CHIEF EXECUTIVE’S AND DIRECTORS’ REPORT
EMERGING ISSUES AND UPDATES

1 AUDIT SCOTLAND OVERVIEW OF NHS IN SCOTLAND

Audit Scotland is carrying out its annual overview of the NHS in Scotland which is due to be published in December 2011 and which comments on the finance and performance of the NHS in Scotland during 2010/11. The report has four objectives which are:

- review of how the NHS is performing financially
- examine how the NHS is developing to face future challenges and improve efficiency
- assess how healthy Scotland is as a nation
- examine how the NHS is performing

The detailed project brief is available on the Audit Scotland website: (www.audit-scotland.gov.uk/work/forwardwork)

The Board had the opportunity to comment on the draft brief and used this opportunity to highlight the need to reflect the essential NHS quality agenda alongside the efficiency approach outlined above.

2 DETECT CANCER EARLY IMPLEMENTATION PLAN

The draft Detect Cancer Early Implementation Plan – final plan due October 2011 following its consultation with the NHS, clinicians, cancer charities and key third sector group – will aim to save more than 300 lives a year by the end of the next Parliamentary term.

The Scottish Government has set aside £30 million from the extra £1 billion committed to the health budget during the next four years, to support implementation of the plan and improvements in cancer detection, diagnosis and treatment.

Action will initially concentrate on tackling the three most common cancers in Scotland - breast, bowel and lung cancer, with a focus on:

- Improving informed consent and participation in national screening programmes to help detect cancer earlier and improve survival rates;
- Raising the public’s awareness of these screening programmes and also the early signs and symptoms of cancer to encourage them to seek help earlier;
- Working with GPs to promote earlier referral or investigation of patients who may showing a suspicion of cancer;
- Ensuring there is sufficient capacity in the screening programmes to meet the expected increase in those choosing to take part;
- Helping imaging, investigation departments and treatment centres to prepare for an increase in the number of patients with early disease requiring treatment; and
- Strengthening data collection and performance reporting within NHSScotland to ensure progress continues to be made on improving cancer diagnosis, treatment, referral and survival.
3 INTERIM DIRECTOR OF FINANCE

NHS Highland Board will recall at the last meeting the Chair intimated that Malcolm Iredale, Director of Finance was moving onto a new role within NHS Highland from 1 October 2011.

As an interim measure, I am grateful to report that David Garden has agreed to undertake the role of Interim Director of Finance for a period of 3 months. This will be while the recruitment process is underway to fill the post on a substantive basis. This post will fulfil the role of the Director of Finance as prescribed within the NHS Highland Scheme of Delegation.

4 NURSING AND MIDWIFERY COUNCIL – REVIEW OF NORTH OF SCOTLAND LOCAL SUPERVISING AUTHORITIES

A review of the North of Scotland LSA Consortium (NHS Grampian, NHS Highland, NHS Orkney, NHS Shetland, NHS Tayside and NHS Western Isles) was undertaken by the Nursing and Midwifery Council (NMC) on 6-8 July 2011. The review was hosted in NHS Highland with participants from across the North of Scotland.

Having set the rules and the standards for statutory supervision of midwives and the function of the Local Supervising Authorities (LSAs) across the four countries of the UK the NMC has a duty to verify that these standards are being met and therefore must have a process in place to ensure this. The framework for reviewing LSAs was approved by the Midwifery Committee in 2007.

The Purpose of the Review
The review which aims to be both formative (an aid to development) and summative (a check that a required standards are being met)
- Reviews the function of the LSA consortium and verify that the NMC standards for the LSAs are meet
- Enables concerns that may impact upon protection of the public and safety of women and their families to be explored.

LSA Review Process
- Documentary review
- Interviews
- Review of evidence
- Triangulation of evidence
- Report completed

The Review Team comprised:
- Helen Pearce – NMC Midwifery Officer
- Verena Wallace – LSAMO Northern Ireland
- Helen Meehan – Midwife/ Supervisor of Midwives
- David Fisher – Lay Reviewer

On conclusion of the review, the NMC Review Team conveyed their sincere thanks for all the hard work and effort put in by everyone and the commitment to the process both in person and by video conferencing.

