NORTH OF SCOTLAND PLANNING GROUP

Report by Dr Annie Ingram, Director of Regional Planning and Workforce Development, NoSPG

The Board is asked to:

- **Note** the Annual Report for 2010/11.
- **Approve** the Workplan for 2011/12.

1 Background and Summary

The Annual Report of the North of Scotland Planning Group (NoSPG) summarises regional achievements throughout 2010/11 across the clinical and specialist planning groups and highlights educational initiatives supported in partnership with NES. Progress of inter-regional and national initiatives led by NoSPG or by the Director of Regional Planning is also reported.

NHS Highland is a member of the NoSPG. Each year the North of Scotland Planning Group prepares an Annual Report for submission to the Board and seeks the approval of the Board for the Workplan for the next year.

The emphasis of the regional workplan during 2010/11 has continued to focus on children's services, mental health services and acute services, together with those overarching groups that provide support across disciplines.

Over the last three years, NoSPG has secured significant recurring investment of £3.9m into specialist children's services, which has not only seen investment in the larger services across the North but also included specific support for remote and rural Boards.

Work to establish a specialist network for adolescent mental health and increase the tier 4 provision across the region has also continued and it is intended to bring an OBC to Boards in the summer.

Following approval of the full business case for secure care early in 2010 and achievement of financial close in June 2010, building of Rohallion began in earnest in August 2010 and is continuing apace. The planned opening, in August 2012, is still on track. The secure service is supported by the NoS Forensic Network, which has continued to meet throughout 2010/11, developing policies and procedures for the effective management of patients across the region and between different levels of security. The network has also facilitated risk management training and other educational activities to support all Boards.

The Eden unit, which is the NoS Eating Disorders unit for adults, has continued to admit from all of the partner Boards, including the island Boards. This regional facility has allowed NoS Boards to reduce spend in the private sector, and improve the pathway of care for patients and ensure the continued engagement of local teams with patients throughout the whole of their journey.

Within acute services, the emphasis of the workplan continues to be cardiac services, cancer services, oral health and dentistry and as reported last year, a new workstream to scope the requirements for bariatric surgery, within the wider context of weight management has been added.

NoSPG has had the lead role for Scotland for implementation of the Scottish Government policy commitments in relation to remote and rural healthcare. This project, overseen by the Remote and Rural Implementation Group, was formally concluded in September 2010 and a final report submitted to the Cabinet Secretary for Health and Wellbeing. The final report confirmed that 80 of
the 83 recommendations of Delivering for Remote and Rural Healthcare\(^1\) have either been delivered, or are well on the way to being delivered. The Report also identified a number of continuing actions and made a number of recommendations and these have been accepted by SGHD. These include a revised model for the RGH, a framework for sustainability of the medical workforce in remote community hospitals and a review of the TAGRA report.

In line with changes in partner Boards, there has been a review and reorganisation of the regional team during 2010, which was implemented on 1\(^{st}\) April 2011 and will see a much leaner team supporting regional working going forward.

For 2011/12, it has been agreed by the NoS Chairs and Chief Executives Group that the Regional workplan should largely be rolled over, until completion of a horizon scanning exercise commissioned from NOSPHN, by NoSPG. It is the intention to host a NOSPG Event on 21\(^{st}\) September 2011, which will consider the implications of this exercise for the future of approach to regional working and revise the workplan following that date.

2 Two papers are attached:

i) Appendix 1 – Annual Report 2010/11
ii) Appendix 2 – Workplan 2011/12

3 Contribution to Board Objectives

The Workplan has been developed to enable NHS Boards to achieve the regional objectives within Better Health Better Care.

4 Governance Implications

- Patient and Public Involvement
  Regional working should only be adopted where there is an added benefit to patients by adopting such an approach. Whilst the Annual Report describes the many projects undertaken by NoSPG during 2010/11, there is a section which identifies what benefits patients will see as a result of each project. This includes improved patient pathways, modern and fit for purpose facilities, improved access to specialist services and sustainable services.

  Wide consultation takes place through NHS Board structures in development of project objectives. This includes clinical forums and public consultation where appropriate.

- Financial Impact
  No additional resources are requested through these documents.

5 Impact Assessment

An Equality and Diversity Impact Assessment (EQIA) is undertaken within individual projects where appropriate.

Dr Annie Ingram
Director of Regional Planning & Workforce Development
North of Scotland Planning Group

5 May 2011

NORTH OF SCOTLAND PLANNING GROUP

Annual Report
2010-11
Foreword

This Annual Report of the North of Scotland Planning Group (NoSPG) highlights the continued efforts of partner Boards, through a collaborative approach, to improve services for patients and provides reassurance to NoS NHS Boards that NoSPG is continuing to deliver across key aspects of child health, mental health and some acute services to the benefit of those we serve and I commend it to you.

In this report, I want to play tribute to John Angus MacKay, Chair of Western Isles and to three Chief Executives, Sandra Laurenson, Roger Gibbins and Tony Wells all of whom have left their posts, either through retirement or to follow new career paths. All were great supporters of NoSPG and will be missed. I also want to welcome Neil Galbraith, Chair, Western Isles; Elaine Mead, Chief Executive, NHS Highland; Ralph Roberts, Chief Executive, NHS Shetland and Gerry Marr, Chief Executive, NHS Tayside to the regional fold. I am sure that each of you will contribute to the continued success of a regional approach across the North.

Regional working across the geography of the North is a challenge that we recognise. We also recognise that sustainability of many of our services, including some that in more urban parts of Scotland are considered local services, will require a collaborative approach. NoSPG has for a number of years been the vehicle through which we deliver safe and effective care close to home and despite a leaner regional team, we should continue to pursue the regional agenda when it is necessary to retain access to service in the North.

Ian Kinniburgh
Chair
NoS Chairs & Chief Executives Group
Introduction

Despite the significant challenges faced by all Boards across the North, regional working has continued to deliver a stretching workplan for the benefit of the population of NoS Boards, as can be seen from our 2010-11 Annual Report.

During 2010-11, work to build the Rohallion Clinic, our 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.

We have had 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. We have also initiated a review of secondary care paediatrics to develop a model that will sustain these services across the North.

The Implementation of Delivering for Remote and Rural Healthcare has been completed and evidence that 80 of the 83 recommendations have been actioned has been reported and we have secured the Scottish Government commitment to a new model that will sustain those vital Rural general Hospitals and Remote Community Hospitals.

In year, in line with plans in Boards, there has been a review of the senior staff that support the regional workplan and plans are in place to reduce the workforce, whilst improving the cross-over and support.

NoSPG, particularly through our 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 and delivering much of the Remote and Rural Implementation Plan.

Regional working in the North continues to work well and will, in my view, be an important aspect of our work in Boards as we move into more challenging financial times. NoSPG is in a good place to continue to deliver for NoS Boards as we go forward.

Mr Richard Carey
Chair
North of Scotland Planning Group
Benefits to Patients of a Regional Approach

During 2010-11, delivery of quality healthcare has become the key focus of health policy in Scotland. Scottish Government identified that services should be person-centred, safe and effective and can demonstrated to be measurably improved. The regional dimension of the work of Boards emerged because it was recognised that the only way that many services could be sustained safely and delivered effectively was to collaborate across Board boundaries for the benefit of patients.

Regional working has always been underpinned by the principles of subsidiarity and proportionality, that is, to do at regional level only that where there are demonstrable benefits to patients and only to the extent that a regional approach is necessary, reflecting the fundamental partnership approach that underpins regional working.

NoSPG has always been clear that there must be patient benefit from a regional approach and those benefits across the range of regional initiatives progressed during 2010-11 are summarised below. These are also reproduced in the relevant sections of this Annual Report.

- 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 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.
**Achievements in 2010-11**

**NoSPG Workplan 2010-11**

The NoSPG workplan for 2010-11 has continued to work to a stretching workplan, which has 18 high-level regional objectives across a range of clinical and specialist planning groups. NoSPG has also continued to lead across a number of pan-Scotland initiatives, either as a Regional Planning Group, or through the Director of Regional Planning and Workforce Development. NoSPG oversaw the conclusion of the work of the Remote and Rural Implementation Group, with Chief Executive leadership, provided by Roger Gibbins, Chief Executive, NHS Highland and Annie Ingram in the Project Director role. The Regional Director was asked by Scottish Government to lead the work to deliver the commitment to establish a managed service network for children and young people with cancer; and has also continued to performance manage of the Scottish Neonatal Transport Service (SNNTS) on behalf of the territorial NHS Boards.

In 2009, the NoS Boards agreed to pilot a national video-conferencing (VC) service across the six NoS Boards. This is reported below, however, the NoSPG Executive agreed in year to adopt a virtual approach to meetings and hold the majority of NoSPG Executive and NoS Chairs and Chief Executive meetings by VC. This has proven to be extremely successful, is an effective use of time and is contributing to reducing the overall carbon footprint in a region where partners are separated by long distances and sea.

**NoSPG Executive Membership**

During 2010-11, the membership of the NoSPG has undergone significant change. In December 2010, two past chairs of NoSPG, Miss Sandra Laurenson, Chief Executive, NHS Shetland (NoSPG Chair 2006-9) retired and Dr Roger Gibbins, Chief Executive, NHS Highland (NoSPG Chair 2003-6) left his post to pursue his career in new ways. Prof Tony Wells, Chief Executive, NHS Tayside and past NOSCAN Chair (2006-9) also retired in February 2011. All three made a significant contribution to regional working, providing leadership and direction both at a strategic level in the NoSPG Executive in addition to personal leadership roles within the individual workstreams. All three will be missed.

At the February meeting of NoSPG three new Chief Executives were welcomed to the Executive Group: Ms Elaine Mead, Chief Executive NHS Highland; Mr Ralph Roberts, Chief Executive, NHS Shetland and Mr Gerry Marr, Chief executive, NHS Tayside.

During the year, following representation from NHS 24 and Scottish Ambulance Service, Justine Westwood, Head of Planning, NHS 24 and Milne Weir, General Manager, North Division, SAS joined the NoSPG Executive as members.
NoSPG Reorganisation

During 2010, the Chief Executives asked for a review of NoSPG staffing to be undertaken, given the current financial situation and the number of posts funded by short term funding. A paper was approved in June 2010 which proposed that the current establishment of five senior staff be reduced to two. One post would cover Child Health and CAMHS and would be a substantive post, the other would cover all acute services (Oral Health, Cardiac, Bariatric Surgery) and Workforce and was fixed term for two years, funded through slippage from the variety of sources of funding that has underpinned regional working and summarised in the finance section of this Report. This will have implications for the overall workplan going forward.
NoSPG Clinical Planning Groups

There are 8 Regional Clinical Planning groups established to progress specialty specific planning. Each group has an agreed workplan and progress against this is summarised below.

NoS Cardiac Services Sub-group

The NoS Cardiac Services Sub-group is one of the longest standing regional collaborations. The group is led by Dr Malcolm Metcalfe, NoS Clinical Lead for Cardiac Services and supported by Fiona MacDonald, NoS Cardiac Service Improvement Manager. Five NHS Boards currently collaborate across the North, including Grampian, Highland, Orkney, Shetland and Tayside.

Benefits to Patients

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.

2010-11 has been a year of consolidation for the NoS Cardiac Services sub-group. In 2005, NoSPG approved a five-year Regional Plan for Cardiac Services and much of this plan had been achieved, although there remain a number of challenges for Boards still to be addressed. It was therefore recognised that the NoS Cardiac Services Group required to review the regional priorities and to seek endorsement of NoSPG to these revised future plans.

In February 2010, a visioning event was held, involving stakeholder from the NoS Boards, NoSPHN, the Scottish Ambulance Service, where the priorities for the Cardiac Services across the North for 2010–2015 began to emerge, including a number of specific deliverables for 2010-11.

Despite the emphasis on consolidation during 2010-11, there have also been a number of exciting developments in Cardiac services within the year. These include:

- Increased capacity across the region with the commissioning of a Cardiac Intervention Service at Raigmore Hospital, Inverness in May 2010. The service operates as a daytime service, Monday to Friday and was projected to undertake 243 Percutaneous Coronary Interventions (PCIs) per year and significantly reduce patient transfers to other centres, primarily Aberdeen. Emergencies outwith daytime hours continue to be transferred to Aberdeen.
• Establishment of a Primary PCI service, available 24/7, within NHS Tayside. Scottish Government’s ‘Better Heart Disease and Stroke Care Action Plan’\(^1\), published in June 2009, made a number of recommendations to improving reperfusion services, including improved delivery of pre-hospital thrombolysis and consistency of approach across Scotland in relation to Optimal Reperfusion Therapy. Provision of a primary PCI service is one aspect of this service, together with pre-hospital thrombolysis (provision of a clot busting drug) for those patients who do not live within a 45-minute drive time of an open Catheter laboratory. A mixed approach will be required within the North and plans have been developed, in collaboration with Boards and SAS for the appropriate response in other Boards.

• Engagement with the Scottish Ambulance Service, through a workshop approach, has fostered a collaborative approach to planning and access to services. This approach provided data analysis of current patient flows to support the modelling for the ORT plan.

• A review of the Regional Development Plan for Electrophysiology Services (EP) has highlighted excellent progress in achieving improvements in delivery of EP services for north residents, with some specialist services now available from Ninewells and Raigmore, in addition to Aberdeen.

• NHS Grampian continues to be the tertiary Electrophysiology centre for the North, although some specialist Electrophysiology services are being provided locally, with Raigmore and Ninewells joining Aberdeen in providing an Implantable Cardioverter Devices (ICD) service across the North.

• The appointment, in July 2009, of an additional consultant to support EP delivery within the north of Scotland has provided additional capacity to further develop specialist EP services by introducing Coronary Resynchronisation Therapy (CRT) at Ninewells. The appointment of a Cardiology consultant at Raigmore with CRT expertise presents an opportunity for this service to be offered at Raigmore, also.

• eHealth opportunities are progressing, with all hospitals in the North linked into SCI-CHD. All boards are encouraged to adopt SCI-CHD as the system of choice for patient management and audit. Continued funding arrangements will be important to ensure sustainability of this as the designated system in place.

• Video-conferencing potential is being developed as a means of reaching more remote and rural patients to ensure equity of service provision, for example, to support cardiac rehabilitation.

• Cardiac surgery capacity and demand modelling has been completed with a revised proposal for service delivery, which includes a redesigned model using Medical Support Nurses.

• Training and Education remains a priority for the cardiac sub-group. During the year the Fellowship Training Programme, developed by NHS Grampian has been extended to staff in Island Boards, with online training opportunities, study days and evening information exchange sessions aimed at GPs and other healthcare professionals. This year NHS Orkney GP Primary Care team among others are participating in the Fellowship program.

• The North region is working with National Services and other regions to develop an improved model of care for Adults with Congenital Cardiac disease (SACCS) or GUCH (Grown up Congenital Heart Disease) as it is now known. The model aims to improve local access to specialist services, whilst recognising the complex and specialist requirements of some patients. The emerging 3 tier shared care model of service

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is protocol based and will support patient need across the spectrum of care, with non complex patient care provided by local cardiologists, moderately complex care provided by regional cardiologists with a specialist interest, with support from the national centre provided through peripheral clinics; and severe and complex care, together with necessary surgical interventions, provided by the national centre in Glasgow. Training education and support from the national centre will be imperative to ensure continuity of care for this patient group as will agreeing the delivery structure to support the 3 tier model of shared care. This model of care will enable patients, their families and carers to access services closer to home and reduce the need for lengthy travel to the national centre.

**Child Health**

Dr Michael Bisset, Consultant Paediatrician, NHS Grampian has continued to provide overall clinical leadership for the Child Health across the North. Within that role Dr Bisset also chairs the NoS Child Health Clinical Planning Group (NoS CHCP). Ken Mitchell has provided support to the Child Health Programme.

