £000s	2019-20 TOTAL	2020-21 Rec £000s	2020-21 Non-Rec £000s	2020-21 TOTAL	2021-22 Rec £000s	2021-22 Non-Rec £000s	2021-22 TOTAL
1.01	1,087,662	Gross Expenditure - Clinical & Non-clinical	1,003,355	86,120	1,089,475	1,021,280	87,575	1,108,855	1,042,865	86,437	1,129,302
1.02	155,464	Less: Gross Income	159,351		159,351	163,334		163,334	167,418		167,418
1.03	932,198	**Total Expenditure**	**844,004**	**86,120**	**930,124**	**857,946**	**87,575**	**945,521**	**875,447**	**86,437**	**961,884**
1.04	34,744	Less: Total Non-Core RRL Expenditure		26,653	26,653		31,215	31,215		34,092	34,092
1.05	45,481	Less: FHS Non Discretionary Net Expenditure	45,356		45,356	45,356		45,356	45,356		45,356
1.06	851,973	**Core Revenue Resource Outturn**	**798,648**	**59,467**	**858,115**	**812,590**	**56,360**	**868,950**	**830,091**	**52,345**	**882,436**
1.07	741,022	Baseline Allocation	762,817		762,817	784,040		784,040	803,641		803,641
1.08	2,900	NRAC parity funding uplift	2,100		2,100			0			0
1.09	89,351	Anticipated Allocations: Rec/ Non-rec/ Earmarked	13,931	68,105	82,036	11,450	67,819	79,269	11,450	67,345	78,795
1.10	833,273	**Core Revenue Resource Limit (RRL)**	**778,848**	**68,105**	**846,953**	**795,490**	**67,819**	**863,309**	**815,091**	**67,345**	**882,436**
1.11	(18,700)	**Forecast variance against Core RRL**	(19,800)	8,638	(11,162)	(17,100)	11,459	(5,641)	(15,000)	15,000	0
1.12		**Financial flexibility (% core RRL)**			-1%			-1%			0%

	2018-19 £000s	**Balance of Care Cost Split:**	2019-20 £000s	2020-21 £000s	2021-22 £000s
1.13	467,963	Hospital Services total	465062	465196	476133
1.14	464,235	Community Services total	465062	480325	485751
1.15	932,198	Total (inc. FHS)	930124	945521	961884

Cumulative 3-Year Total Outturn (16,803)

Main contact name	Stuart Lyall
email address	stuartlyall@nhs.net
Phone number	01382 632054

Version number: 1

Date of submission: 29/03/2019

Board Approval Date

Efficiencies

NHS TAYSIDE

FINANCIAL PLAN 2019-20

Cash-releasing Savings Requirement

		2019-20			2020-21			2021-22		
		Rec £000s	Non-Rec £000s	Total £000s	Rec £000s	Non-Rec £000s	Total £000s	Rec £000s	Non-Rec £000s	Total £000s
2.01	Forecast variance against Core RRL	(19,800)	8,638	(11,162)	(17,100)	11,459	(5,641)	(15,000)	15,000	0
2.02	Savings forecast to be delivered (detailed in table below)	12,677	11,823	24,500	13,400	13,100	26,500	14,850	14,250	29,100
2.03	**Savings required to break even**	32,477	3,185	35,662	30,500	1,641	32,141	29,850	(750)	29,100
2.04	Savings as % of Baseline	4%	0%	5%	4%	0%	4%	4%	0%	4%