With regard to provisional feedback on their findings, they informed us of the following
1. They highly commended the quality, content and delivery of all the individual LSA presentations. They were impressed by the fact that the presentations were delivered by the Nurse Directors, Heads of Midwifery and Supervisors of Midwives and that they were focused and gave them the detail required for the Review. They felt that the presentations should be delivered to a wider audience including CEOs.

2. They said that throughout the process they gained a good understanding of the geography, rurality and challenges that this presents to supervision and care provision.

3. They acknowledged the challenges of providing protected time; administration support and 24/7 cover and appreciated the steps being taken to address these in each locality.

4. They said that they were satisfied with the progress in the two LSAs that had been previously reviewed (NHS Grampian & NHS Western Isles).

5. They highlighted that they were pleased with the standard of supervision in the North of Scotland against the 54 standards, particularly noting development and leadership.

6. They said that partnership working was developing well and that user input was very good.

7. They finished by saying that supervision in the North of Scotland has taken a positive action focused approach.

**Next Steps**

The final report is expected in October 2011. The resulting action plan, whilst being implemented in the local Boards, will be monitored through the North of Scotland Nurse Directors Group, locally through agreed decision-making forums and a progress report will be submitted within the LSA Annual Report to the NMC.

**5 NOSPG REPORT FOR NHS BOARD ANNUAL REVIEWS**

There is attached as Supplementary Paper 1 which is a brief summary on regional working for the Annual Reviews.

**6 REGIONAL PLANNING – NORTH OF SCOTLAND PLANNING GROUP AND WEST OF SCOTLAND PLANNING GROUP**

A copy of the Briefing from the North of Scotland Planning Group for August 2011 is circulated as Supplementary Paper 2 to this update. A copy of the Briefing from the West of Scotland Planning Group for July and September 2011 is circulated as Supplementary Paper 3 to this update.

**7 STRATEGIC FRAMEWORK**

(a) Communicating the Board’s Vision and Aims – “Health Check” NHS Highland Newspaper – August 2011

The Board of NHS Highland was updated in August regarding progress to produce and distribute a NHS Highland Newspaper to every household (approximately 150,000) within the areas covered by NHS Highland. It was estimated that the cost of producing, printing and distributing such a Newspaper would not exceed £20K and that distribution would start on the week beginning 22 August.
The communication exercise was supported via an e-mail to all staff direct from the Chief Executive in advance of the Newspaper being distributed, as well as after the mail drop. This was to alert staff as to why NHS Highland was carrying out the exercise and to encourage colleagues to read the Newspaper and feed-back. This was also repeated one week after the mail drop had taken place. A similar exercise was undertaken with patient representatives and other key stakeholders.

This work has now largely been completed and a formal evaluation is underway. The task was completed within budget and the agreed time-frame.

So far over 800 people have responded to the survey and around a 100 people have e-mailed the Chief Executive or Chair directly (this option for feed-back was promoted in the Newspaper). The majority of the responses have been from staff (700) but further feed-back (non e-mail) is expected from patient representatives by early October.

Overall the Newspaper has been well received. Members of the public, patients and patient groups, in particular, have welcomed the newspaper. They have found it informative, well written with a good balance of articles. In particular they appreciated the opportunity to feed-back directly to Chief Executive and Chair. Feed-back from staff has been split, almost 50:50 with strong feelings being expressed both in favour and opposition. The cost associated with the publication “14p per household” was strongly opposed by some staff arguing that the money (£18k) was wasted and should go into front-line services.

In terms of content both staff and public rated the articles on patient stories the highest.

The feed-back process highlighted that not all households received a copy of the Newspaper. This has been investigated and a number of reasons identified including that some post-codes got missed out as part of the mail drop. This is now being addressed and the mail drop will be completed on the week beginning 3 October. The full evaluation will be completed in October.

(b) Quality and Clinical Pathways

There have been a number of discussions about taking forward the work of the existing Managed Clinical Networks (MCNs) and collaboratives, which have been engaged in developing clinical pathways. The work is fundamental to the implementation of the Quality Strategy and Strategic Framework as clinical pathways are an essential part of ensuring that services are equitable, evidence-based, needs-led and patient-focused. A paper has been submitted for discussion to the Senior Management Team that proposes a framework for developing and approving pathways and supporting clinically-led groups to undertake the work in the future.