During 2010, three Regional Network Clinical Leads were appointed to lead the regional networks for a number of identified specialist services. These include: Dr Martin Kirkpatrick, Neurology; Dr Michael Bisset, Gastroenterology; Dr Jonathan McCormick, Complex Respiratory car. Dr Elizabeth Myerscough has been also appointed with a remit to scope the regional requirements for Child Protection. Mr Chris Driver has also continued to provide leadership across the region to the Surgical Network that has been established to support continued local access to general surgery of childhood. Late in 2010, Mrs Carolyn Duncan was also appointed as the Child Health Network Manager, to support the clinical leads in the continued development of regional networks.

### Benefits to Patients

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 who care for children and will improve outcomes.

A key objective of the Child Health Clinical Planning Group, during 2010/2011, has been the continued implementation of the North of Scotland element of the National Delivery Plan for Specialist Children’s Services, produced by the Scottish Government.
Through the three year National Delivery Plan process, the North of Scotland Boards have received additional investment in specialised children’s services of £3,912,381, the majority of which has been focussed on front line services, with just over 14% of funding targeted to support regional initiatives, including delivery of some services. This three year funding position is summarised in the table below.

<table>
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<th>Total Investment</th>
<th>Year 1 2008-9</th>
<th>Year 2 2009-10</th>
<th>Year 3 2010-11</th>
<th>Total</th>
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<tr>
<td>Regional elements</td>
<td>167,364</td>
<td>728,046</td>
<td>325,978</td>
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<tr>
<td>Pan-Scotland elements</td>
<td>673,622</td>
<td>345,042</td>
<td>567,807</td>
<td>1,586,471</td>
</tr>
<tr>
<td>Staffing elements</td>
<td>0</td>
<td>0</td>
<td>1,104,522</td>
<td>1,104,522</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>840,986</strong></td>
<td><strong>1,073,088</strong></td>
<td><strong>1,998,307</strong></td>
<td><strong>3,912,381</strong></td>
</tr>
</tbody>
</table>

The Child Health Clinical Planning Group continue to support the development of regional and pan-Scotland networks, through this process, ensuring access to a wide range of safe, sustainable, specialist services for children across the North. An essential element of future service delivery for North of Scotland Boards is ensuring that Island Boards and remote communities have access to specialist services. The networks have been providing increased support to staff in remote and rural locations through peer support, utilisation of tele-medicine for education and training, as well as for clinical decision-making.

Work is currently being progressed to establish the Regional networks developed as part of the NDP process, as Obligate Networks, as defined by Delivering for Remote and Rural Healthcare².

Scottish Government confirmed that the NDP funding would be recurring, if NHS Boards working as regions, could demonstrate additional benefit to patients achieved through the investment. NoSPG approved proposals made by the North of Scotland Public Health Network (NoSPHN) in year 1³ of the funding to develop a methodology that would demonstrate this additional benefit for patients across the NoS. During 2010-11, the CHCP and NoSPHN have continued to work together to assess the impact the NDP investment. This has included collecting traditional information, such as data on additional patients treated or clinics run but has also included more qualitative information, including patient stories which are providing a picture of increased provision of outreach clinics leading to improved access, with families highlighting that this is having a significant impact on improving their lives. The final evaluation report will be completed by March 2011 and will provide information on the impact the NDP resources have had in providing sustainable, equitable and accessible care. This work has subsequently been adopted across Scotland.

³ 2008-9

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Neonatology

Following a National Review of Neonatal Services across Scotland, commissioned by the National Maternity Services Advisory Group, Scottish Government approved the establishment of three Regional Managed Clinical Networks for Neonatology services, across the North, the west and the Southeast. The purpose of these networks is to support and facilitate the delivery of consistent, equitable provision of high quality services to meet the needs of babies and their mothers.

The Child Health Clinical Planning Group has been supporting the development of the North Regional Network and an interim Neonatal Group has been established involving NHS Grampian, Highland, Orkney and Shetland. NHS Tayside will link with the southeast network on service issues but continue to link with the North for Neonatal Transport and NHS Western Isles will link with the west of Scotland network. Funding has been provided by Scottish Government for the appointment of a Regional Clinical Lead and Clinical Facilitator to support the Neonatal Network and in December 2010, Dr Nikolaus Kau, Consultant Neonatologist was appointed as the Clinical Lead for the North network and arrangements are in hand to appoint the Clinical Facilitator.

Child & Adolescent Mental Health

A regional approach to specialist services for children and young people with complex and severe mental health problems has been an agreed priority of Scottish Government since 2007 and the NoS Boards have approved proposals to establish a regional Network for Specialist Child and Adolescent Mental Health Services (CAMHS), which would include commissioning an increased number of inpatient places for young people. All boards formally approved the Initial Agreement for the Project in 2009 and Boards are expecting submission of the Outline Business Case during 2011.

The CAMHS Project Board is chaired by Caroline Selkirk, Director of Change and Innovation, NHS Tayside and has representation from all six regional partners and Dundee City Council. Dr Sally Bonnar, CAMHS Consultant Psychiatrist was appointed as the Clinical Lead for the Project, in August 2010 and Neil Strachan continues as the Regional Network Project Manager for the project. NHS Tayside continues to provide capital project management and finance support for the project. The Project Board is supported by the Service Modelling and Workforce Planning Group (SMWPG), chaired by Kevin Dawson, Service Manager, NHS Grampian.

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5 Inpatient facilities for children, aged 12 and under, are provided on a national basis by the Royal Hospital for Sick Children, Glasgow (Yorkhill)

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Benefits to Patients

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.

During 2010-11, progress has been significant and work is now ongoing on the completion of the Outline Business Case (OBC) by summer 2011.

The SMWPG has concentrated efforts to develop realistic service models for the Obligate Network\(^6\) for tier 4 CAMHS in North Scotland and has either directly achieved, or significantly contributed to the achievement of the following:

- Following approval by the NoSPG Executive group, Dr Sally Bonnar was appointed as Regional Clinical Lead in August 2010, for a period of one year initially, to support the project on a sessional basis. Dr Bonnar brings to this role a national credibility, a wealth of experience and the assurance that expert clinical advice is available to input to the development of the network, including clinical input to designing a regional inpatient service.
- Completion of the North of Scotland Public Health Network (NoSPHN) led needs assessment into tier 4 CAMH. The SMWPG acted as reference group for the work and support its outcomes. The work affirms the direction of travel of the SMWPG and, crucially, the need for investment in a mixed economy of regional inpatient and locally based community services.
- The SMWPG has developed an Integrated Care Pathway (ICP) for tier 4 care in North Scotland, the development of the ICP adopted a creative stakeholder involvement approach, ensuring service user participation in the process.
- Linked to the ICP development was been the development of an ICP monitoring tool, which already in use by the clinical teams.
- During the year, members of the SMWPG undertook a series of organisational visits to other tier 4 services across the UK, which led to the generation of guiding principles for SMWPG or local Board use in developing tier 4 CAMHS.
- An options appraisal exercise was conducted in late 2010, this event was well attended and appraised non-financial benefits of a number of sites within Tayside, which were noted as potential options for siting inpatient services. This event included parental involvement and was contributed to creatively by young people, who had conducted site visits and considered the benefit criteria in advance of the main event.


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The main focus of SMWPG work is currently on workforce planning for the network elements, this will contribute tangible, costed information to the developing OBC, which will be presented to the North Boards from late summer 2011.

**North of Scotland Secure Care Clinic**

The development of the NoS Secure Care Clinic includes both a capital development to establish a regional secure care clinic for medium secure patients and increase the capacity for low secure care for NHS Tayside and the development of regional ways of working through the establishment of a North of Scotland Managed Care Network for Forensic Services. Dr Tom White is the Regional Clinical Lead for Forensic Services and Charles is the Project Director for the capital development.

**Benefits to patients**

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.

**North of Scotland Managed Care Network for Forensic Services**

The role of the Regional Network is to ensure that pathways of care promote equity of care throughout the region, supported by a patient centred approach that ensures the appropriate therapeutic environment, whilst ensuring appropriate management of high risk patients. In addition, a Regional approach affords the opportunity to learn from adverse incident reviews, to develop agreed regional Policies, to promote a common training agenda and conduct audit across the region on the current low secure care standards.

The Network is chaired by the regional Clinical lead and membership has been extended to involve senior practitioners from health (both learning disability and mental illness), psychiatry, social work, psychology and nursing, planners in the three main Health Boards, Criminal Justice Social Work and latterly a representative from the North of Scotland Community Justice Authority. The Minutes of the meeting are circulated to representatives in Orkney and Shetland, and the National Network Learning Disability Clinical Lead.

During 2010-11, the Network has continued to mature and has been successfully influenced a number of national, regional and local initiatives. Three key successes are described below:

**Developing Regional Services for Patients**

The Regional Network established effective working relationships with the West and East of Scotland services and, working collaboratively, the regions have developed consistent approaches to various aspects of secure
care in Scotland, including the provision of the current low and medium secure services for female patients and the development of agreed admission protocols.

The Network continues to support non-specialist colleagues on Orkney and Shetland to assess and manage complex cases, where there is a degree of risk towards others. Dr White visited NHS Orkney in March 2010 and NHS Shetland in September 2010, not only to update boards on the progress of the joint secure clinic building but to deliver training in the assessment of risk and discuss the practical arrangements for referrals to the forensic team. The establishing of video conferencing facilities at the Murray Royal Hospital, in March 2010, means that complex cases can be assessed by video conferencing, prior to deciding whether an on-island assessment is necessary.

**Monitoring Patient Flow to Ensure Capacity Continues to Become Available**

The Regional Governance Group has taken over the role of the Way Forward Group in managing patient flow from the State Hospital to the lower secure estate. There have been no North of Scotland patients subject to the National Networks conflict resolution mechanism. Particular care is being taken to offer support to Argyll patients (who are part of NHS Highland, but who purchase medium secure care from Rowanbank in Glasgow) ensuring that non-specialist have access to appropriate advice and support.

The Inter-regional Forensic Leads Group has also asked Dr White to chair a short life working group to examine the possibilities for managing the capacity of the medium secure estate given the reduction in high secure, and ongoing concerns about bed availability.

**Clinical Governance to Improve Quality across the Region**

Clinical Governance and the aim to improve quality across the region have resulted in a number of key issues being taken forward on a regional basis:

- The management of First Minister (and other high risk) patients.
- Ongoing drug and alcohol misuse problems.
- Psychological services for forensic patients
- Policies and Procedures
- Links with the North of Scotland Community Justice Authority
- Training needs.

**Construction and Project Management**

Construction of the North of Scotland Secure Care Clinic got underway in earnest in the summer of 2010 and the first patients are expected to be admitted in August 2012. Financial Close was reached on 18 June 2010, a little later than planned, and a significant saving in the unitary charge was achieved compared with the assessment in the Full Business Case. This saving resulted from the cash pre-payment, as well as the interest
The Executive Project Board, which meets quarterly, is chaired by Garry Coutts, Chair of NHS Highland, and membership includes representatives from NHS Grampian, NHS Tayside, NoSPG, the State Hospital and Carer representation. The Lead Executive was Professor Tony Wells, Chief Executive, NHS Tayside, until his retiral in February 2011. Detailed work on a range of issues including training, workforce and security has been undertaken by the Service Modelling, Workforce Planning and Operational Development sub groups chaired by Dr White and Graham Rennie, the Service Development Manager on secondment from NHS Grampian. The Finance sub-group is kept up to date with developments by the Project Accountant, Lynne Hamilton.

The current focus of the project is construction - where the final design of every room, courtyard and garden is being confirmed - and commissioning. The commissioning process has been divided into seven Working Group areas to ensure that the transfer of service is as smooth as possible. The Service Migration Working Group, for example, will address the phased recruitment plan so that the SCC can open on schedule with well trained staff. The Working Groups report to a Commissioning Steering Group.

For the North of Scotland Integrated Secure Care Project there will be a requirement for a number of new staff of various grades and disciplines and a detailed workforce plan has been developed and will be implemented over the coming year. This will be done in conjunction with the organisational change protocols of the five Boards. To aid recruitment a microsite has been developed which will be available to prospective applicants.

The Secure Care Clinic is to be named Rohallion and the theme of lochs in the North of Scotland will be continued in the naming of all the wards including the low secure unit and the substantial shared activity area. The final decision on names will be taken by the Executive Project Board following consultation. Because of its contribution to mental wellbeing, an art strategy has been developed by the contractor and implemented by a joint Arts Development Group. Commissioned artwork will be embedded in the entrance to Rohallion and two long glazed panels inside the building. The strategy will continue to be developed post-construction with the involvement of patients and staff.

The Medium Secure Unit will open its first ward in August 2012 and all three wards are expected to reach full capacity within two years. Although part of an entirely new facility on the Murray Royal site in Perth which will be opened officially, Rohallion will also have its own opening ceremony – the details will be agreed at the Executive Project Board.
Weight Management, including Bariatric Surgery

In 2009-10, a Short-life Working Group to explore and develop proposals for an integrated approach to Obesity management, including a pathway for bariatric surgery, with agreed criteria for access, was established. Roseanne Urquhart, Head of Healthcare Strategy, NHS Highland chaired the subsequent NoS Weight Management Group, which had clinical, managerial and planning representatives from the mainland NoS Boards, together with representation from the North of Scotland Public Health Network (NOSPHN).

The subgroup approached the work through five workstreams, as follows:

i) Demand and capacity analysis: to describe the epidemiology, current and future of severe and complex obesity and to analyse the current and future demand for bariatric and obesity services;

ii) Development of a NoS Non-Surgical Integrated Pathway to promote a pathway of care and equal access to obesity management services;

iii) Development of criteria for surgery that supported the agreed pathway;

iv) Determination of pre and post-operative care requirements to understand the service design implications; and

v) Patient Engagement to inform the work.

The North of Scotland Public Health Network (NOSPHN) was also commissioned to address specific key questions that arose within the five workstreams. These key questions were used to focus a review of published evidence. The search was restricted to systematic reviews of surgical interventions for obesity including guidelines from the Scottish Intercollegiate Guidelines Network (SIGN) and the National Institute for Health and Clinical Excellence (NICE).

The findings of each work stream were used to develop options for consideration by NoSPG.

In June 2010, the National Planning Forum, which exists to establish agreed and shared ownership of the national planning agenda across Scotland established an Obesity Treatment Subgroup (OTS), in response to the Scottish Government’s published Obesity Strategy, which had proposed that a subgroup be established to provide advice on how NHS Scotland should respond to the growing demand for bariatric surgery. It was also agreed that surgical options should be placed in the wider context of weight management. Some members of the NoS Weight Management Group were also members of the National Group and recognised that any decisions made by the National Group would impact on any decisions made by the NoS Group. This group are due to present their final report to the National Planning Forum in April 2011.

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7 (2010) “Preventing Overweight and Obesity - A Route Map Towards Healthy Weight” February 2010, Scottish Government, Edinburgh. RR Donnelley B62286 02/10

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The final Report of the NoS WMG was presented to NoSPG in February 2011. The Report concluded that the a tiered approach should be adopted to the treatment of obesity, beginning with a health improvement approach across the population (Tier 1); through assessment and intervention in primary care for the majority of patients (Tier 2); supported by more specialist intervention such as dietetic, psychological and physiotherapy support for severe and complex obesity (Tier 3). Only with the full an active engagement of Tier 3, should surgical options be considered (Tier 4) and these services should be planned and delivered in the context of the holistic weight management service.