	Savings planned to be delivered:	2019-20			Risk rating			2020-21			Risk rating			2021-22			Risk rating		
		Rec £000s	Non-Rec £000s	Total £000s	High £000s	Med £000s	Low £000s	Rec £000s	Non-Rec £000s	Total £000s	High £000s	Med £000s	Low £000s	Rec £000s	Non-Rec £000s	Total £000s	High £000s	Med £000s	Low £000s
2.05	Service redesign	3,000	4,056	7,056	250	1704	5,102	3,750	3,750	7,500	1,000	3750	2,750	6,250	6,250	12,500	3,000	6250	3,250
2.06	Drugs and prescribing	3,500	0	3,500	3,500	0	0	3,500	0	3,500	3,500		0	3,500		3,500	3,500		0
2.07	Workforce	2,069	2,250	4,319	1,675	1716	928	1,000	2,500	3,500		3500	0	2,000	3,500	5,500	2,000		3,500
2.08	Procurement	738	30	768	0	105	663	800	0	800			800	500		500			500
2.09	Infrastructure *(e.g./acilities management, IT, other support services)*	0	116	116	0	116	0	1,000	500	1,500	1,000	500	0	1,000	500	1,500	1,000	500	0
2.10	Other	1,370	1,371	2,741	1,275	759	707	2,350	2,350	4,700	1,410	1500	1,790	600		600			600
2.11	**Total Efficiency Savings workstreams**	10,677	7,823	18,500	6,700	4,400	7,400	12,400	9,100	21,500	6,910	9,250	5,340	13,850	10,250	24,100	9,500	6,750	7,850
2.12	Financial Management / Corporate Initiatives	2,000	4,000	6,000		2000	4,000	1,000	4,000	5,000			5,000	1,000	4,000	5,000			5,000
2.13	Unidentified savings assumed to be delivered in year			0	0					0	0					0	0		
2.14	**Total core NHS Board Savings**	**12,677**	**11,823**	**24,500**	**6,700**	**6,400**	**11,400**	**13,400**	**13,100**	**26,500**	**6,910**	**9,250**	**10,340**	**14,850**	**14,250**	**29,100**	**9,500**	**6,750**	**12,850**
2.15	**Savings delegated to Integration Authorities**			**0**			0			**0**			0			**0**			0
2.16	**Savings challenge remaining (£000)**	**(19,800)**	**8,638**	**(11,162)**				**(17,100)**	**11,459**	**(5,641)**				**(15,000)**	**15,000**	**0**			

Non Core RRL

NHS TAYSIDE
FINANCIAL PLAN 2019-20
Non-Core RRL Expenditure

Line no	2018-19 Total £000s		2019-20 Total Non-Rec £000s	2020-21 Total Non-Rec £000s	2021-22 Total Non-Rec £000s
3.01	150	Capital Grants	150	150	150
3.02	16,847	Depreciation / Amortisation	16,770	17,056	17,530
		ODEL - IFRS PFI Expenditure			
3.03	3,599	PFI/PPP/Hub - Depreciation	4,504	4,681	4,865
3.04		PFI/PPP/Hub - Impairment			
3.05	(460)	PFI/PPP/Hub - Notional Costs	(602)	(762)	(936)
3.06	3,139	**Total IFRS PFI Expenditure**	3,902	3,919	3,929
		Annually Managed Expenditure			
3.07	13,144	AME - Impairments	4,422	8,676	11,052
3.08	906	AME - Provisions	906	906	906
3.09	558	AME - Donated Assets Depreciation	503	508	525
3.10		AME - Movement in Pension Valuation			
3.11	14,608	**Total AME Expenditure**	5,831	10,090	12,483
3.12	34,744	**Total Non-Core RRL Expenditure**	**26,653**	**31,215**	**34,092**

Capital Investment

NHS TAYSIDE
FINANCIAL PLAN 2019-20
Infrastructure Investment Programme

Line No	2018-19 £000s		2019-20 £000s	2020-21 £000s	2021-22 £000s	2022-23 £000s	2023-24 £000s
4.01		**Capital Resource Limit (CRL)**					
4.02	9,473	SGHSCD formula allocation	9,473	9,473	9,473	9,473	9,473
4.03	(462)	Asset sale proceeds reapplied *(net book value, from line 4.33 below)*	0	0	0	0	0
4.04	1,731	Project specific funding *(from line 4.24 below)*	21,433	20,391	28,115	8,769	6,902
4.05	40	Radiotherapy funding	3,630	625	3,160	2,689	270
4.06	2,185	Other centrally provided capital funding	1,012	0	0	0	0
4.07	3,500	Revenue to capital transfers	3,500	3,500	3,500	3,500	3,500
4.08	**16,467**	**Total Capital Resource Limit**	**39,048**	**33,989**	**44,248**	**24,431**	**20,145**
4.09	**16,467**	**Saving / (Excess) against CRL** *(4.08 less 4.01)*	**39,048**	**33,989**	**44,248**	**24,431**	**20,145**

	2018-19 £000s	**Hub Projects:**	2019-20 £000s	2020-21 £000s	2021-22 £000s	2022-23 £000s	2023-24 £000s
4.10		<name of project>					
4.11		Reshaping Non Acute Care (Kingsway Replacement)					
4.12							
4.13							
4.14							
4.15	**0**	**Total Non-Core Capital ODEL**	**0**	**0**	**0**	**0**	**0**