Chief Executive’s Office
Assynt House

23 September 2011
NoSPG Report for NHS Board Annual Reviews 2010-2011

This paper is intended to provide NoSPG NHS Boards with information on regional working for the 2011 round of Annual Reviews.

Overview
The North of Scotland Planning Group (NoSPG) continues to facilitate collaboration between the six Boards across the North for the benefit of the populations they serve. Richard Carey, Chief Executive, NHS Grampian has agreed to continue in the role of Chair of NOSPG for a further year and Ian Kinniburgh, Chair NHS Shetland continues to chair the NoS Chairs and Chief Executives Group.

During 2010-11, work to build the Rohallion Clinic, the regional secure care clinic began in earnest; the Eden Unit became fully operational; and the needs assessment and Options Appraisal to underpin the work to establish a regional specialist network for adolescents with severe and complex mental health problems was completed. There has also been significant recurring investment of just under £4m into specialist children's services and improved local access of children, particularly from remote and rural areas to specialist services through visiting services and increased use of telehealth.

During 2010-11, NoSPG undertook a review of the senior team structure and in line with NHS Board plans has reduced the headcount whilst improving cross-cover and support to the workstreams.

Regional Workplan
The NoSPG workplan has continued to grow, now with 18 high level objectives, across a range of clinical and specialist planning groups. The main areas of work continue to emphasise Mental Health (Eating Disorders, Forensic Services and CAMHS); Child Health (particularly specialist services and links with secondary care and child protection); and Acute Services, including Oral Health & Dentistry, Cardiac Services, Cancer Services and Weight Management, including bariatric surgery. New to the workplan this year is the development of the regional managed clinical network for Neonatal Services. The work continues to be supported by the North of Scotland Public Health Network (NoSPHN) and other functional specialist planning groups.
NoSPG, particularly through the Regional Director, has also continued to support NHS Scotland corporately, specifically through leadership roles in a number of national initiatives including the MSN for children’s cancer, continued performance management of the Scottish Neonatal Transport Service.

In October 2010, the Final Report of the Remote and Rural Implementation Group, which involved all of the remote and rural Boards across Scotland completed its work, reporting to the Cabinet Secretary evidence that 80 of the 83 recommendations of Delivering for Remote and Rural healthcare had been delivered or in progress. The Report also included some further recommendations, particularly in relation to sustaining the Rural General Hospitals and these recommendations were accepted and Boards are now working to implement these further recommendations.

Regional working should only be adopted where there is an added benefit to patients by adopting such an approach. In our Annual Report for 2009/10 the significant benefits to patients through achievement of our workplan were recognised. The following table highlights what benefits patients have seen or will see as a result of current workplan. Further information is also available on the NoSPG website at www.nospg.nhsscotland.com.

- The recently expanded infrastructure for delivery of cardiac services across the North provides a regional approach to cardiac services that will ensure consistency of care, and enhanced access to specialist services, closer to patient’s homes.
- Through regional approaches and established networks, children and young people in the North will have improved access to specialist paediatric services, including local provision of specialist clinics or tele-medicine links for those in remote areas.
- Regional approaches also provide education and training for locally based staff that care for children improves outcomes.
- A regional network for Child and Adolescent Mental Health will provide specialist care as close to home as possible and provide access to specialist services for those living in the most remote communities. The regional inpatient unit will be provided within the context of the network and will ensure that pathways of care are optimised, including transitional support between different tiers of service.
- The regional approach to secure care will ensure equity of service and the quality of care throughout the North of Scotland including a negotiated patient pathway, with all partner agencies.
- Adults across the North with a eating disorder follow an agreed pathway of care, no matter where they live in the region and when an inpatient admission is required, the pathway is as seamless as it can be and retains important links with local clinicians. The Eden Unit offers specialist intervention for both inpatient and day patients within the region, allowing most patients to be cared for within both the region and the NHS.
The North of Scotland Planning Group is a collaboration between NHS Grampian, NHS Highland, NHS Orkney, NHS Shetland, NHS Tayside and NHS Western Isles.