The Report offered a number of options for services and recommendations for consideration, including proposed criteria to be met before surgery would be offered as a treatment option. NoSPG acknowledged that importance of ensuring that any NoS Strategy was within the context of the national work and agreed that any decisions made would require review once the National Review had reported. Members also agreed the that a tiered approach to weight management across all Boards in the region, with a clear pathway for those patients requiring surgical intervention was required and approved a proposal to establish a Group to develop an Implementation Plan, which would consider the appropriate pathway, including criteria for surgery and the requirements across NoS partners to implement this.
Regional Networks

In addition to establishing a regional approach to service delivery, NoSPG has also established a number of regional networks. These networks may be traditional Managed Clinical Networks (MCNs) in terms of extant national guidance\(^8\) \(^9\), or, increasingly the networks will also have a role in supporting service delivery. The following section reports the progress of a number of these important networks.

Eating Disorders

MCN for Eating Disorders

This has been a challenging year for the Managed Clinical Network where, despite staff shortages in services across the North in the early part of year, have continued to deliver improved care for patients. Over the course of the year, Dr Harry Millar, Lead Clinician for the MCN, has gradually reduced his sessions and retired at the beginning of November 2010. Dr Philip Crockett, Consultant Psychiatrist and Lead Clinician for NHS Grampian Eating Disorder Outpatient Service was appointed as the regional Lead Clinician and took up post in December 2010.

The MCN continues to provide information via the MCN Website (www.eatingdisorder.nhsgrampian.org.uk) and have developed information leaflets regarding services which are being used in NHS Grampian, Tayside and Highland. These are subject to regular review to ensure that accurate and up to date information is provided.

The Eden Unit

The Eden Unit in Royal Cornhill Hospital provides 10 in patient beds and 4 day patient transitional care places for severely ill patients (over the age of 18) from the North of Scotland. Admissions to the unit continue to come from across the region, with 46 admissions\(^10\), including admissions from Orkney and Shetland. A clinical protocol is in place and a business operational policy has recently been finalised. Quarterly review meetings are held with representation from boards across the North of Scotland. Information on various aspects of the unit is regularly collated and outcome data collection has been initiated using the Excelicare system. All beds in the unit have been occupied over the past few months and there is currently a waiting list for admission. Admissions are decided upon by assessing patient’s clinical need.

A risk share approach has recently been approved in principle by NoSPG, which will allow partners to share the costs of a private sector admission, when the unit is full and an admission is required to a private provider.

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\(^8\) HDL (2007) 21 “Strengthening the role of Managed Clinical Networks” 27 March 2007, Scottish Executive
\(^10\) Between 1\(^{st}\) April 2010 and 31\(^{st}\) December 2010

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**Benefits to Patients**

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.

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**Aberdeen Eating Disorders Annual Conference**

A 5th successful conference was held in Aberdeen in November 2010 entitled “Discovering New Skills: The Journey to Recovery”. The Conference is now firmly established and well recognised in the field of Eating Disorders professionals and this is borne out by the quality of the speakers that it attracts such as Professor Janet Treasure and Professor Walter Vandereycken as well as a healthy number of delegates attending.

**Eating Disorders Education and Training Scotland (EEATS)**

This scheme was launched in November 2009 and is now well established, and has the aim of furthering the development of practitioner skills and knowledge in working with eating disordered sufferers. There are several candidates currently undertaking the scheme and several Supervisors have been approved. Two supervisors workshops are being held annually to ensure that supervisors are properly supported and work has began on the re-accreditation scheme. Although the MCN is no longer providing the main administration support for this project, members continue to be involved in progressing it.

**Integrated Care Pathway Development**

NHS Tayside ED Service has recently developed an Integrated Care Pathway for Adults with Eating Disorders. It is hoped that this pathway will be approved and implemented in the near future.

**Quality Assurance**

A Quality Assurance sub-group was set up but, unfortunately due to the staff shortages, the group have not met for some considerable time. Dr Crockett has made this one of his priorities for the forthcoming year and it is hoped to resurrect this group shortly. Dr Millar and Dr Crockett have both had input into the National QED standards for Inpatient and Outpatient Eating Disorder units° and the MARSIPAN Report: Management of Really Sick Patients with Anorexia Nervosa. This report is endorsed by BEAT – Eating Disorders Association, BAPEN – British Association for Parenteral and Enteral Nutrition, ICGN – Intercollegiate Group on Nutrition and the Specialty Advisory Committee on Clinical Biochemistry of the Royal College of Pathologists.

**Electronic Clinical Record**

The aim of rolling out the Electronic Clinical Record to NHS Tayside and NHS Highland has altered over the past year, as each Board has different IT approaches to systems for clinical records. Instead of rolling out the

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° sponsored by The Royal College of Psychiatrists

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Complete system to other areas, a decision was taken to allow other boards to have read only access to Eden Unit patient records. Unfortunately there are “firewall” issues and this is still being investigated by NHS Grampian IT department. NHS Grampian is in the process of implementing the new PMS system and it is expected that this will have the potential to replace the Excelicare system. The system is a vital resource in providing data on activity within the regional unit and NHS Grampian Eating Disorder Outpatient Service. Dr Phil Crockett is also the Mental Health Lead for the PMS system in NHS Grampian and is working with other PMS workstream members to ensure that the transition is managed successfully. In the meantime, the Excelicare system continues to provide valuable data on the Grampian based eating disorder services, as well as being a successful electronic patient record.

**Scottish Eating Disorders Carers Conference**

The MCN has also been involved in the organisation of the Scottish Carers Conference over the past couple of years. This conference is a Scottish Eating Disorders Interest Group initiative and is run by carers. This year saw the conference entitled “What Can We Do”? held in the Millennium Hotel in Glasgow and attracted Ivan Eisler as the keynote speaker. This year the conference was oversubscribed and is hoped to continue running these events in the future.

**Oral Health Network**

This Regional Project aims to improve oral health and dentistry across the North and working with local NHS boards to support improved delivery, through establishment of regional services for Oral and Maxillofacial Specialties in Head and Neck Cancer and Trauma; Restorative Dentistry and expansion of the NHS Tayside Managed Clinical Network for Orthodontics to include all North of Scotland NHS Boards. The project also recognised that the development of an intermediate care tier of service provision was required in dentistry and was tasked with supporting the development of a role for Dentists with Special Interest (DwiSI).

Helen Strachan has been the Regional Manager since 2007 and has been supported by an Oral Health and Dentistry (OH&D) Board, chaired by Richard Carey, Chief Executive, NHS Grampian. Dr Ian Bashford, Medical Director, NHS Highland has provided clinical leadership and all 6 NoS Boards have been represented on the Board.

It should be remembered that, until NoSPG agreed to support this project, dental specialties across the pathway of patient care had never before been the subject of such close attention and individual NoS Boards and the individual dental services involved are at different stages of development in understanding service profiles.
The profile of dental specialties has been heightened during 2010-11 when Scottish Government Health Directorate announced that this group of specialties should be included within the 18 Weeks Referral to Treatment Standard. The original aims of the project were therefore augmented to ensure that opportunities were identified for the North of Scotland Boards to influence future National strategy with regard to policy and workforce, and to ensure that Boards understood the need for, and implemented, robust data collection and service profiling across the pathways of care.

**Benefits to Patients**

The Oral Health and Dentistry Project aims to improve access to specialist oral and dental care and to develop a network approach that will provide care locally by suitably trained practitioners.

**Progress during 2010/11**

During 2010/11, progress against the main aims of the project has been as follows:

**Establish a Regional Service for the North for Oral and Maxillofacial Specialties in Head and Neck Cancer and Trauma**

Following the appointment of one Oral and Maxillofacial Surgeon to Highland in January 2010, the first tentative steps towards establishing an Oral and Maxillofacial Network for the North of Scotland were taken. The four OMF Consultants in NHS Grampian and the single-handed Consultant from NHS Highland have now participated in a number of meetings, where the basic principles of an educational MCN between Boards has been discussed and agreed. In addition, there have been exchanges of patients requiring complex head and neck surgery from NHS Highland to NHS Grampian and the Consultant from Inverness has participated in some of the surgical procedures required, in Aberdeen. Major trauma cases from NHS Highland and the North Island Boards continue to be transferred to Aberdeen for treatment.

Whilst still embryonic, the current position reflects a growing support structure and clinical networking between the North of Scotland Boards. Progress has been hampered slightly by the lack of suitable candidates to appoint to the second OMF consultant post to be based in Inverness. Nevertheless, the linkages formed to date will be strengthened in the year to come as advances are made toward formalising a regional service for trauma and emergency care and for head and neck cancer. The possible exception to this is NHS Tayside. At the start of this project NHS Tayside elected to forge alliances with NHS Fife. This partnership continues today but every opportunity will be taken to ensure that colleagues in Tayside are kept firmly in the loop of the North of Scotland discussions.

**Establish a Regional Service for Restorative Dentistry**

NHS Grampian provides clinical advice and/or a visiting restorative dentistry service to NHS Highland, NHS Shetland and NHS Orkney. In addition to the service in NHS Tayside, consultants from Dundee Dental Hospital also provide a restorative dentistry service to NHS Fife. As a follow up to the significant service
improvement support work carried out in NHS Grampian in 2009-10, “Visioning Days” were held, in collaboration with members of the 18 week Improvement Support Team, in each of the three North of Scotland mainland Boards. The outcome reports from these events were signed off in the latter half of 2010 and were circulated widely for information and discussion and are currently being used to set the scene for determining what the “core” restorative dentistry service in the Acute Sector should be.

In addition, work has been progressed nationally to determine the needs for restorative Dentistry on an all-Scotland basis and the Regional Manager through well-established links with the SDNAP\textsuperscript{12} researchers, has been able to influence this work. The draft SDNAP report for restorative dentistry is expected to be published in the Autumn of 2011.

**Expand the NHS Tayside Managed Clinical Network for Orthodontics to include all North of Scotland NHS Boards**

The North of Scotland Regional Network for Orthodontics is a virtual support network within the traditional MCN definition, i.e. it is not a service network. Dr Grant McIntyre, Consultant Orthodontist, NHS Tayside provides leadership to the network. The strategy for the Network, in general and for e-Orthodontics, in particular, across the North of Scotland was approved by NoSPG in August 2009, when a proposal to establish a pilot project to demonstrate ‘proof of concept’ for Stages I and II of the e-Orthodontic project was approved. There has been considerable delay relating initially to funding of the pilot and more recently to the obtaining the agreement of a host Board to host the pilot system.

Linkages with the Practitioner Services Division (PSD) were established during 2010. It transpired that PSD are also looking at opportunities to introduce electronic data interchange (EDI) with dental practitioners and expressed interest in the NoS e-Orthodontics functional specification and are keen to identify opportunities to collaborate on EDI, Stage IV of the e-Orthodontics project plan. PSD will continue to be involved in discussion as the “proof of concept” pilot gets underway in the North.

**Develop an intermediate care tier of service provision by supporting the development of a role for Dentists with Special Interest (DwiSI).**

This year has seen Consultants in both NHS Highland and NHS Grampian actively engaged in the training of Dentists with a view to establishing a sustainable intermediate care service. The Consultants in Grampian have trained three Dentists in surgical dentistry techniques in Aberdeen with training of a further Dentist in Moray pending. The number of Dentists trained in Highland is not confirmed but good progress is being made.

**Linkages to the National Task and Finish Group for Dentistry**

\textsuperscript{12} SDNAP: Scottish Dental Needs Assessment Needs Assessment Project

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The Task and Finish Group, of which the Regional Manager was a member, commissioned two focused pathway groups, one for oral surgery and the other for orthodontics, to develop and agree a streamlined pathway approach. The pathways for Oral Surgery and for Orthodontics were published at the end of January 2011 and are commended for use in all localities. Whilst the fundamental principles must apply, the pathways can be tailored to accommodate local provision of service. Implementation and embedding the pathway into everyday use will be the focus for NHS Boards during 2011 and should include the regional dimension, where appropriate.

Key to implementation will be the need for robust data capture and developing a profile of the service across pathways of care. Good progress has been recorded across all NoS Boards, with the majority involved to a greater or lesser extent in improving Clinical Outcome Coding and developing service profile. Much more work is required, within and between NoS Boards, to understand demand, capacity, activity and queue (DCAQ) if sustainable service delivery is to be achieved.

**North of Scotland Oral Health and Dentistry Event**
In February 2011, Richard Carey hosted this year’s annual event at the Aberdeen Exhibition and Conference Centre. The key themes emerging from the day were:

- Networking across different groups;
- The need to ensure that service models are sustainable;
- Opportunities to grow and develop in a mixed economy;
- Workforce, training and education is key;
- Multidisciplinary working between disciplines and within teams;
- Data/information that is fit for purpose and collected only once, preferably through IT solutions; and
- Quality of referrals needs to be improved.

These themes will be an integral part of the ongoing discussion as the regional agenda develops and matures.

**NOSCAN**
Cancer is a major cause of mortality and morbidity for the Scottish population. In 2008, just over 28,600 new cases of cancer were diagnosed in Scotland, excluding non-melanoma skin cancers. For males, the most common cancers are prostate, lung and colorectal cancers, accounting for around 53% of cancers in men. For females, the most common cancers are breast, lung and colorectal cancers, accounting for almost 56% of cancers in women. The overall incidence of cancer is expected to continue rising for the years ahead and therefore will continue to be a significant burden on clinical services.
The North of Scotland accounts for around 20% of the overall incidence of cancer and provides specialist cancer services in the 3 mainland Boards. There are excellent networks of care in place across the region and well connected tumour specific MDT’s across the north, including support to locally delivered services where clinically appropriate. The north is frequently upheld as an example of good practice for its ongoing work to deliver such as chemotherapy in outreach locations and focusing on patient-centred models of care.

**Benefits to Patients**

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.

Underpinning the strategic direction for cancer services is ‘Better Cancer Care’ which aims to improve cancer incidence, survival and experience across Scotland. At a national level the Scottish Cancer Taskforce Group has an established workplan which includes:

- Scottish Radiotherapy Advisory Group (SRAG);
- Scottish Chemotherapy Advisory Group (CAG);
- Scottish Cancer Quality Steering Group;
- National Cancer Waiting Times Group;
- Living With Cancer Group;
- Cancer Molecular and Genetics Group.

Each of the workstreams has very good north clinical and organisational representation and there is now excellent progress being made in particular areas. There is a clear linkage between the national cancer workstreams and other key organisations e.g. NHS Quality Improvement Scotland (NHS QIS) and the National Information & Statistics Division (ISD). Examples of progress through the national workstreams include:

- Development of draft Quality Performance Indicators in Renal & Prostate Cancers, with Upper GI (+/- HPB), Lung, Ovary and Colorectal scheduled for 2011.
- Systems improvement work for the national cancer electronic audit tool (eCASE).
- Draft National Contingency plans for Brachytherapy services.
- Scottish radiotherapy capacity review (Radiotherapy In Scotland report).
- Move to national procurement for the radiotherapy equipment replacement programme.
- Agreement to move to national protocols for radiotherapy treatment.
- Public & Patient engagement exercises through the ‘Better Together’ programme.

At a regional level, the North of Scotland continued to support 6 tumour specific Managed Clinical Networks. A north review of breast services has been concluded and consultation is underway. A Review of lung cancer services has also been commissioned.
Investment in cancer information support (IT and manpower) has measurably improved the volume and quality of cancer data, which is being used to help prioritise aspects of clinical service delivery in need of improvement support. Further improvements and investments in cancer information services is required to provide data across every tumour group and options for achieving this will continue to be pursued. Importantly, the availability of data will be essential for key themes emerging through the national Cancer Taskforce’s draft workplan 2011-2013, which has a strong quality and outcome emphasis.

Cancer waiting times remain a high priority for the Boards and changes to the definitions for the waiting times have by now been fully implemented. In terms of risk, colorectal cancer is a common theme across the Boards and the colorectal MCN has compiled data from within NHS Grampian which outlines significant pathway and capacity issues for diagnostic services, mainly endoscopy. Further work is ongoing to compile similar information from Tayside and Highland, although it is already clear that there is significant scope for service change and redesign, as well as a review of the relevance of particular waiting times definitions for this tumour group.