Memoranda

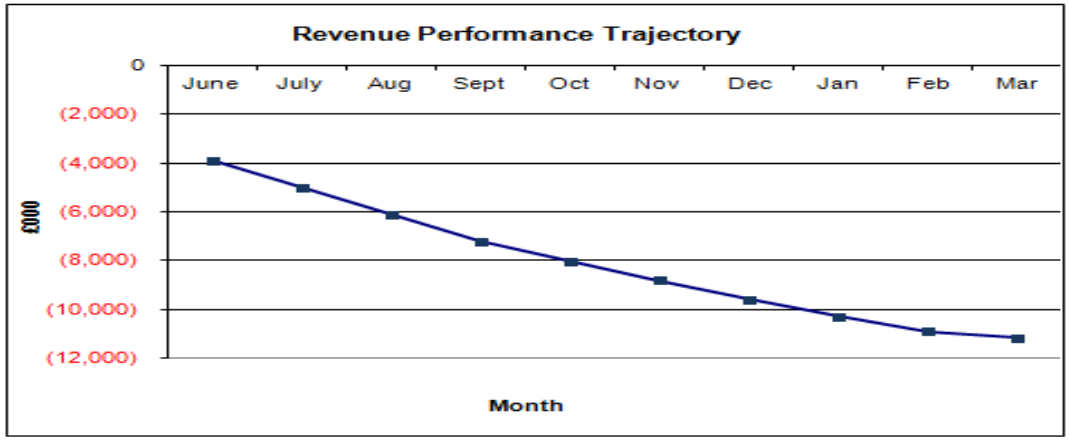
	2018-19 £000s	Project Specific Funding:	2019-20 £000s	2020-21 £000s	2021-22 £000s	2022-23 £000s	2023-24 £000s
4.16		<name of project>					
4.17	317	Ninewells Electrical Infrastructure	12,301	9,288	6,897	6,827	6,902
4.18	231	Neonatal Intensive Care Unit	5,637	776			
4.19	0	Multistorey Plant Unit (NICU/CTS/Zone 2)	1,674				
4.20	40	Elective Care	1,821	10,327	21,218	1,942	
4.21	1,143	NHSS PSS Equipment & Enabling					
4.22							
4.23							
4.24	**1,731**	**Total Project Specific Funding** *(copies to line 4.03 above)*	**21,433**	**20,391**	**28,115**	**8,769**	**6,902**

	2018-19 £000s	**Source of capital receipts** (please enter NBV figures as **negative**):	2019-20 £000s	2020-21 £000s	2021-22 £000s	2022-23 £000s	2023-24 £000s
4.25		<name of source>					
4.26	(110)	Trades Lane					
4.27	(352)	Equipment Asset Disposals					
4.28							
4.29							
4.30							
4.31							
4.32							
4.33	**(462)**	**Total Asset Sale proceeds (at NBV)** (copies to line 4.03 above)	**0**	**0**	**0**	**0**	**0**

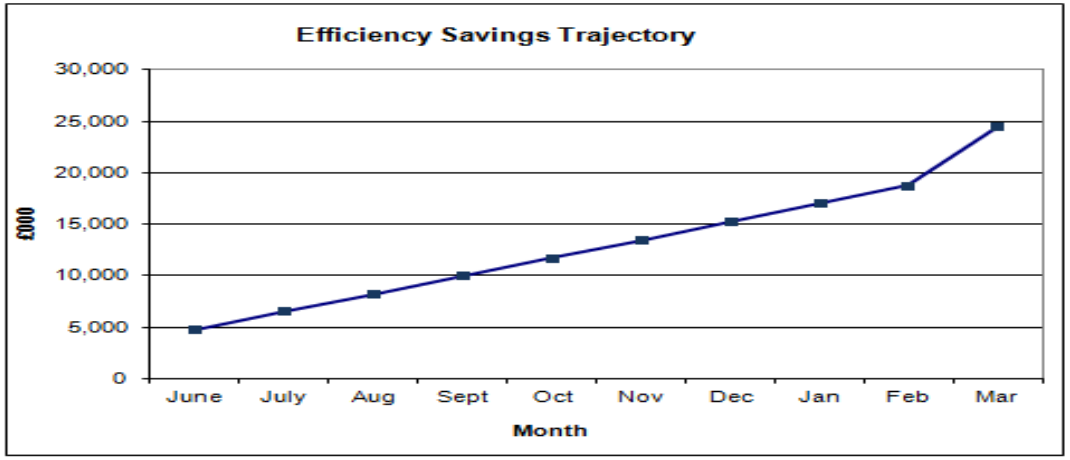
Trajectories

NHS TAYSIDE
FINANCIAL PLAN 2019-20
Financial Trajectories

	Revenue Outturn	RRL Saving/ (Excess)
	Saving / (Excess) against Core RRL as at the end of:	£000s
5.01	June	(3,900)
5.02	July	(5,000)
5.03	Aug	(6,100)
5.04	Sept	(7,200)
5.05	Oct	(8,000)
5.06	Nov	(8,800)
5.07	Dec	(9,600)
5.08	Jan	(10,300)
5.09	Feb	(10,900)
5.10	Mar	(11,162)