- The Oral Health & Dentistry project aims to improve access to specialist oral and dental care to develop a network approach that will provide care locally by suitably trained practitioners.
- A regional approach to cancer services allows better integration of care, between local areas and more specialist services, where Boards will work together. A networked approach to service delivery means that patients across the North have optimal access to the same standard of care no matter where they live.
- The NoS Public Health Network ensures that regional initiatives are informed by the best available evidence and identified population need so that we make the best possible decisions within the resources available for the people of the North of Scotland.
- A consistent, collective approach to workforce planning across the North of Scotland will support workforce sustainability, ensuring the provision of a safe and affordable workforce and consistent standards of patient care.
- A triangulated approach will be in place to inform and influence operational and strategic decisions on safe and affordable staffing and skill mix requirements. The outcomes will be that risks will be identified and understood, the workforce capacity and capability will be optimised in response to changing patient need, and safe and effective standards of patient care will be maintained.
- The skills, competence and productivity of the nursing & midwifery workforce will be developed, maintained and optimised to ensure the delivery of safe and effective standards of patient care.
- Within remote a rural areas, a team based approach to care that better meets the needs of the local community and a safe system of emergency care embedded in a matrix of support will ensure the sustainability of the RGH.
- The Framework for acute care in remote community Hospitals provides reassurance that a system of training, education and performance monitoring is in place to provide the necessary evidence for doctors working in remote Community Hospitals to support revalidation and ensures that the system of care in remote Community Hospitals is safe for patients.
- The elements of a Biomedical Scientist network are designed to ensure an appropriately skilled and competent workforce providing remote laboratory services as locally as possible to support the sustainability of services in the RGH.
- Through the acute hospital care pathways patients will be able to understand when they might be cared for within an RGH and when they may be transferred elsewhere.
- The main aim of the national MSN for Children and Young People with Cancer is to ensure that children and young people in Scotland with a diagnosis of cancer attain the best possible outcomes, have access to appropriate specialist services, as locally as possible that are both safe and sustainable, and that the pathway of care is as equitable as possible regardless of where they live in Scotland.
Robust video-conferencing infrastructure will allow patient access to specialist services from local environments and reduce the need for unnecessary travel. Through robust telemedicine it is possible to offer improved access to patients, timely interventions and advice.

Dr Annie Ingram  
Director of Regional Planning & Workforce Development  
North of Scotland Planning Group  
29 August 2011
A meeting of the NoS Chairs & Chief Executives was held on 10th August 2011. The following briefing has been prepared to update the North NHS Boards on the outcome of the meeting.

**NoSPG Projects**

**Remote & Rural Implementation Group Final Report**

Sustainability of the RGHs remained a significant concern which will require Boards to work together to demonstrate to SGHD the ambitions around some of the work over the last five years have been delivered and whilst confirmation of support had been agreed the structures to continue to deliver this entire agenda have not been put in place. Work is being taken forward to establish an Emergency Care network (ECN) between NHS Grampian, NHS Highland and NHS Orkney in collaboration with NHS 24, SAS and SCT to support unscheduled care in remote and rural areas.

**TAGRA**

The national remote and rural sub group of TAGRA has now been established. The group have met formally on two occasions with three main priorities being identified: *de minimis* cost of services; out of hours costs; and Scottish Distant Islands Allowance. The work is planned to be concluded by 31st March 2012.

**NoS Child & Adolescent Mental Health (CAMHS)**

The dates for approval of the Outline Business Case (OBC) by partner Boards in the North have been revised in light of the revised guidance on funding of capital projects. SGHD have now approved that such projects will be funded through a revenue route, within the hub initiative. At the meeting of the NoSPG Executive on 29th June 2011, a revised timetable of dates was approved and was noted by members. The OBC will now be taken around all Boards commencing with NHS Western Isles on 27th October.

**NoSPG Business**

**Chair of NoS Chairs & CEx Group**

Members agreed Mr Kinniburgh should remain as Chair for a further two years and he accepted this nomination.

**Chair of NoSPG Executive**

It was noted that in May 2011, Mr Richard Carey had agreed to provide continuity for the NoSPG Executive and remain as Chair for a further year.
NoSPG Workplan 2011/12

The NoSPG Workplan for 2011/12 was discussed in detail and Boards were reminded that if there were any issues regarding regional working they would like Dr Ingram to address they should contact her directly.

Annual Event

The NoSPG Annual Event will centre on the regional agenda going forward and is scheduled for 21\textsuperscript{st} September 2011 in Nairn. Executive and non-executive Board members are cordially invited to attend and should contact the NoSPG office on 01382 527969 to book a place. Videoconferencing will be available.