New guidance around the availability of new cancer medicines and emerging work through the Scottish Chemotherapy Advisory Group is being implemented across the north, and for the forthcoming year, these workstreams will require a high degree of priority, particularly a clinical and patient safety audit in relation to chemotherapy services and 30 day mortality. There is an expectation that this work will be undertaken within the region and that progress will be monitored through the Regional Cancer Advisory Group structure.

During 2010, both NHS Tayside and NHS Western Isles re-established their local cancer steering groups. NHS Grampian, NHS Orkney and NHS Shetland are currently reviewing their local structure (known previously as NESCCAG) into a new MCN framework, consistent with other local MCN groups. The local steering groups will continue to provide important advice to local Boards and support the Regional Cancer Advisory group. NHS Highland is a particularly good example of a strong local steering group which brings clinicians, management and public members together and provide a forum for work emerging through the national and regional agendas, as well as providing a strong local focus.

Looking ahead to 2011, the Scottish Cancer Taskforce is currently consulting on a revised draft workplan. Key themes included in the workplan include:

- Earlier detection and improve symptom awareness;
- Developing acute oncology services for people admitted acutely with complications of cancer treatment as well as those admitted with undiagnosed cancers;
- Maximising effectiveness of radiotherapy and surgical oncology services;
- Improving efficiency and productivity of cancer services.

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Consultation will conclude during February 2011, following which a compiled response on behalf of the north will be submitted via the Regional Cancer Advisory Group. Work is already underway through a dedicated working group considering proposals around ‘efficiency’ and the opportunities to improve this through arrange of local, regional and national initiatives. This work is being chaired by Gerry Marr and will report through the local Board efficiency programmes.

Finally, changes to the structure and reporting responsibilities of NOSCAN have been agreed and implemented. Further work is required to encourage better regional input from all partner Boards in the north but further work around ‘quality’, outcomes’ and ‘affordability’ will more than likely naturally steer this in the preferred direction.

North of Scotland Public Health Network (NoSPHN)

Dr Sarah Taylor, Director of Public Health for NHS Shetland has continued to lead NoSPHN during 2010-11, supported by Pip Farman, Network Manager. NoSPHN supports NoSPG in agreed pieces of work and also develops regional approaches to Public Health services, activities and continuing education.

Benefits to Patients
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.

Support for Regional Initiatives

Child Health  Ongoing support has been given to the development of a needs and evaluation based approach to the North of Scotland NDP Children’s Specialist Service programme. NoSPHN was asked by NoSPG to develop a model to show how added benefit to patients would be demonstrated as a result of investment in Children’s Specialist Services at a regional level. Work overall has included liaison with regional and national groups, the development of a logic model approach to the development and evaluation of the work, the development of a toolkit to support local work and supporting two training events. Work during 2010 has focused specifically on the year 1 and 2 service developments for the following Networks:

- Specialist Paediatric Neurology/Epilepsy;
- Specialist Paediatric Gastroenterology, Hepatology and Nutrition;
- Specialist Paediatric Respiratory/Cystic Fibrosis; and
- General Surgery of Childhood.
Public Health colleagues have supported and advised on indicators and data to use as part of the evaluation and also the development of tools to gather feedback from patients and their families of the impact of service developments. The support of NoSPHN and the logic model approach to work has been well received. The evaluation is due to be reported by the end of March 2011.

**Applications for National Designation**

NoSPHN has routinely advised NoSPG and the NoS Board Chief Executives on applications submitted for designation as national services. NoSPHN reviewed the 2010 applications using agreed criteria and further discussed the bids with the NoS Integrated Planning Group and NoSPG before agreeing a NoS response which was submitted to the National Services Advisory Group (NSAG) in June.

**Remote and Rural Implementation Group**

NoSPHN has supported NoSPG and the remote and rural NHS Boards in responding to the national Remote and Rural Implementation plan and, during 2010, reviewed an earlier Needs Assessment focussed on the Rural General Hospitals as part of the Final Report of the Remote and Rural Implementation Group to aid understanding of the use of the needs assessment and local care pathways.

**Weight Management**

Public Health support has been given a review of weight management services in the North of Scotland through the NoS Weight Management Sub Group (NoS WMSG). Work has focussed on a literature review to address key questions raised by the NoS WMSG and related workstreams (demand and capacity analysis, non-surgical pathways, criteria for surgery, pre and postoperative care pathways and patient involvement). The focus for the NoS WMSG has been bariatric surgery services and a demand and capacity analysis has been conducted to describe the epidemiology of severe and complex obesity and to analyse the current and future demand for bariatric and obesity services. NoSPHN has sought in the work to ensure that the review has been conducted in the context of wider weight management pathways.

**CAMHS**

A Needs Assessment has been completed to inform the work of the CAMHS workstream. The needs assessment was commissioned by the North of Scotland Planning Group, at the request of the Chief Executives, through the Child and Adolescent Mental Health Project Board. The needs assessment is intended to inform the strategic decision making that will be required to secure investment in and development of Tier 4 services for inpatient (specialist adolescent mental health inpatient unit or age appropriate psychiatric care in a paediatric or adult hospital) and community based adolescent mental health services across the North of Scotland Boards.

**Cardiac Services**

Initial support has been given to the development of the Cardiac Services Network Regional Delivery Plan and further work is planned in 2011.
Support has also been given to a number of NoSPG programme groups and Public Health staff are nominated to sit on and advise working groups (e.g. NOSCAN, Oral Health and Dentistry and the Cardiac Network).

**Professional Activities and Development**

A professional development event was held in May 2010 focussing on Public Health and Planning issues in conjunction with NoSPG colleagues. The event was found to be useful to understand how best to progress Planning and Public Health activities in the North of Scotland.

**Well North**

NoSPHN successfully secured funding over 2 years, between 2008 and 2010, from the Scottish Government for 6 anticipatory care programmes in the North, aligned to the national Keep Well programme. The programmes focus on practices in Dufftown (NHSG), North-West Sutherland (NHSH), NHS Orkney, NHS Shetland, across NHS Western Isles and further remote and rural practices in each of NHS Highland and NHS Grampian focussing on Healthy Weight Pathways. The overall aim is to identify the key issues that are required to make the targeting of anticipatory care working effective in remote and rural settings.

Work during 2010 has aimed to ensure implementation of the programmes and steady progress has been made and interventions are now being delivered through the programmes. Work to conclude an evaluation of Well North is due to be completed by the end of March 2011. The Scottish Government has recently agreed to continue funding to enable the Well North project to be extended to 31st March 2011 with agreement of funding to 2012 likely.

**Collaborative Working**

NoSPHN has reviewed and updated the Memorandum of Understanding for *Surge Capacity* between the NoS Boards and Health Protection Scotland.

Collaborative approaches to Area Drug and Therapeutic Committees have been explored over the year and it is expected that work will be progressed to include horizon scanning and impact analysis work (drug budget forecasting and introduction of new anticoagulants) and policy development (e.g. in response to CEL (2010) 17 Access to licensed medicines).

NoSPHN has also worked throughout the year to review opportunities for collaborative working in the North on health improvement and health promotion activities. Key areas of focus have been agreeing areas of shared learning from Well North, workforce development opportunities, bringing training and events to the NoS for example on Integrated health Impact Assessment (March 2011) contributing to national health improvement developments and reviewing and supporting opportunities for developing social marketing approaches on a NoS basis.
NoSPHN has continued to work with other national organisations to maximise engagement with and links to North of Scotland including NHS Health Scotland, the Scottish Government and Scottish Public Health Network. One of the main foci of work is to ensure that the remote and rural aspects of national developments are recognised and addressed.

Reports are available on many of the pieces of work highlighted above and can be accessed via the NoSPHN website at http://www.nosphn.scot.nhs.uk/?page_id=49
NoSPG Specialist Planning Groups

In addition to the Clinical Planning Groups established by NoSPG, there are also a number of Specialist Planning Groups that support the process of regional working across disciplines. The work of these groups is described below.

Integrated Planning Group

Dr Annie Ingram, Director of Regional Planning and Workforce Development chairs this group, which now meets virtually. This group has met regularly throughout the year and continue to provide business management support to the NoSPG Executive Group, through a strategic approach to the regional workplan and performance management of projects.

Workforce Planning and Development Group

The North of Scotland Workforce Planning and Development Group was established in 2010 and is co-chaired by Mr Mark Sinclair, Director of Human Resources and Strategic Change, NHS Grampian and Mrs Anne Gent, Director of Human Resources, NHS Highland. The role of the group is to develop opportunities to work collectively on a regional basis; make a positive contribution to workforce and service sustainability in relation to financial viability; generate improvements in communication; and develop a common agenda and momentum in regional projects at strategic and operational levels across the 6 Boards in the North.

<table>
<thead>
<tr>
<th>Benefits to patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>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 delivery of safe standards of patient care.</td>
</tr>
</tbody>
</table>

**Role:**

1. Through the process of horizon scanning, work together to set and agree a workforce strategy for the North of Scotland in order to influence national policy and decisions and inform regional thinking;
2. Agree a consistent, collective approach to workforce planning in the North of Scotland to ensure the provision of a safe and affordable workforce within the current financial climate;
3. Be clear regarding which pieces of work we will complete as the NoS WP&DG and which will be commissioned;
4. Set our programme of work, being explicit about the agreed outcomes and how these will be performance managed;
5. Assume the workforce responsibilities for RRIG following its disbanding in 2010; and
6. Be clear as to the type and level of Human Resource, Organisational Development and workforce support required for the regional work plan.

There is a commitment to work more closely together in order to contribute to the achievement of the regional priorities through measures to achieve workforce sustainability; proactively managing risk and improving service, workforce and financial efficiencies through regional working. The group will support workforce planning functions between and within Boards and seek to integrate workforce planning and development with service redesign, education and financial planning, where appropriate.

The remit of the group is to:

• Design and develop a visual workforce profile of the North region to support service and workforce planning which can be used for scenario planning and modelling purposes; particularly in relation to financial sustainability.
• Provide support across the region to ensure that changes to the workforce, particularly the medical workforce, are identified and managed appropriately, adopting a regional approach where this will add value or where there is a regional requirement.
• Work collaboratively to address the issues associated with our remote and rural workforce.
• Support IPG by developing a workforce strategy and workforce plans for the NoS using an agreed methodology.
• Develop a co-ordinated approach with the North of Scotland Medical and Nursing Director workforce groups to ensure a consistency of approach and sharing of information at a regional level is established.
• Agree regional workforce priorities and ensure that sufficient resources are allocated to specific projects.
• Develop regional views and work collaboratively to influence policy and partners.
• Ensure regular engagement across the NoS with our partners in education and develop a regional link with NES.
• Agree the ongoing support and mechanisms required post RRIG on workforce planning and development work streams.

A North of Scotland Workforce Planning Learning Network Group has also been established to lead on the work streams of the strategic group.

**Regional Nursing and Midwifery Workload and Workforce Planning Project**

This national programme of work is in its final phase and will be completed by June 2012. It is coordinated on a regional basis and taken forward in the North region by Betty Flynn, Regional Nursing Advisor whose role is to facilitate both the national and regional aspects of the programme.
Benefits to Patients

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 Nursing & Midwifery Workload & Workforce Planning Project (NMWWPP), was established in 2004, to develop and implement an objective and systematic approach to workforce planning and development, for nursing and midwifery staff. The need for and importance of a consistent approach to workforce planning, for the largest professional group within the NHS in Scotland, was identified in an audit undertaken by Audit Scotland. In 2007, Audit Scotland carried out a second audit, and published the findings on progress against the initial audit in a follow-up report. The work programme has achieved a number of notable successes including:

- Systematic processes in place for setting staffing establishments;
- Triangulation process established to support operational and strategic decision-making systems;
- Significant reduction in nurse agency spend across Scotland (reduced from £30 million to approx. £8 million);
- The principles of the success of the agency usage reduction are being applied at national level to medical locum usage;
- Centralised nurse bank service established in each NHS Board to support and provide flexibility in maintaining safe and affordable staffing levels;
- Appropriate balance between substantive, bank and agency use;
- National workload systems, methods and tools developed and implemented, providing improved workforce intelligence allowing for improved confidence in decision-making, and to enable national benchmarking and reporting to inform service and workforce redesign;
- 22.5% Predicted Absence Allowance in all establishments (CEL 6 2007);
- Standardised approach to measuring quality;
- Educational toolkit to support training and education at NHS Board level; and
- Continuing support to clinical leaders.

The programme is currently in the final phase, which involves completing current work streams and commitments and establishing the work at NHS Board and national level.

14 Audit Scotland, 2002, Planning ward nursing – legacy or design? Performance Audit, Auditor General, Audit Scotland, 2002
15 Audit Scotland, 2007, Planning ward nursing – legacy or design, A follow-up report, Auditor General, Audit Scotland, 2007

North of Scotland Planning Group is a collaboration between NHS Grampian, NHS Highland, NHS Orkney, NHS Shetland, NHS Tayside and NHS Western Isles
The work programme is based on NHS Board priorities provided by Chief Executives, Nurse Directors, and other stakeholders. Work is in progress in developing workload tools and methodologies in the following environments:

- Perioperative, which will include, Reception and Recovery areas, Anaesthetics and Theatres, taking cognisance of the work of the national Perioperative Group;
- A multi-professional approach in Emergency Department and Emergency Medicine;
- Clinical Nurse Specialists;
- Small wards (remote and rural);
- Caseload assessment community tool;
- Refinements and developmental work as identified;
- Development of information systems at local and national level; and
- Integration of work programme with local and national workforce, service redesign, productivity and efficiency and quality programmes.

These work streams are to be achieved by April 2012.

**Medical Workforce Issues**

The North region provides an important role in training of junior doctors, both at undergraduate level in the Medical Schools in Aberdeen and Dundee and at post graduate level in both of the teaching hospitals associated with the universities and District General Hospitals, Rural General Hospitals and in urban and rural GP practices across the region. Within the NoS, NHS Education for Scotland has two deaneries: the North Deanery, which funds and oversees training in Grampian, Highland and the island Boards across the majority of medical specialities and general practice and the East Deanery, whose boundaries are aligned to those of NHS Tayside, although some doctors in training are linked with training programmes in Boards outwith the deanery area.

Reshaping the Medical Workforce remains a significant challenge for NHS Scotland and the regional Medical Reshaping Group continues to be time intensive for the Medical Directors, the post graduate Deans, Board Medical Workforce Planners and the Regional Director.

During 2010, the MMC Review Group met on five occasions to share information on proposed changes to the numbers of doctors in training and collaborated on providing response to Government, particularly in relation to the national consultation on the Medical Specialty Intake Number 2010 – 15, undertaken by Government during July and August 2010. The consultation proposed a significant reduction in the numbers of doctors in training across Scotland to be achieved by 2015.
In October 2010, a proposal to subsume this work within the overall remit of the NoS Workforce Planning and Development Group was approved, however, the subsequent decision by the Cabinet Secretary for Health and Wellbeing to accept the 2015 target reductions, together with a recognition nationally that a Working Group be established in support of the National Reshaping Medical Workforce Board, meant that the group was reformed as the Regional Reshaping Medical Workforce Group. The group is chaired by the Director of Regional Planning & Workforce Development and has met almost weekly since early January 2011.

The National Working Group will review each medical speciality and develop glide paths, based on the consultation proposals and the agreed regional distribution target. The aim is that by 2015 the distribution of doctors in specialty training will equate to 50% in the west, 25% in the south east, 15% in the North and 10% in the east. In some areas this will mean a change to the way that services are delivered and it is therefore the role of the regional group to consider the impact of these changes and develop plans accordingly.