	Cumulative value of efficiency savings as at the end of:	Total
		£000s
5.11	June	4,809
5.12	July	6,525
5.13	Aug	8,240
5.14	Sept	9,992
5.15	Oct	11,743
5.16	Nov	13,494
5.17	Dec	15,246
5.18	Jan	16,997
5.19	Feb	18,749
5.20	Mar	24,500



Assumptions and Risks

NHS TAYSIDE
FINANCIAL PLAN 2019-20
Financial Planning Assumptions & Risk Assessment

Financial Planning Assumptions:

	2018-19	Assumptions - uplift (%)		2019-20	2020-21	2021-22
6.01		Resources	Base uplift	2.60%	2.50%	2.50%
6.02			NRAC		0.00%	0.00%
6.03			Other		0.00%	0.00%
6.04		Pay	Base uplift	2.80%	4.08%	3.81%
6.05			Incremental drift	0.00%	0.00%	0.00%
6.06			Other			
6.07		Prices				
6.08		GP prescribing	Price	1.00%	1.00%	1.00%
6.09			Volume	1.00%	1.00%	1.00%
6.10		Hospital drugs	Price	10.70%		
6.11			Volume			

Risk Assessment

Line no	Key Assumptions / Risks	£ Value Risk/ £ Assumption/ % Assumption	Impact / Description	Risk rating (please select from drop-down)
6.12	Pay and Pension		The increase in Employers Superannuation from 1 April 2019 have not been factored into the current financial plan, neither anticipated funding nor cost. It is assumed that SG will meet Board costs, however given the national shortfall from Barnett Consequentials, it is recognised that there is a risk associated with this, value to be determined through CFN.	Medium Risk
6.13	Waiting Times	£5m	£5.0m SG funding allocated in 2018/19 needs to be re-instated to maintain current core service capacity, otherwise significant deterioration in waiting times numbers. Also, risk of loss of any additional funding if performance trajectories not met.	Medium Risk
6.14	Prescribing	£2m	Financial impact of SMC recommendations. Continued price increases and short supply issues.	High Risk
6.15	Pharmaceutical Price Regulation Scheme (PPRS)		Planning on basis of NRAC share of £80m	Low Risk
6.16	Primary Care Improvement Fund		Funding allocation not included in figures at this stage. Assumed that increase in costs will match funding received	Low Risk
6.17	Mental Health		Funding allocation not included in figures at this stage. Assumed that increase in costs will match funding received	Low Risk
6.18	Transformational Change Fund		Funding allocation not included in figures at this stage. Assumed that increase in costs will match funding received	Low Risk
6.19	eHealth		Resource required for appropriate IT infrastructure and support for service transformation.	High Risk

6.20	Capital Programme	Up to £85.6m	Additional capital funding from SGHSCD assumed for 'Project Specific'. Restricted formula capital has limited NHST ability to progress with investment required to advance the clinical strategy and PAMS. If additional funding not provided, this will add further pressure to the already limited capital funding and will result in re-prioritisation of the five year capital programme.	High Risk
6.21	Capital Programme - NBV of asset disposals retained locally to support capital programme	Up to £3.1m	NBV retained to support investment in essential backlog maintenance and medical equipment replacement. If NHST is required to return this funding to SGHSCD this will result in a reduction to CRL funding and re-prioritisation of the capital programme.	Medium Risk
6.22	Capital Programme - Radiotherapy Funding	c£5.4m	Beyond the linear accelerator replacement in 2019/20, NHST cannot accommodate the replacement of any future linear accelerators within the existing infrastructure. Current accommodation with regards to the clinical environment and bunkers to support the linacs need to be addressed. Value based on linac replacements in National Radiotherapy Capital Equipment Replacement Programme in 2021/22 and 2022/23.	High Risk
6.23	Hub Procurement timing	c£20m	Project timelines for Reshaping Non Acute Care project not confirmed. Value based on Ministerial announcement in 2014.	Medium Risk
6.24	Primary Care Premises		There may be a requirement for capital investment in future years associated with the establishment of new GP hubs in line with the new GP contracts. No assumptions made on this within capital programme.	Medium Risk
6.25	ADEL	£4m	£4.0m ADEL funding assumed in each year of the plan	Medium Risk
6.26	IJBs	Up to £10m	Templates currently assume IJBs deliver financial balance. Current risk across both health and social care budgets is assessed at £10.1m - NHST would be exposed to c£6.5m through risk share agreements. Position currently being assessed, may be further exposure through prescribing and mental health overspends.	High Risk