Date of next meeting

The next meeting will be a joint NoSPG/Chairs meeting on 30\textsuperscript{th} November 2011 at 10.30 am.

Dr Annie K Ingram
Dir. Regional Planning & Workforce Development

17\textsuperscript{th} August 2011
The following is a resume of the outcomes of the West of Scotland Regional Planning Group Meeting held on the 29th July and 9th September 2011.

1. National Risk Share Schemes

The WoS RPG agreed the collective position of the WoS RPG with respect to three national risk share arrangements within NHS Scotland, and indicating that WoS Boards wish to move to an arrangement, based on 3 year rolling averages and propose to base Board shares on 50% 3 year rolling average and 50% NRAC shares during 2011/12 and 100% 3 year rolling averages for 2012/13 onwards.

2. Radiotherapy Services NHS Scotland

A paper from Regional Cancer Advisory Group (RCAG) outlined a number of recommendations for the future provision of radiotherapy across NHS Scotland in the West of Scotland in particular. The paper also set out a range of actions being pursued to maximise capacity and manage demand while retaining the quality of care that is provided.

- There was discussion around waiting times for radiotherapy and it was noted that there was capacity within Tayside but patients from the WoS were not willing to travel.
- If an extra machine was commissioned in the WoS this would be sited within the regional oncology centre, utilising Bunker 12.
- Clarity was sought around funding. It was thought that movement and re-designation of a machine should not result in the loss of funding. If an extra machine were to be commissioned the capital costs would be provided centrally but the impact on revenue would need to be carefully assessed.

The RPG concluded that there was broad agreement to support the recommendations as outlined in the paper to improve capacity within the West of Scotland; more clarity would however be required around the financial arrangements. This would now go back to RCAG for further work.

3. West of Scotland Neonatology Managed Clinical Network (MCN)

There were two separate work streams of the MCN:

- Neonatal Expert Advisory Group (NEAG) - developing draft Scottish Service Standards for Neonatal Care
- Regional MCN - The MCN was now well established and various groups had been set up these included:
  o A Steering Group with multi-professional representation
  o A Parent’s Group – parents on the group were very enthusiastic
  o A Data and Audit Group
  o An Education Group
  o A Neonatal Coordinators Group
The network had looked at the role and responsibilities of each neonatal unit across the west. The network was also working with Boards to identify and rectify inefficiencies and inequalities within the service. Dr Skeoch commented that it had been helpful to have parents involved in this work.

The MCN hoped to be the advocate of change for quality of care reasons and improve services wherever possible within existing resources.

The MCN had been given approval to explore different aspects of setting up a Perinatal Advisory Service (PAS) and was currently involved in a scoping exercise for a pilot within the West of Scotland. It was anticipated that if this was successful it could be rolled out nationally.

Current areas of focus for the MCN included:

- Standards and audit
- Common Policies and consistency of approach
- Establishing medium term plan for each provider
- “Son of NEAG” (this would be to ensure that the standards were adhered to and followed through when NEAG no longer exists)

Implications with regard to establishing national standards before the deliverability had been assessed; it was unclear whether additional national resource would be available to fund any potential service deficiencies. The outputs from NEAG would be going through the National Planning Forum.

4. Scottish Ambulance Service – PTS Service Development

Mrs Heather Kenney delivered a presentation around the Scheduled Care Programme Patient Transport Service Project.

Key points of the project:

- The case for change

- Does current demand across Scotland exceed PTS capacity - The trend for overall PTS journeys since 2005 is downward.
Eligibility Criteria – no consistent approach across Scotland, there was a need to engage with Boards more at booking – At present not all patients were assessed regarding their eligibility. Survey showed that 69% of the requests received for the week of the 26th July across Scotland arrived via routes which don’t support the application of eligibility.

Journey Planning - 32% of the time PTS crews are waiting 90+mins at hospital - unproductive

Principles

Policy changes proposed:
- The application of clinical eligibility as the criteria for PTS
- To review and improve the call handling function
- To provide patients with direct access booking
- To review the function and roles of ASO’s
- To develop demand responsive transport where appropriate
- To signpost patients to alternative transport

The New Service Configuration – intention PTS to a regional model, i.e. a service configured around the three RPGs

After discussion the RPG gave their support for the work to continue including briefing meetings with the Board and would also await the outcome of the Audit Scotland report on local community transport schemes. An update would be provided at a future meeting.