**Nurse Directors Group**

The North of Scotland Nurse Directors Group has undergone a period of change during 2010. Heidi May, Nurse Director, NHS Highland completed her term of office and Rhoda Walker, Nurse Director, NHS Orkney, took over the chair in June 2010. This has provided an opportunity to refresh the agenda and format of the regional meetings.

**Benefits to patients**

The skills, competence and productivity of the nursing and midwifery workforce will be developed, maintained and optimised to ensure the delivery of safe and effective standards of patient care.

Over 2010, the Nurse Directors have developed a shared approach across the north in progressing local, regional and national priorities by sharing education and learning views, providing peer support and expert opinion, and developing shared approaches in addressing ‘hot spots’ and priorities.

The group agreed the Terms of Reference for the North of Scotland Nurse Directors Group and the direct accountability to the North of Scotland Planning Group in 2010 but are reviewing them in order to refocus the agenda and priorities of the group and develop a regional focus within their work plan for 2011-12.

The refreshed Terms of Reference and work plan addressing nursing and midwifery workforce opportunities and challenges will be submitted to NoSPG early in 2011.
Inter-regional Clinical Planning Groups

Remote and Rural Implementation Group

The final meeting of the Remote and Rural Implementation Group (RRIG) was held on 16th September 2010, with the final report of the group submitted to the Cabinet Secretary on 14th October 2010. The Final Report provided evidence that 80 of the 83 recommendations, expressed as Commitments and Forward Actions in Delivering for Remote and Rural Healthcare17 have been delivered, or are well on the way to being delivered across Scotland’s remote and rural communities.

The Report also highlighted a number of areas where action will continue and made a number of recommendations for the future. These recommendations included a proposal to review the current policy position in relation to the agreed staffing model for the Rural General Hospital (RGH). Highlighting the importance of the designation of the RGH, as a specific category of hospital, within the NHS Scotland landscape, the Report recognised that as the service has changed, so have the workforce requirements required to deliver care and recommended that the future would require a safe and sustainable model that did not rely on doctors in training to frontline service providers.

The Cabinet Secretary accepted the recommendations made by the Final Report of RRIG, recognising the need to align this with the NHS Scotland Quality Strategy.

Whilst hosted within the NoSPG structure, RRIG had a national remit to deliver for remote and rural services across Scotland and a number of areas of work were identified to continue. These are summarised below.

Rural General Hospital Sustainability

The recommendations made in the Final Report regarding the changes required to sustain the RGHs were developed following an Event, held in July 2010 that sought to debate the challenges facing the RGHs, particularly in relation to the workforce, and develop alternative models of care to deliver sustainable local services appropriate to patient need. Stakeholders from all of the Remote and Rural Boards that have RGHs were represented.

Between September 2009 and the event in July 2010, a series of conversations with different stakeholders were begun and a range of separate actions identified to be progressed ahead of, or in tandem with the event, including: An observation study of medical, nursing and midwifery staff in one RGH; a review18 of the original needs assessment; validation of the workforce profile for each RGH and an update of the population profiles. Boards were also encouraged to host local discussions aimed at determining how, in the absence of a

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18 In June 2010, RRIG commissioned NoSPHN18 to assess the degree to which the findings of the RGH Needs Assessment had been used by RGHs to implement the proposed model and assess whether and in what ways, the sustainability of fragile services due to workforce issues is relevant.

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doctor in training workforce, the core functionality of the RGH could be sustained. A full report of the event can be accessed at www.nospg.nhsscotland.com/index.php/remote-rural-healthcare/rr-implementation-group-rrig/event-2010.

The revised model describes a team based approach, built around a graded system of practitioner to provide the care appropriate to the requirements of the community and ensure that a safe system of emergency care was available at all times. This local system of care will be embedded within a matrix of support to ensure a safe system of care locally and includes Obligate Networks with other centres, clinical decision support, telehealth and education appropriate to need.

Benefits to patients
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.

This work is in the early stages and a number of actions are being taken forward to develop the team based approach and understand how Emergency Care Networks should be developed to ensure that networks are established and the sustainability of the RGH is assured.

Acute Care Community Hospitals
The sustainability of services and workforce in the remote Community Hospital was identified as a priority issue to be resolved in the final year of the RRIG work programme. The need to address issues specific to the General Practitioner (GP) who undertakes an extended role within a an acute care environment and where, in some places, the GP works exclusively in a hospital setting. Changes to the regulation of doctors and the introduction of licensing and revalidation had also raised concerns, in particular amongst those doctors who are registered with the General Medical Council (GMC) as a GP but work exclusively in a hospital facility.

In response a Framework has been developed that provides a triangulated approach to ensure the sustainability of services and the GP workforce in the remote Community Hospital. The Framework is designed to provide a system of training, education and performance monitoring that will provide reassurance to NHS Boards that the system of care in remote Community Hospitals is safe for patients and provides the necessary evidence for doctors working in these hospitals to support revalidation.

Benefits to patients
The Framework 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.

19 www.gmc-uk.org/doctors/revalidation

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A number of recommendations are proposed and NHS Board Medical Directors have been invited to approve the Framework as providing a system for assuring the Board of the quality and safety of the system of care within a Board and provide evidence for revalidation to satisfy the regulator.

The Royal College of General Practitioners will be invited to agree that this Framework offers a robust system of supporting information through which the GP providing acute care in the remote Community Hospital can be assessed by the local responsible officer and recommended for revalidation and will provide the necessary evidence to meet the UK regulatory requirements for re-licensing and revalidation.

**Biomedical Scientists**

Delivering for Remote and Rural Healthcare recognised the important role of remote laboratories in supporting the changing needs of healthcare services in response to the demand from local communities and, as key to the retention of a limited range of laboratory services within the Rural General Hospital (RGH) and recommended that:

‘A team of multi-skilled generalist Biomedical Scientists who are part of a formalised laboratory network will be required to support service delivery in remote and rural areas, to ensure that patients have access to a wide range of diagnostic tests locally available within remote and rural areas’

A Biomedical Scientists (BMS) Group was established, in 2009, within the auspices of the Workforce and Education work stream of the RRIG to scope out the challenges faced by biomedical scientists and develop potential solutions. A paper was presented at the final meeting of the RRIG concluded that a network would be essential in moving to the next stage but noted that the group was at an impasse on how to take this forward, as services are changing and the future laboratory service model was unclear. The paper included a number of priority issues, identifying the need to sustain the workforce as the key priority to be addressed if both safety and quality within laboratory services in the RGHs are to be assured.

The work established current services delivered within the RGH labs, identifying areas of commonality and areas where services differ. This was compared with the core services recommended by Delivering for Remote and Rural Healthcare. The workforce requirements, including the necessary skills and competencies were defined and this identified a number of education and training issues that would need to be addressed, should the core model be implemented. Members concluded that a support network to ensure the sustainability of remote laboratory services that would meet their needs.

The group has begun to develop a comprehensive network model for use by the Biomedical Scientist who works in the remote laboratory. It will consist of a set of underlying principles; quality and safety measures,
supported by a governance framework to provide evidence of safe services; and an obligate network approach which has a recognised and formalised role in decision-making, supporting education and the governance arrangements and ensuring consistent standards in service delivery. The model remains to be agreed by Boards.

**Benefits to patients**
The elements of the 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.

**Acute Hospital Care Pathways**
Whilst the majority of care is carried out in primary care, without the need for referral or admission to hospital, there remains a need for delivery of acute care, within a hospital environment for some patients. Delivering for Remote and Rural Healthcare recognised that the public and those working within healthcare, needed to better understand what a Rural General Hospital would do, what patients would be treated within the RGH and when a patient would be transferred to another facility, or discharged back into the community.

Professor Andrew Sim, Consultant Surgeon, NHS Western Isles and Professor of Remote and Rural Medicine, with the University of the Highlands and Islands, led work to develop an understanding across the six RGHs on the pathways of care for those patients where a hospital referral was considered necessary. Acute Hospital Care Pathways have been developed that describe what conditions will be treated and cared for within an RGH, those that may be treated by a visiting specialist and those which will be transferred to another hospital. These condition specific pathways have been agreed by a group of RGH clinicians and were launched September 2010.

It is intended that these pathways will be a living document, updated as required, available to support doctors in training, General Practitioners, managers, planners and the public. The main publication route will be through the Remote and Rural pages of the North of Scotland Planning Group website and can be accessed through the following link: [www.nospg.nhsscotland.com/index.php/remote-rural-healthcare/rr-implementation-group-rrig/care-pathways](http://www.nospg.nhsscotland.com/index.php/remote-rural-healthcare/rr-implementation-group-rrig/care-pathways) with links to NHS Board sites and to the Remote and Rural Healthcare portal of the Knowledge Network [www.knowledge.scot.nhs.uk](http://www.knowledge.scot.nhs.uk).

**Benefits to patients**
Patients will be able to understand when they might be cared for within an RGH and when they may be transferred elsewhere.
Scottish Neonatal Transport Service

The Scottish Neonatal Transport Service (SNTS) is a nationally planned but regionally delivered service, which is performance managed on behalf of all Scotland by NoSPG. The service is currently preparing its annual report, which will highlight activity, training and education initiatives, research initiatives and a summary of the services continued development. This will be published on the NoSPG web-site in early spring.

National Managed Service Network for Children and Young People with Cancer

Since 2009, the Director of Regional Planning has had a lead role in delivery of the Scottish Government commitment to establish a National Managed Service Network (MSN) for Children and Young People with Cancer. The role has included developing bids for National Delivery Plan funds for cancer services for children and young people across Scotland, developing the MSN model and providing support to CATSCAN, the existing managed clinical network for children and teenagers with cancer.

Following a successful stakeholder event in May 2010, an Implementation Group (MSN-IG) was set up in the summer of 2010, chaired by John Burns, Chief Executive, NHS Dumfries and Galloway with representation from each of the four teaching Boards and NHS Highland, Scottish Government and the Royal College of Child Health and Paediatrics. The group first met in September 2010 and have agreed both the vision and a range of critical success factors for the emerging MSN. It is now anticipated that the MSN will be fully operational by 1st April 2011.

Benefits to Patients

The main aim of the MSN 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.

In December 2010, the Cabinet Secretary appointed Prof George Youngson, Emeritus Professor, Paediatric Surgery, University of Aberdeen and Dr Iain Wallace, Medical Director, NHS Forth Valley as co-chairs for the MSN and in February 2010, a National Clinical Director was appointed. Plans are in hand to appoint the National Network Manager. The Director of Regional Planning will continue to have a lead role in supporting the MSN.

It has been agreed that CATSCAN, the existing managed clinical network, will evolve into the Clinical Governance and Quality Group of the MSN, and as such, will continue to perform the traditional MCN functions.

functions in support of the MSN. It is anticipated that a Clinical Lead will be required to lead this Group. The various workstreams already progressed through CATSCAN will be taken forward.

**Vision for the future**

The role and purpose of the MSN was defined by the stakeholder event in May 2010. The report of that event was fully endorsed by the MSN Implementation Group and refined into the vision summarised in the table below.

- Develop a single, cohesive, and sustainable service for Scotland, including a children and young people’s cancer plan, and guidance on service development, supported by robust shared care arrangements and an MDT way of working.
- Develop a governance framework that supports the work of the MSN, and ensures the safety of children and young people with cancer.
- Ensure that all children in Scotland with a diagnosis of cancer have the opportunity to be included in an appropriate clinical trial.
- Develop and monitor standards, protocols and guidance including patient pathways and transition arrangements.
- Develop data standards and supporting systems to ensure consistent data collection.
- Build on the work of CATSCAN while supporting its transition into the clinical governance and quality arm of the MSN.
- Ensure patient involvement at all levels, including Network activities and monitor patient satisfaction.
- Develop sub-specialisation including agreeing referral guidelines and advising on strategic workforce issues including key appointments.
- Lead on the establishment of a robust eHealth strategy, supporting the functioning of MDTs and delivery of services.
- Arrange mutual support between units to be implemented when required.
- Lead on national education and training issues, research, and establishment of a national academic resource.
- Promote the early detection of cancer in children and young people.
- Ensure that the work of the MSN is widely communicated to all stakeholders.

**Video-Conferencing Services for NHS Scotland – A NoS Pilot**

In October 2009, the NoS Boards agreed to pilot a national video-conferencing service across the six NoS Boards. The pilot arose from discussions at the Regional Planning Chief Executives sub group of the Board Chief Executives Group, which had increasingly become aware of the deficiencies with video services across
the country and recognised the strategic necessity to ensure that this business critical issue was addressed. NHS National Services Scotland were tasked to work with the six NoS Boards and the Scottish Centre for Telehealth (now NHS24) to develop a potential National solution to improve the service commenced immediately. Subsequently, the e-Health Directorate approved funding of £85k to NHS National Services Scotland for the pilot involving a consortium of the North of Scotland NHS Boards, working in collaboration, to consolidate their 6 separate Video Conferencing systems into one virtual service. The main objectives of the pilot were:

- Create a Single Directory of Video Conferencing devices to improve end user support and make it easier for participants to book and set-up video calls.
- Develop a common dial plan to enable participants to call devices out with their own Board area.
- Migrate from ISDN to IP to improve video quality and reduce network costs by consolidating video traffic on the N3 data network.

During the year the consortium of the NoS Boards, working in collaboration, have consolidated their 6 separate Video Conferencing systems into one virtual service.

Following a procurement for central video infrastructure, the consolidated service across the North of Scotland went live in November 2010 and already over 250 Video Conferencing systems appear on a single directory, available to all conference participants and approximately half of the Video Conferencing systems within NHS Scotland are accessible over IP. System statistics show that the Video Conferencing utilisation has increased since launch and these NHS Boards want the service to continue beyond the pilot period which ends in June 2011. Output from the Video Conference Stakeholder event, involving representatives from almost all NHS Boards, held on the 25th of January 2011, also supported this view, with all delegates indicating that they were either already participating in the pilot or would like to join. A Business case will be submitted in early 2011 to roll-out this successful pilot.

**Benefit to Patients**

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 and offer timely interventions and advice.
Finance

This section reports on funding of regional working and includes reports on funding of the NoSPG core team, which includes, the Director of Regional Planning & Workforce Development, the Corporate Services Manager and administrative staff. The Regional Workforce Programme Manager is also included within the core team, but unlike other staff has been seconded to the team. There are also sections on the Project specific costs.

NoSPG Funding by NoS NHS Boards

The funding of the core NoSPG team has been shared between the six NoS Boards since 2003, although for a number of years, the full cost of the team has been offset by funding from other sources, mainly Scottish Government. From April 2010, the full costs of the core team have been shared between the Boards. Table 1 outlines the forecast expenditure for the NoSPG core team as at the end of March 2011.

Table 1: North of Scotland Planning Group Regional Planning forecast expenditure 2010/11

<table>
<thead>
<tr>
<th></th>
<th>£</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff Costs</td>
<td>191,400</td>
</tr>
<tr>
<td>Non-pay costs</td>
<td>17,400</td>
</tr>
<tr>
<td>Total</td>
<td><strong>208,800</strong></td>
</tr>
</tbody>
</table>

Table 2 demonstrates the funding contribution that each of the North partners has made to regional working on the basis of NRAC share. The table demonstrates that across a saving of 13% has been made on the forecast expenditure within the year. This has largely been achieved by increasing the use of video-conferencing and reducing travel costs and the proposal made by the NoSPG Executive and approved by the NoS Chairs and Chief Executives group not to host an annual event during 2010-11. This decision was made because there was little change to the approved workplan and no capacity to introduce new workstreams. Some of the individual workstreams hosted events where there were required.