5 Vascular Services Review – Feedback from National Group

RPG noted the group had been established to review the provision of this service across Scotland and an interim report was to be made to the National planning group in October.

6 Specialist Transport Services Strategic Review

The RPG received an update report from the working group reviewing specialist transport services noting recommendations going to National planning forum 13th Nov; it will then go onto Chief Executives forum for their consideration as well as obtaining Cabinet Secretary view in due course.

Following consideration the WoS RPG reflected that the service should be governed and accountable to the SAS who should commission the clinical expertise to staff the 4 components of the service - adult ICU, paediatrics, neonates, EMRS - establishing an integrated national service.

7 Workforce Planning

Medical Workforce - The RPG noted that the reduction in junior doctor trainees for 12/13 in WoS will have a disproportionate impact and an increased cost pressure - Consultation process flagged implications and will be reviewed at The Reshaping Working Group meets on 15th Sept. At this meeting we will get a sense of how open the SGHD are to amending the intake/reduction levels for 2012 and it maybe that this needs to be raised again with the national CEs group.

Opportunities for Shared Working in the Nursing Workforce - RPG commission WoS DoN to focus on nurse workforce issues with regard to efficiency and productivity improvements, initially considering 2 areas from:
- Skill mix – both at the assistant practitioner and advanced practice level
- Reviewing workforce projections and the use of nursing tools regionally
- Specialist nursing patient facing activity
- The application of outputs from ‘Releasing Time to Care’
- Neonatal services and staffing

SAS asked to be included in this re developing paramedic nurse practitioner role for unscheduled care.

9  **Transport for health and social care- Audit Scotland Report August 2011**

The CE of SAS resumed the findings of the report and the implications for the NHS, SAS and Councils. The report recommends coordinating local services, making better use of joint scheduling, sharing more resources between partners, and providing better information to the public. Members noted the Short life working group was due to report in October and it seemed likely that these recommendations would be enacted and hence the work on specialist transport services and the SAS review of PTS would need to link into this.

10  **West of Scotland Sexual Health MCN**

The RPG received a presentation on the progress and actions achieved since the establishment of this MCN including its work plan for RPG endorsement. Key points:

- Web site established detailing action plan for WoS, links, resources and information to assist Boards prepare for QIS reviews - [http://www.centralsexualhealth.org/west-of-scotland-managed-clinical-network](http://www.centralsexualhealth.org/west-of-scotland-managed-clinical-network)
- MCN put in place a WoS agreement to use national framework supplies for contraception, which will save £110k. Identified opportunity to see if this can be rolled through to Primary care where the majority of contraception is prescribed/issued.

11  **Integrated Regional Services - Workshop Session**

Updates on the 6 priority areas were received:

1. **Recruitment:**

**Advertising Cost Reduction**

The lead Board for work stream 1 is NHS Lanarkshire. The primary objective is to sustain and improve the cost reduction achieved in print media advertising. The key enablers include enhancing customer confidence in alternative web based advertising, the utilisation of Local Employment Partnerships and the introduction of fully integrated on-line recruitment. NHS GG&C have investigated the potential to develop a WoS composite advertising model for medical staffing and whilst this is considered a workable model further discussion would be required to ensure service buy in. To develop this further it has been agreed to discuss with WoS medical directors on the 23rd September 2011.

**Regional Recruitment**

- Career Grade Medical Recruitment, lead Board NHS GG&C. The framework of Scottish Medical Training recruitment process will be used to assess if the concept of regional career grade medical recruitment and selection campaigns could be rolled out.

- Nurse Graduate Recruitment, lead Board NHS Lanarkshire. A draft paper has been prepared which describes a resourcing model which seeks to introduce a WoS process for nurse graduate recruitment. The resourcing model has been tested over a number of years within NHS Lanarkshire where benefits have been evidenced. The benefits are equal to the applicant and the
organisation. The proposal will be shared with the WoS nurse directors for comment and support. When this engagement is completed the recruitment group will agree an implementation plan.

e- ESS
The first WoS Board to implement the employee support system will be NHS Forth Valley, given this fact they will take forward the work stream. It is acknowledged that the precise detail of the ability of e-ESS to deliver financial efficiency is not yet known.