Table 2: Regional Planning Forecast Expenditure 2010/11

<table>
<thead>
<tr>
<th>by NHS Board</th>
<th>NRAC %</th>
<th>Proposed £</th>
<th>Actual Forecast £</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grampian</td>
<td>37.4</td>
<td>89,917</td>
<td>78,196</td>
</tr>
<tr>
<td>Highland</td>
<td>25.0</td>
<td>59,977</td>
<td>52,158</td>
</tr>
<tr>
<td>Orkney</td>
<td>1.7</td>
<td>4,058</td>
<td>3,529</td>
</tr>
<tr>
<td>Shetland</td>
<td>1.8</td>
<td>4,346</td>
<td>3,779</td>
</tr>
<tr>
<td>Tayside</td>
<td>31.5</td>
<td>75,631</td>
<td>65,772</td>
</tr>
<tr>
<td>Western Isles</td>
<td>2.6</td>
<td>6,171</td>
<td>5,366</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100</strong></td>
<td><strong>240,100</strong></td>
<td><strong>208,800</strong></td>
</tr>
</tbody>
</table>
Regional CHD Service Improvement

In 2006, Scottish Government provided funding for a Regional Cardiac Service Improvement Manager on a fixed term basis. The funding was extended in 2008 for three years, ending in 2011.

<table>
<thead>
<tr>
<th>Table 3: REGIONAL CHD SERVICE IMPROVEMENT</th>
<th>2010/11 £</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funding available</td>
<td></td>
</tr>
<tr>
<td>SEHD Allocation</td>
<td>50,000</td>
</tr>
<tr>
<td>Slippage from previous year</td>
<td>42,302</td>
</tr>
<tr>
<td></td>
<td>92,302</td>
</tr>
<tr>
<td>Estimated Expenditure</td>
<td></td>
</tr>
<tr>
<td>Co-ordinator</td>
<td>62,100</td>
</tr>
<tr>
<td>Travel/Accommodation</td>
<td>5,300</td>
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<tr>
<td>Training</td>
<td>500</td>
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<tr>
<td>Misc</td>
<td>100</td>
</tr>
<tr>
<td></td>
<td>68,000</td>
</tr>
<tr>
<td>Funding transferred to Regional Programme Manager</td>
<td>24,302</td>
</tr>
</tbody>
</table>

Separately, in 2007, through waiting times funding, 2 Programmed Activities (PAs) for a regional Clinical Leader for Cardiac Services was funded funding on a recurring basis. This funding has historically been held within NHS Grampian and is not included in this report. Next year it is intended that the funding will be reported through this report as it will be transferred into the regional team.

Child Health Funding

The funding for the Regional Clinical Lead for Child Health, together with the funding for the NoS Programme Manager and administrative support has been provided through the National Delivery plan on a recurring basis. In addition, funding for a number of regionally focussed roles, including Network Clinical Leaders has also been funded through that source, although the funding is transferred to the host Board where the Clinical Leader or other member of staff is employed. There has been some slippage in year, as it has taken some time to appoint staff to posts and £99k of the funding in 2010-11 was therefore returned to SGHD. The funding will be available in 2011-12 to meet commitments.
### Table 4: Child Health

<table>
<thead>
<tr>
<th></th>
<th>2010/11</th>
<th>2011/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funding available</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Programme Manager</td>
<td>70,552</td>
<td>70,552</td>
</tr>
<tr>
<td>Support Costs</td>
<td>21,983</td>
<td>21,983</td>
</tr>
<tr>
<td>Clinical leader - Gastroenterology</td>
<td>18,162</td>
<td>18,162</td>
</tr>
<tr>
<td>Clinical leader - Neurology</td>
<td>18,162</td>
<td>18,162</td>
</tr>
<tr>
<td>Clinical leader - Respiratory &amp; CF</td>
<td>18,162</td>
<td>18,162</td>
</tr>
<tr>
<td>Clinical leader - Infrastructure</td>
<td>18,162</td>
<td>18,162</td>
</tr>
<tr>
<td>Clinical leader - Child Protection</td>
<td>14,007</td>
<td>23,345</td>
</tr>
<tr>
<td>Gastro/Neurology Network Manager</td>
<td>41,922</td>
<td>41,922</td>
</tr>
<tr>
<td>Regional Physiotherapist</td>
<td>25,067</td>
<td>41,779</td>
</tr>
<tr>
<td>Child Protection - Network Manager</td>
<td>12,534</td>
<td>20,890</td>
</tr>
<tr>
<td>Child Protection - Admin support</td>
<td>7,035</td>
<td>11,725</td>
</tr>
<tr>
<td>Remote &amp; rural</td>
<td>27,000</td>
<td>45,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>292,748</strong></td>
<td><strong>349,844</strong></td>
</tr>
</tbody>
</table>

### Table 4: Child Health - Estimated Expenditure

<table>
<thead>
<tr>
<th></th>
<th>2010/11</th>
<th>2011/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funding available</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manager</td>
<td>68,000</td>
<td>70,552</td>
</tr>
<tr>
<td>Support Costs</td>
<td>12,200</td>
<td>21,983</td>
</tr>
<tr>
<td>Clinical leader - Gastroenterology</td>
<td>18,162</td>
<td>18,162</td>
</tr>
<tr>
<td>Clinical leader - Neurology</td>
<td>18,162</td>
<td>18,162</td>
</tr>
<tr>
<td>Clinical leader - Respiratory &amp; CF</td>
<td>18,162</td>
<td>18,162</td>
</tr>
<tr>
<td>Clinical leader - Infrastructure</td>
<td>18,162</td>
<td>18,162</td>
</tr>
<tr>
<td>Clinical leader - Child Protection</td>
<td>14,007</td>
<td>23,345</td>
</tr>
<tr>
<td>Gastro/Neurology Network Manager</td>
<td>0</td>
<td>41,922</td>
</tr>
<tr>
<td>Regional Physiotherapist</td>
<td>0</td>
<td>41,779</td>
</tr>
<tr>
<td>Child Protection - Network Manager</td>
<td>0</td>
<td>20,890</td>
</tr>
<tr>
<td>Child Protection - Admin support</td>
<td>0</td>
<td>11,725</td>
</tr>
<tr>
<td>Remote &amp; rural</td>
<td>27,000</td>
<td>45,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>193,855</strong></td>
<td><strong>349,844</strong></td>
</tr>
</tbody>
</table>

| Funding returned to SGHD | 98,893 | 0 |

### Regional Neonatal Network

In early 2010, Scottish Government announced its intention to establish three regional neonatal networks and made funding for a Clinical Leader, Network Manager and administrative support available to all regions. It has taken some time to agree what is required in the North and only in December 2010 was the Clinical Leader post appointed to. It has been proposed that rather than appoint a manager, the role needed for support in the NoS is a Clinical Facilitator and this post has recently been advertised. Table 5 below describes the funding. In January 2011 it was agreed to return £10,026 funding to SGHD to fund a national assessment of units compared to standards.
### Table 5: Neonatal Services MCN

<table>
<thead>
<tr>
<th></th>
<th>2010/11 £</th>
<th>2011/12 £</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funding available</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SGHD Funding</td>
<td>44,261</td>
<td>88,522</td>
</tr>
<tr>
<td></td>
<td><strong>44,261</strong></td>
<td><strong>88,522</strong></td>
</tr>
<tr>
<td>Estimated Expenditure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lead Clinician (3 PAs)</td>
<td>11,673</td>
<td>35,018</td>
</tr>
<tr>
<td>Network Manager</td>
<td>0</td>
<td>41,779</td>
</tr>
<tr>
<td>Admin Support</td>
<td>5,862</td>
<td>11,725</td>
</tr>
<tr>
<td>Misc</td>
<td>4,700</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>22,235</strong></td>
<td><strong>88,522</strong></td>
</tr>
<tr>
<td>Funding retained for event</td>
<td>12,000</td>
<td></td>
</tr>
<tr>
<td>Funding returned to SGHD</td>
<td>10,026</td>
<td>0</td>
</tr>
</tbody>
</table>

### Child & Adolescent Mental Health Services (CAMHS) Funding

Funding for regional staffing in CAMHS has come from two sources. In 2008, SGHD made three years of funding for a Regional Network Manager post. In 2009, Scottish Government also made funding available for Specialist CAMHS funding, top sliced from the NDP. This second tranche of funding was made available on the basis that Boards would match this funding. In the North, Boards agreed that a small proportion of the £0.5m should be directed to support the regional project.

Table 6 described the final year of funding for the Regional network post and Table 7 described the position in relation to matched funding.

<table>
<thead>
<tr>
<th></th>
<th>2010/11 £</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funding available</td>
<td></td>
</tr>
<tr>
<td>SEHD Allocation</td>
<td>70,000</td>
</tr>
<tr>
<td>Slippage from previous year</td>
<td>73,100</td>
</tr>
<tr>
<td></td>
<td><strong>143,100</strong></td>
</tr>
<tr>
<td>Estimated Expenditure</td>
<td></td>
</tr>
<tr>
<td>Manager</td>
<td>49,200</td>
</tr>
<tr>
<td>Travel</td>
<td>4,600</td>
</tr>
<tr>
<td>Supplies</td>
<td>700</td>
</tr>
<tr>
<td></td>
<td><strong>54,500</strong></td>
</tr>
<tr>
<td>Funding transferred to Regional Programme Manager</td>
<td>88,600</td>
</tr>
</tbody>
</table>

It should be noted that the slippage funding has been transferred into the overall slippage pot used to fund the Regional Manager for Acute Services & Workforce post, which has been appointed on a fixed term basis.
Table 7: CAMHS Specialist Funding

<table>
<thead>
<tr>
<th>Funding Available</th>
<th>2010/11 £</th>
<th>2011/12 £</th>
<th>2012/13 £</th>
</tr>
</thead>
<tbody>
<tr>
<td>SGHD funding</td>
<td>61,326</td>
<td>61,326</td>
<td></td>
</tr>
<tr>
<td>Grampian</td>
<td>22,117</td>
<td>22,117</td>
<td></td>
</tr>
<tr>
<td>Highland</td>
<td>15,732</td>
<td>15,732</td>
<td></td>
</tr>
<tr>
<td>Orkney</td>
<td>1,020</td>
<td>1,020</td>
<td></td>
</tr>
<tr>
<td>Shetland</td>
<td>1,190</td>
<td>1,190</td>
<td></td>
</tr>
<tr>
<td>Tayside</td>
<td>19,373</td>
<td>19,373</td>
<td></td>
</tr>
<tr>
<td>Western Isles</td>
<td>1,894</td>
<td>1,897</td>
<td></td>
</tr>
<tr>
<td>Slippage from previous years</td>
<td>85,842</td>
<td>115,894</td>
<td>36,399</td>
</tr>
<tr>
<td></td>
<td>208,494</td>
<td>238,549</td>
<td>36,399</td>
</tr>
</tbody>
</table>

| Estimated Expenditure              |           |           |           |
| Project Team                      | 61,200    | 61,200    |           |
| Clinical Leader                   | 19,200    | 28,750    | 9,500     |
| Admin (band 4 0.5 wte)            | 12,200    | 12,200    | 6,100     |
| Professional fees                 | 100,000   |           |           |
|                                   | 92,600    | 202,150   | 15,600    |
|                                   | 115,894   | 36,399    | 20,799    |

In year, Boards agreed to vire funding between the Project Support costs to fund a clinical leader post. At NoSPG in August 2010 members agreed to continue the allocation of matched funding for a further year (2011-12) to allow completion of the OBC for the Specialist NoS Network and the capital development.

**Regional Oral Health and Dentistry Network**

No funding was made available by Boards for this project during 2010-11 and the salary costs of the Regional network Manager were funded by NHS Grampian.

**Regional Nursing Workload Advisor**

In 2010, it was agreed that NOSPG would host the funding for the national project in its entirety, in addition to the funding which has been held for a number of years for the Regional Manager. Table 8 below provides a report on expenditure.
North of Scotland Planning Group is a collaboration between NHS Grampian, NHS Highland, NHS Orkney, NHS Shetland, NHS Tayside and NHS Western Isles.

### Table 8: NMWWP Programme

<table>
<thead>
<tr>
<th>Description</th>
<th>2010/11 £</th>
<th>2011/12 £</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funding available</td>
<td>300,000</td>
<td></td>
</tr>
<tr>
<td>Slippage from previous year</td>
<td>21,700</td>
<td>225,500</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>321,700</strong></td>
<td><strong>225,500</strong></td>
</tr>
<tr>
<td>Observation Studies</td>
<td>30,000</td>
<td>152,000</td>
</tr>
<tr>
<td>Project Manager</td>
<td>32,500</td>
<td>54,200</td>
</tr>
<tr>
<td>Programme Advisor</td>
<td>21,000</td>
<td></td>
</tr>
<tr>
<td>Admin Support</td>
<td>6,000</td>
<td>10,300</td>
</tr>
<tr>
<td>Travel</td>
<td>5,700</td>
<td>6,000</td>
</tr>
<tr>
<td>Misc</td>
<td>1,000</td>
<td>3,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>96,200</strong></td>
<td><strong>225,500</strong></td>
</tr>
<tr>
<td>Slippage carried forward to following year</td>
<td>225,500</td>
<td>0</td>
</tr>
</tbody>
</table>

NoSPG will continue to hold funding for this project until the project is completed at the end of March 2012.

### Remote and Rural Funding

In 2008, Scottish Government provided funding to support the implementation of Delivering for Remote and Rural Healthcare. The project was formally wound up during 2010. Table 9 describes the expenditure during the year.

### Table 9: Remote & Rural

<table>
<thead>
<tr>
<th>Description</th>
<th>2010/11 £</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funding available</td>
<td></td>
</tr>
<tr>
<td>Slippage from previous year</td>
<td>146,608</td>
</tr>
<tr>
<td>Estimated Expenditure</td>
<td></td>
</tr>
<tr>
<td>Co-ordinator</td>
<td>23,478</td>
</tr>
<tr>
<td>Admin Support</td>
<td>6,691</td>
</tr>
<tr>
<td>Management Charge</td>
<td>20,000</td>
</tr>
<tr>
<td>Travel/Accommodation</td>
<td>14,000</td>
</tr>
<tr>
<td>Training</td>
<td>200</td>
</tr>
<tr>
<td>Events &amp; other expenditure</td>
<td>7,300</td>
</tr>
<tr>
<td>Service Consultation</td>
<td>9,963</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>81,632</strong></td>
</tr>
<tr>
<td>Funding transferred to Regional Programme Manager</td>
<td>64,976</td>
</tr>
</tbody>
</table>

It has been agreed that NoSPG will have a continuing role to support the implementation of the recommendations of the final report of RRIG and the slippage funding will be used to support this.
**Managed Service Network for Cancer Services for Children and Young People**

Funding for cancer services for children and young people was made as part of the NDP. Whilst the majority of funding was directed to NHS Boards directly, through regional bids, a small proportion of funding was held by NOSPG to support the emerging MSN development and the pan-Scotland initiatives approved by the NDP Implementation Group. Table 10 summarises the position for 2010-11.