Recruitment Hub
NHS Ayrshire and Arran is the lead Board for this work stream. A detailed scoping document has been produced to assess the potential HUB model further. The initial aim was to explore the establishment of a hybrid model of WoS recruitment processing hub where the majority of transactional/routine recruitment processing activities would support recruitment and selection decisions managed locally.

Recruitment RPG Savings Target
Across all 5 West Health Boards, 61.54 staff employed between Bands 2 – 8 are involved in delivering recruitment type activities, add in non-pay costs therefore a total of £1,819,900 was spent on recruitment services in 2010/11. The RPG has set a target of 25% savings over a 3 year period 01/04/2010– 31/03/2013 equates to £456,000.

II. Audit (internal):

The RPG noted the option appraisal work of the Audit SLWG and asked them to pursue option iv, i.e. ‘Create a single WoS Internal Audit function through either a single external supplier or an enlarged NHS function’ – noting current contract restrictions would see this in place post 2013.

III. Public Health:

After reviewing the update report, the RPG agreed that it would be necessary to reframe the remit of this review group to ask them to consider what a regionally shared public health service would look like with a single integrated public health function, the following action was reported:

- On Call/Health Protection

Integrating the work of the national Health Protection stock take and a WoS workshop held on 18 August 2011. It is proposed that Directors of Public Health take this forward by further exploration of what could be shared effectively across the region starting from a base of a better understanding of what the boundary of such collaboration might be.

- Screening

A workshop on the topic of screening had occurred in June informed by a paper prepared by DoPH for GG&C for discussion. Clearly, the view was that there were opportunities for better collaboration need to be taken forward with close links into what is already national, particularly in terms of IT.

- Health Information Resources

A lot of work has been taken forward on this, in particular, a significant contribution from Norma Greenwood of NHS Greater Glasgow & Clyde and the Steering Group considered an options paper at its recent meeting. Whilst it is unlikely that this will result in significant savings, there is scope for some small efficiencies and it was agreed at the Steering Group that Directors of Public Health would meet with Norma Greenwood to go through the detail of the paper and conclude the way forward.
• **Civil Contingencies**

The early work on this area had suggested that whilst there might not be major financial benefits from greater collaboration, there were opportunities in terms of general efficiencies and the benefits have already been noted as opportunities for sharing best practice, reduction in duplication of attendance at meetings, streamlining of exercise plans, better ability to offer support to neighbouring Boards at times of pressure.

• **Conclusion**

The major areas for further exploration and potential benefits remain health protection/on call’ and screening and the RPG endorsed support for this to develop and review outcomes from the other 2 areas.

**IV. Procurement:**

The Short Life procurement group has implemented the Project Management approach approved by the RPG based on Shared Financial Consortium groupings and presented proposals to establish the operational project. It has the support of the national productivity and efficiency procurement work stream chaired by Richard Carey, who have indicated they will pump prime some of the spend to save investment required. Its key objectives remain extant:

- Adopt a shared financial services consortia PM approach to address up to £9m regional savings gap in procurement
  - Put in place a formal PM and governance structure and allocate resources via redeployment and pump priming to support the change – March/April 2011
  - Establish implementation plan to achieve the £9m target – May 2011, Establish Pan consortia/Technical WoS user groups
  - Close the £9m gap (progress to date identified circa £3m) - March 2012
  - Achieve a superior PCA rating for WoS Board procurement services – Oct 2011
  - Fully implement electronic ordering for 80% transactional requirements - June 2012

**V. Payroll**

Slippage on progressing regional implementation of e-payroll due to delay in the roll out of the national systems was noted.

**VI. Remote Working**

The Short Life Working group has been focusing on plain film reporting and identified 3 alternative Options for Service Delivery:

- Option 1 – Maintain Status Quo
- Option 2 – Establish a Regional Radiology Reporting Service
- Option 3 – Change the Skill Mix - utilising Radiographer reporting - Ayrshire and Arran implemented aspects of this due to difficulty in recruitment of consultant staff.

The SLWG is currently working through the various options and it seems likely that a combination solution will emerge from options 2 and 3 and an update will be provided in future

**Stephen Whiston**  
*Head of Planning, Contracting and Performance*  
*Argyll & Bute CHP*  
*13th September 2011*