<table>
<thead>
<tr>
<th>Table 10: MSN Children &amp; Young People with Cancer</th>
<th>2010/11</th>
<th>2011/12</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Funding available</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SGHD Funding</td>
<td>957,200</td>
<td>636,000</td>
</tr>
<tr>
<td>SGHD - MSN Facilitation</td>
<td>6,169</td>
<td></td>
</tr>
<tr>
<td>Slippage from previous year</td>
<td>37,808</td>
<td>577,630</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1,001,177</td>
<td>1,213,630</td>
</tr>
<tr>
<td><strong>Estimated Expenditure</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MDT Co-ordinator</td>
<td>56,200</td>
<td>70,416</td>
</tr>
<tr>
<td>Support</td>
<td>5,000</td>
<td>11,450</td>
</tr>
<tr>
<td>Travel</td>
<td>2,500</td>
<td></td>
</tr>
<tr>
<td>Palliative Care - Paediatric Consultant</td>
<td>20,678</td>
<td>33,344</td>
</tr>
<tr>
<td>Misc</td>
<td>1,200</td>
<td></td>
</tr>
<tr>
<td>MSN Facilitation</td>
<td>8,794</td>
<td></td>
</tr>
<tr>
<td>Late Effects</td>
<td>16,220</td>
<td>224,004</td>
</tr>
<tr>
<td>Late Effects IT System</td>
<td></td>
<td>491,126</td>
</tr>
<tr>
<td>Teenagers &amp; Transition</td>
<td>15,672</td>
<td>27,344</td>
</tr>
<tr>
<td>Audit &amp; Trials</td>
<td>20,000</td>
<td>20,000</td>
</tr>
<tr>
<td>Edinburgh Level 4</td>
<td>277,283</td>
<td>277,283</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>423,547</td>
<td>1,154,967</td>
</tr>
<tr>
<td>Slippage carried forward to following year</td>
<td>577,630</td>
<td>58,663</td>
</tr>
</tbody>
</table>

The Director of Regional Planning & Workforce Development for the North will continue to provide senior level support to the MSN until it is established and the funding will continue to site within the NoS, under a separate budget heading. Funding for the co-Chairs of the MSN is made directly by SGHD and funding for the National Clinical Director at 4PAs will be included in the allocation for 2011-12.

In October 2010, as part of the process to establish the MSN, the responsibility for the existing MCN CATSCAN was transferred from NHS Lothian, by National Services Division (NSD), to NoSPG, in order that all funding aimed at pan-Scotland services could be held together. In December 2010, NSD formally sought the disestablishment of CATSCAN and this was approved, which would have meant the return of the £53k of funding to NHS Boards. There are ongoing discussions however, to secure this top-slice to fund the requirements of the MSN going forward.

Table 11 below summarised the funding position for the MCN.
<table>
<thead>
<tr>
<th>Table 11: Children’s Cancer MCN (CATSCAN)</th>
<th>2010/11 £</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Funding available</strong></td>
<td></td>
</tr>
<tr>
<td>NHS NSS Allocation</td>
<td>26,500</td>
</tr>
<tr>
<td>Slippage from previous year</td>
<td></td>
</tr>
<tr>
<td><strong>Total Funding available</strong></td>
<td><strong>26,500</strong></td>
</tr>
<tr>
<td><strong>Estimated Expenditure</strong></td>
<td></td>
</tr>
<tr>
<td>Lead Clinician</td>
<td>6,000</td>
</tr>
<tr>
<td>Project Support</td>
<td>15,000</td>
</tr>
<tr>
<td>Supplies</td>
<td>5,500</td>
</tr>
<tr>
<td><strong>Total Estimated Expenditure</strong></td>
<td><strong>26,500</strong></td>
</tr>
</tbody>
</table>
Priorities for 2011-12

The reorganisation of the NoSPG team will have an impact on the ability of NoSPG to continue to deliver against the diverse workplan that has been delivered over the last few years. It is planned that initially the 2010-11 workplan will roll over until the NOSPH Horizon scanning event, planned for September 2010, following which it is intended that the workplan will be reviewed. Whilst the range of workstreams may continue, the timescales will be reviewed.

A number of priorities have been identified for 2011-12 and these are outlined below.

Cardiac Services

NoSPG recently agreed that there were eight priority areas to be progressed by the Cardiac sub-group, as follows:

- Work with NoS Public Health Network (NoSPHN) to improve understanding of projected need and the impact on service capacity and accessibility. This should support by an Impact Assessment and financial plan.
- Develop a costed business case for ORT for the NoS that improve access of patients to appropriate intervention.
- Review capacity and demand requirements for PCI, particularly out of hours.
- Undertake Capacity & Demand analysis for Cardiac Surgery and if necessary, review the SLA.
- Undertake Capacity & Demand analysis for Electrophysiology, including an options appraisal for repatriation of activity in line with NoS EP Plan 2008.
- Engage with the Scottish Congenital Heart Disease Service to establish a shared care approach to services. Identify a regional Lead to support local services to engage with the national plan.
- Provide a focus for Cardiac Services in the North and engage with local and national initiatives to ensure that the needs of the NoS are addressed at the appropriate level.
- Investigate options to reduce costs and seek NoS agreement on and commitment to implementation of the proposals.

Child Health Clinical Planning Group

While work has been ongoing supporting and developing specialist services in the north, the sustainability of acute general paediatric services has emerged as a particular challenge for all Board and NoSPG has approved a proposal that the CHCP should undertake a regional wide review of child health services in the North, to develop a regional solution that will sustain acute paediatric services across the region.
**Child & Adolescent Mental Health**

The priority for 2011-12 is development of the Outline Business Case for the consideration of NHS Boards.

**Regional Secure Care project**

The main priority for the project is to work to ensure that construction remains on time and on budget; that the unit is fitted with good quality, good value equipment and, most importantly, that it is staffed according to the workforce plan, with a view to the first patients arriving in August 2012 at a facility which showcases excellence in mental healthcare. The majority of the new staff required for the unit will be recruited during 2011-12. All participating NoSPG Boards will be kept up to date with project developments.

**North of Scotland Public Health Network**

NoSPHN will continue to progress ongoing developments from the 2010/11 workplan and develop new requests for work as appropriate including:

- To detail for NoSPG the key factors which will have the biggest impacts on the provision of Health Services in the North of Scotland in the future and therefore the implications for planning on a North of Scotland basis. This work will be reported at a NoSPG / NoSPHN event in September 2011.
- To support the delivery of the Cardiac Services Regional Delivery Plan and improve understanding of projected need and the impact on service capacity and accessibility.
- Further supporting collaborative approaches to Drug and Therapeutics across the NoS.
- To continue to support the Oral Health and Dentistry workstream.
- Advising and supporting NOSCAN in the development and implementation of agreed objectives.
- To organise appropriate professional development opportunities including supporting the Scottish Faculty of Public Health Conference which is to be hosted in the North of Scotland in November 2011.
- To review the outcomes of the evaluation of the Well North programme for shared learning and support ongoing delivery of the programmes as appropriate.
- To deliver an agreed programme of regional and national Public Health activities.

**For more information or to discuss NoSPHN and its work contact:**

Dr Sarah Taylor, North of Scotland Public Health Network Clinical Lead sarahtaylor1@nhs.net
Pip Farman, North of Scotland Public Health Network Co-ordinator pip.farman@nhs.net
Financial Commitments

Each year an estimate of the projected costs to be shared between NHS Boards are provided at the end of the Annual report. Table 12 describes the projected expenditure for 2010/11 to be shared by NoS partner Boards, which represents a 3.2% reduction on the projected costs for 2010-11. Excluded from these costs are the Regional Programme Manager posts, as the Child Health post continues to be funded from recurring NDP funds and the Acute Services and Workforce post is funded from slippage. National posts, including the Regional Nursing Advisor (0.8wte) and the national MSN Manager for children’s cancer are also excluded, as these are funded from separate sources.

<table>
<thead>
<tr>
<th></th>
<th>£</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director</td>
<td>95,300</td>
</tr>
<tr>
<td>Corporate Services Mgr</td>
<td>49,000</td>
</tr>
<tr>
<td>Admin support</td>
<td>22,800</td>
</tr>
<tr>
<td>PA Support</td>
<td>22,300</td>
</tr>
<tr>
<td>Office support</td>
<td>9,000</td>
</tr>
<tr>
<td>Travel</td>
<td>12,000</td>
</tr>
<tr>
<td>Event</td>
<td>12,000</td>
</tr>
<tr>
<td>Misc</td>
<td>10,000</td>
</tr>
<tr>
<td></td>
<td><strong>232,400</strong></td>
</tr>
</tbody>
</table>

Table 12 summarises the projected costs shares by NoS NHS Board.

<table>
<thead>
<tr>
<th>NHS Board</th>
<th>Cost Share by NoS Board</th>
<th>NRAC Shares</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grampian</td>
<td>£87,034</td>
<td>37.45%</td>
</tr>
<tr>
<td>Highland</td>
<td>£58,054</td>
<td>24.98%</td>
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<tr>
<td>Orkney</td>
<td>£3,928</td>
<td>1.69%</td>
</tr>
<tr>
<td>Shetland</td>
<td>£4,206</td>
<td>1.81%</td>
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<tr>
<td>Tayside</td>
<td>£73,205</td>
<td>31.50%</td>
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<tr>
<td>Western Isles</td>
<td>£5,973</td>
<td>2.57%</td>
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<td><strong>£232,400</strong></td>
<td><strong>100.00%</strong></td>
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North of Scotland Planning Group is a collaboration between NHS Grampian, NHS Highland, NHS Orkney, NHS Shetland, NHS Tayside and NHS Western Isles

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## MENTAL HEALTH

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<tr>
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<tr>
<td>Development of modern integrated approach for the care of forensic patients, including the development of secure accommodation for the North of Scotland.</td>
<td>NoS patients are cared for in an appropriate environment and level of security.</td>
<td>Mr Gerry Marr, Chief Executive, NHS Tayside Mr Dave Charles, Project Director</td>
<td>1. Deliver project as per project programme (summer 2012). 2. Ensure that the project is supported by an appropriate workforce plan which is regularly reviewed. 3. Ensure that project is developed with full engagement of all stakeholders including interest groups, carers and the community. 4. Ensure that the requirements of the HDL (2006) 48: Forensic Services are addressed within the planning of the new facility and onward management, including the establishment of a regional forensic services network. 5. Ensure that participating Boards are kept updated regarding affordability and value for money and that corporate governance is complied with.</td>
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| The NoS MCN for eating disorders will improve patient care in terms of quality, access and appropriateness. | NoS patients have access to appropriate services for the management of eating disorders. | Dr Philip Crockett, Lead Clinician, NoS Eating Disorders Network Mrs Linda Keenan, Network Manager Dr A Ingram, Director of RP&WD | 1. To continue to provide direction, assist in decision-making and contribute to any service redesign.  
2. To ensure communication across the region of relevant standards, guidelines and urgent information with relevant stakeholders.  
3. To continue to involve users in developments of the MCN.  
4. Care pathways are currently in place but will be kept under review in the light of experience of the new regional inpatient unit.  
5. Transitions from CAMHS to Adult Services to be reviewed.  
6. To develop a quality assurance framework.  
7. Prioritise Quality Assurance and Risk Factors as a workstream.  
8. Link region with QED standards as devised by the RCPsych for Inpatient and Outpatient Care.  
9. Continue to develop website.  
10. Continue to raise awareness with GPs/Counselling services across the region.  
11. Make links with medical colleagues to aid implementation of the MARSIPAN and other quality assurance related guidelines.  
12. Continue to host educational events for the Region.  
13. Investigate using VC for educational purposes between areas within region.  
14. Review Eden Unit’s 2nd operational year. Ensure risk share agreement is implemented and data collection/monitoring continues  
15. Ensure Excelcare data is ready to be transferred to new PMS System within NHS Grampian.  
16. Assist all areas with ED services’ needs will be included in any new IT system implemented in their area.  
17. Improve data input quality. | 1. |


## CHILD HEALTH

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<tr>
<td>Develop a sustainable model of care for children's services across the North that implements national and regional strategy.</td>
<td>Services for children are planned, where appropriate, on a regional basis and where necessary delivered using a regional model. Regional Networks deliver improved outcomes for NoS children.</td>
<td>Dr M Bisset Clinical Lead, NoS Child Health Mr Neil Strachan, Programme Manager, Child Health &amp; CAMHS</td>
<td>1. Commission an independent review of secondary care services for children of for the NoS to define the aspects of child health services that should be provided regionally and not constrained by the Health Board Boundaries, including specialist, secondary and primary care. 2. Monitor and report on NoS NDP Investment in specialist services. 3. Ensure that the regional specialist networks have clear project plans, with appropriate milestones for delivery and performance which measures outcomes through the logic model process approved for use within NoS. 4. Develop a model which ensures sustainability of paediatric Critical Care within the NoS, which links to NHS Board ECF Groups. 5. Develop a network for the provision of paediatric Surgical Services in the North, including the implementation of the nationally developed care pathways. 6. Develop a Regional Child Protection network to support local delivery. 7. Develop an implementation plan for the establishment of networks for child health. 8. Lead the development of models to support the provision of remote and rural paediatric care. 9. Develop a regional training and education plan linked to the implementation of the NDP, which ensures that medical, nursing and AHP can assess relevant training and education programmes. 10. Establish mechanisms which allow for PFPI to be effectively developed within the Regional Child Health arena. 11. Develop a communication plan which ensures AHP, medical and nursing staff are aware of and engaged in the work of the CHCPG.</td>
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<td>A regional Neonatal Services Network is defined, established and delivers improved outcomes for the NoS.</td>
<td>Standards based approach to neonatal services is developed.</td>
<td>Dr Nicklaus Kau Clinical Lead, NoS Neonatal Network TBA Clinical facilitator Mr Ken Mitchell, Programme Manager, Acute Services and Workforce</td>
<td>1. Appoint Neonatal Clinical facilitator for the NoS network and identify appropriate membership for the network. 2. Develop a workplan for the Neonatal network that has clear goals, milestones and performance measures. 3. Undertake gap analysis against the standards and develop proposals for approval by NoS Boards. 4. Develop a Regional approach to workforce planning at all levels, including regional appointments, where appropriate. 5. Establish mechanisms which allow for PFPI to be effectively developed within the Neonatal network. 6. Ensure clear linkages with North team of the SNTS. 7. Develop a involvement and engagement plan which ensures engagement of all stakeholders in the work of the Network. 8. Represent NoS views at the National Expert Advisory Group on Neonatal Services and ensure that NoS views are reflected in national work. 9. Work towards transfer of responsibility within NoSPG team to the Child health workstream.</td>
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<td>Establish a regional specialist network for CAMHS, providing specialist CAMHS expertise across the region, including access to an increased number of inpatient places, with the context of that Network.</td>
<td>A tier 4 regional inpatient service for young people with complex and enduring illness, networked with local Board services, is accessible within the North.</td>
<td>Ms Caroline Selkirk, Deputy Chief Executive NHS Tayside Mr Neil Strachan, Programme Manager, Child Health &amp; CAMHS Dr Sally Bonnar, Clinical Lead</td>
<td>1. A Regional Adolescent Mental Health Obligate Network should be defined and established, linking local services and the regional inpatient facility, providing support, expert advice and ensuring that appropriate protocols and systems of care are developed. 2. A purpose built inpatient unit with 12 places but of a design that could be expanded, will be established 3. An outline business case will be developed in collaboration with the east Central Hub, for</td>
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|   |   | approval by NoS Boards by end of September 2011 and for submission to Capital Investment Group by November 2011, subject to approval of all six NoS Boards.  
|   |   | 4. The Project Board meets regularly and has appropriate membership to oversee the overall governance of the Project.  
|   |   | 5. A Service Modelling and Workforce Planning Group will develop a robust and cost effective workforce plan in support of the OBC.  
|   |   | 6. Clinical Lead will be appointed until completion of OBC, with appropriate objectives to support planning and delivery of network.  
|   |   | 7. Arrangements will be developed to involve and engage with young people and their families in the development of the unit and regional network.  
|   |   | 8. Link into relevant national workstreams e.g. national initiatives linked to CAMHS Integrated Care Pathway development and workforce related developments. |
## ACUTE SERVICES

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| To progress the work of the [Cardiac Service Network](#) for the NoS and to ensure that regional plans are in place to deliver quality, evidence based services, which meet national waiting time targets. | To deliver NoS cardio-thoracic surgery and interventional cardiology services, which meet national standards and waiting time's targets. | Dr M Metcalfe, NoS Clinical Lead for Cardiac Services  
Mr Ken Mitchell, Programme Manager, Acute Services and Workforce  
Dr A Ingram, Director of RP&WD | 1. Develop a business case for ORT in the NoS that improves access for patients to appropriate interventions; including an assessment of PCI capacity.  
2. Progress a Demand and Capacity analysis for Cardiac Surgery, including a review the SLA.  
3. Undertake a Demand and Capacity analysis for Electrophysiology, including an options appraisal for CRT and repatriation of activity in line with NoS EP Plan 2008.  
4. Engage with the Scottish Congenital Heart Disease Service to establish a shared care approach to services. Identify a regional Lead to support local services in engaging with the national service.  
5. Provide a focus for Cardiac Services in the North and engage with local and national initiatives to ensure that the needs of the NoS are addressed at the appropriate level.  
6. Work with NoS Public Health Network (NoSPHN) to improve understanding of projected need and the impact on service capacity and accessibility. This should supported by an Impact Assessment and financial plan.  
7. Investigate options to reduce costs and seek NoS agreement and commitment to the implementation of proposals. | 1.                                                                                           |
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<tr>
<td>Establish a regional service for Oral Health and Dentistry across the NoS</td>
<td>A sustainable model of dental care, which addresses the needs of NOS patients</td>
<td>Mr R Carey, Chief Executive, NHS Grampian&lt;br&gt;Dr Ray Watkins, Consultant in Dental Public Health, NHS Grampian&lt;br&gt;Mr Ken Mitchell, Programme Manager, Acute Services and Workforce</td>
<td>1. Continue with the establishment of a regional service for oral and Maxillofacial specialities in head &amp; neck cancer and trauma; including oral surgery.&lt;br&gt;2. Continue with the development of a regional service for restorative dentistry on the basis of the assessment of need.&lt;br&gt;3. Progress the implementation of tele-orthodontics project, to support the needs of the North and the delivery of service locally.&lt;br&gt;4. Establish a regional MCN for orthodontics to support the provision of orthodontics in the NoS.&lt;br&gt;5. Continue to work with NHS Grampian on establishing the dental school for the North of Scotland.&lt;br&gt;6. Continue to work with NoS Boards, to ensure that the recommendations of the National Task and Finish Group for Dentistry are being implemented.&lt;br&gt;7. Ensure that Corporate and Clinical Governance requirements are addressed throughout each of the project areas.</td>
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| Set strategic direction for **cancer services** for the North, support    | Ensure equity of outcome for cancer patients across the North.                | Mr Richard Carey Chair, NOSCAN                 | 1. Develop a regionally aligned programme of priorities against the revised Scottish Cancer Taskforce workplan – 2011-2013  
2. Develop an action plan for improving clinically effective expensive cancer treatments most efficiently  
3. Identify within Boards the priority areas of service provision in respect of cancer  
4. Clinical Leads exercise to re-set the Vision & Values of the NoS Cancer Network and undertake to harmonise the existing tumour group workplans into a common format / framework  
5. Support the implementation of the nationally developed tumour specific QPI’s, including formalising the measurement and reporting of these  
6. Regional Chemotherapy Advisory Group to harmonise consistent practices in respect of governance and HDL compliance (reporting through the national CAG & SCT) |                                                                             |
<p>| service Improvement and Commission regional and national infrastructure   |                                                                               | Mr Peter King, Clinical Lead                   |                                                                                                                                                                                                         |                                                                               |
| improvements                                                              |                                                                               | Mr Peter Gent Network Manager, NOSCAN         |                                                                                                                                                                                                         |                                                                               |</p>
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<tr>
<td>1. To understand the demand requirements for <strong>Bariatric surgery</strong>, within the context of NoS Boards Obesity Management strategies.</td>
<td>There is an agreed care pathway for Obesity Management within the North of Scotland, including access to specialist Bariatric and plastic surgery</td>
<td>Ms R Urquhart, Head of Healthcare Strategy, NHS Highland Mr Ken Mitchell, Programme Manager, Acute Services and Workforce</td>
<td>1. Establish a NoS Short Life Implementation Group with membership from the key stakeholder NoS Boards. 2. Prioritise the recommendations within the NoS Review of Weight Management Services. 3. Evaluate the impact of Options 3.2 and 6 and produce a Communications Plan for informing colleagues, patients and the public. 4. Explore the benefits of collaborative working within the context of a NoS Network. 5. Produce a policy for consideration by NoSPG on the provision of post-operative care and interventions to those patients who have had bariatric surgery undertaken privately. 6. Ensure the NoS has appropriate input to the wider national debate, led by the NPF.</td>
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<td>Support the implementation of the continuing actions and further recommendations contained within the Final Report of the national Remote and Rural Implementation Group Report.</td>
<td>A framework to sustain a safe range of healthcare provision within remote and rural areas for Scotland is implemented.</td>
<td>Dr A Ingram, Project Director</td>
<td>1. To support the implementation of the recommendations of the Final Report of RRIG across NHS Scotland. 2. Monitor completion of continuing actions identified by Final Report. 3. Participate in the review of the TAGRA work and seek to ensure that the views of remote and rural Board are fed in. 4. The Emergency Care Network concept is piloted and implications shared more widely with R&amp;R Boards. 5. Conclude the national VC pilot. 6. There is stakeholder engagement both within the NoS and with other R&amp;R Boards.</td>
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<td>Boards are facilitated to establish an Emergency Care Network across healthcare systems, which ensures robust systems of emergency and anticipatory care are in place including pathways, for the management of unscheduled care, risk management, decision support and admission policies.</td>
<td>Safe systems of emergency care in place within and between small hospitals and larger supporting units.</td>
<td>Dr Roelf Dijkhuizen, Medical Director, NHS Grampian</td>
<td>1. Emergency Care Network is piloted including NHS Grampian, NHS Orkney, and NHS Highland. 2. All stakeholders including Scottish Ambulance Service, NHS 24, Scottish Centre for Telehealth, General Practice, out of hours and relevant hospital services are appropriately engaged in the process. 3. There are regular reports to NoSPG and lessons shared with Remote &amp; Rural Boards.</td>
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| A Managed Service Network for children and young people with cancer        | Establish a sustainable model of service within the context of the new Managed Service Network for Scotland. | Dr A Ingram, Director of RP&WD                                                   | 1. Progress the implementation and development of the Managed Service Network (MSN) for Children and Young People with Cancer, including making key appointments.  
2. Redesign existing children and young people's cancer services to achieve MDT working across many sites, while improving cross-site working between the main cancer centres and shared care centres.  
3. Continue to progress the transition of the de-designated Managed Clinical Network for Children and Young people’s cancer services (CATSCAN) into the Governance and Quality Assurance group of the MSN, and continue to support the work of the various CATSCAN work groups.  
4. Facilitate and support pan-Scotland investment plans for palliative care, late effects and teenagers with cancer, ensuring that proposed business cases/plans are submitted to MSN for approval.  
5. Develop plans to ensure that audit and trials administration is properly resourced going forward and that opportunities to link with established mechanisms for support are identified and pursued.  
6. Establish plans to support networking of services across Scotland, such as linking electronic prescribing systems.  
7. Continue to implement NDP plans that provide appropriate investment in each centre.  
8. Ensure that there is adequate investment in shared care centres and provide support to Aberdeen to ensure that the role and investment in that centre is appropriate for future service delivery but within context of national MSN approach. | 1.                                                                                                                                                  |
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<tr>
<td>Performance management of Scottish Neonatal Transport Service (SNNTS) on behalf of NHS Scotland Board Chief Executives.</td>
<td>Sustainable transport service, covering all Scotland, through a regional model with cross cover able to act timeously as required.</td>
<td>Dr Phil Booth, National Director, SNNTS Dr A Ingram Director of RP&amp;WD Mr D Carson, Financial Controller, NHST</td>
<td>1. Performances manage the SNTS service on behalf of territorial NHS Boards. 2. Review existing working practices to ensure that the service is functioning efficiently. 3. Produce an annual report for 2010/11. 4. Participate in the national review of Specialist Transport Services.</td>
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### Specialised Planning Groups

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| An Integrated Planning Group will promote and foster a regional approach through the identification of service, workforce and financial planning issues which will impact significantly within and across Boards to determine areas where regional working will add value. | NoSPG business is well managed and the collaborating NHS Boards are sighted on regional initiatives | Dr A Ingram, Director of RP&WD | An integrated planning group will support the development of a long-term strategy to support NoSPG, including:  
1. **Strategic Planning**  
   - To assist NoSPG to develop a long term clinical and workforce strategy to support regional working;  
   - To promote and foster a regional approach through the identification of issues, both service and workforce, which will impact significantly within and across Boards, to determine where regional working will add value;  
   - To co-ordinate prioritisation within collaborating NHS Boards and at regional level to ensure best use of available resources and reflect this in agreements between NoS NHS Boards;  
   - To plan and monitor patient flows at a strategic level across the North of Scotland to ensure optimal use of services within the region and to monitor patient flows outwith the region to ensure appropriate access to services for the population of the North.  
   - To develop the regional workforce plan;  
   - To develop a North perspective on national initiatives; and  
   - To provide support to the Director of Regional Planning & Workforce Development.  
2. **Projects**  
   - To identify and progress regional projects, where appropriate.  
3. **Performance Management**  
   - To develop processes, standards and protocols to support effective regional working;  
   - To scrutinise NoS Service Development proposals and business cases to ensure that these are robust and meet expected standards;  
   - To performance manage the regional sub-groups, including the agreement of regional objectives and priorities;  
   - Ensure that a workforce impact assessment is contained within any emerging NoS plans. | 1. |
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| The **NoS Public Health Network** (NoSPHN) will support the NoSPG agenda, the delivery of agreed objectives and those of the NoSPG workstreams – and identify these within the NoSPHN workplan and develop regional approaches to public health services and activities where there is an agreed added value to doing so and monitor and report. | The work of NoSPG is evidence based and based on the health needs of the population. | Dr Sarah Taylor  
Clinical Lead, NoSPHN  
Mrs Pip Farman,  
Network Manager | 1. Advise the NoS BCEs, NoSPG and NoS IPG on regional and national papers and processes.  
2. Review and advise on applications submitted for designation as national services (by June 2011).  
3. To support a collaborative approach to Drug and Therapeutics across the NoS – programmes of work agreed:  
   • Drug budget forecasting  
   • Introduction of new anticoagulants  
4. To support the Dental and Oral Health Steering Group and in particular the NoS Restorative Dentistry work programme.  
5. To work with Cardiac Network to improve understanding of projected need and the impact on service capacity and accessibility.  
6. To conclude support the Child Health programme evaluation.  
7. Advise and support NOSCAN in the development and implementation of agreed objectives  
   • Oncology Efficiencies review  
8. Horizon Scanning project:  
   a. To detail for NoSPG the key factors which will have the biggest impacts on the provision of Health Services in the NoS in the future and therefore the implications for planning on a NoS basis.  
   b. Event to share the Horizon Scanning work as part of a joint event with NoSPG planned for September 2011.  
10. To deliver an agreed programme of regional Public Health activities. | 1. |
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<td>The regional implications of projected reduction in doctors in training, being progressed by the national Reshaping Medical Workforce project Boards are influenced, planned and implemented within the NoS NHS Boards.</td>
<td>Sustainable Medical Workforce</td>
<td>Dr Roelf Dijkhuizen Chair, NoS Medical Directors Dr Ian Bashford, MD, NHS Highland Dr A Ingram DRP&amp;WFD</td>
<td>1. Oversee the regional reshaping process, ensuring that there is a clear audit trail of the decision to reduce the number of doctors in training. 2. The Regional Reshaping group has appropriate representation, meets regularly and provides regular report to the NoS Medical directors and NoSPG Executive Group. 3. The service implications of these changes are clearly understood and implemented in such a way as not to destabilise systems. 4. Opportunities to redesign services on a regional basis that supports service sustainability are identified and plans developed for progression. 5. The views of NoS boards and the relevant deaneries are represented to the National Medical Reshaping Project Board and supporting Working Group. 6. There are clear routes of communication between the national, regional and local levels. 7. Provide peer support for medical directors across the region.</td>
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<td>To support and progress the work of the Integrated Planning Group and the North of Scotland Planning Group by identifying <strong>workforce planning and development</strong> issues that will have significant implications within and across Boards and recognise where regional working is appropriate and will add value.</td>
<td>An affordable and sustainable, multidisciplinary workforce model that addresses service needs and ensures the delivery of sustainable services and safe quality patient care. Provide an integrated planning function for service, finance, education and workforce. Collaborating NHS Boards are informed and sighted on regional initiatives and ensure they are integral to Board workforce planning systems.</td>
<td>Mr M Sinclair, HRD, NHS Grampian / Mrs A Gent, HRD, NHS Highland - co-Chairs NoS Workforce Planning &amp; Development Group Mr Ken Mitchell, Programme Manager, Acute Services and Workforce</td>
<td>1. Advise IPG and NoSPG on regional and national workforce planning and development issues. 2. Review and advise on national workforce policy. 3. Support the development of north region perspective on national workforce initiatives. 4. Assist IPG and NoSPG to develop a workforce strategy to address regional workforce issues and support regional workforce planning and development. 5. Develop integrated planning function for service, finance, education and workforce. 6. Develop regional workforce work plan. 7. Revise and refresh the Work Plan and role and remit for 2011/2012. 8. Ensure that the workforce issues identified by the final report of RRIG are addressed and a model delivered. 9. Review the terms and conditions and contractual requirements for staff working across NoS Boards, including simplifying disclosure and OHSAS processes.</td>
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| Implement, coordinate and facilitate the final Phase of the **Nursing & Midwifery Workload & Workforce Planning Programme** | A sustainable and trained workforce in place across the region, capable of delivering nursing & midwifery services to meet the needs of patients. Strategic approach to support NHS Boards embed and sustain the national nursing and midwifery workforce planning tools, methods and systems, including educational tools and monitoring and information systems for supplementary staffing within NHS Boards to influence and underpin local, regional and national workforce planning. | Mrs B Flynn, Regional Nursing Workload Advisor<br>Dr A Ingram Director of RP&WD | The NMWWPP team will facilitate and coordinate the final phase of the national Programme across Scotland. The North regions will be supported to embed the work of the Programme within NHS Boards to inform safe, affordable and effective workforce planning and development and includes:  

**National**  
- Planning, implementation and evaluation of specific national projects, national reporting and benchmarking  
- Coordinate and facilitate:  
  - The completion of current work streams and developments;  
  - The implementation of agreed work streams;  
  - The ongoing development of workload tools and methods;  
  - Refreshing of national tools  
  - Further development of educational toolkit to support and engage the wider workforce in workforce planning and development.  

**Regional**  
- To provide a supporting function in the local application of the national programme;  
- To make best use of the national toolkit for service, financial and workforce planning and risk management;  
- To ensure a north perspective that informs and influences national initiatives relating to the nursing and midwifery workforce. |
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| Direct regional collaboration on all relevant eHealth projects. | The benefits of eHealth are exploited to support joined up care in all settings across the North with minimised effort to the benefit of patients and clinicians. | Dr A Ingram, Director of RP&WD | 1. The National VC Pilot Project in the NoS is concluded. Project Board chaired by Dr Ingram.  
2. The NoS eHealth group meets regularly and has an agreed workplan with milestones and measurable outcomes.  
3. The NoS eHealth group will review the implications of changes to the SGHD approach to funding of eHealth for NoS Boards and make recommendations to NoSPG to address this.  
4. Information Governance leads will review eHealth policies to facilitate the regional collaboration and achievement of regional governance standards. | 1. |

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| To establish links between the North Boards, excluding NHS Tayside and the North of Scotland CJA. | Health priorities are adequately reflected in the North CJA plans. | Dr A Ingram, Director of RP&WD | 1. The virtual Health Group is regularly updated on information from the CJA and can facilitate direct communications between CJA and NHS Boards.  
2. The Virtual Group will review CJA documents to ensure that the NoS health priorities are adequately reflected. | 1. |

Dr. Annie K Ingram  
Director of Regional Planning & Workforce Development  
North of Scotland Planning Group  
14 April 2011