

<b>Meeting:</b>	<b>Grampian NHS Board Meeting</b>
<b>Meeting date:</b>	<b>10 October 2024</b>
<b>Item Number:</b>	<b>11</b>
<b>Title:</b>	<b>NHS Grampian Working in Collaboration within the North of Scotland</b>
<b>Responsible Executive:</b>	<b>Dr Adam Coldwells, Interim Chief Executive</b>
<b>Report Author:</b>	<b>Jim Cannon, Director of Regional Planning (North) / Lorraine Scott, Head of Planning &amp; Programmes</b>

## 1 Purpose and recommendations

The purpose of this report is to provide an update on the work NHS Grampian is undertaking in the context of regional working within the North of Scotland (NoS), to seek commitment around the key priorities and seek agreement for papers on regional work programmes to be submitted to the Board in the future.

### **This is presented to the Board for:**

- Endorsement

The Board is asked to endorse the proposals set out in this paper, specifically:

- a. Acknowledging the breadth of work being taken forward in relation to regional working in the NoS and how this is aligned to the Grampian NHS Board strategic risks and priorities;
- b. Re-affirming commitment to regional working and the key priorities endorsed by the North Chief Executive Group;
- c. Noting how these priorities are aligned to the emerging national priorities for greater sustainability and the emerging programme of reform in NHS Scotland;
- d. Noting that a Scottish Government Planning Directors' Letter is due to be published in the near future and that the Board will be briefed on any implications of this; and
- e. Agreeing that future papers will be brought to the Grampian NHS Board providing updates and assurance on specific NoS programmes of work and articulating how these will enable best value, reduce key risks and contribute to the Grampian NHS Board strategic priorities.

## **This report relates to:**

NHS Grampian Strategy: Plan for the Future – People, Places and Pathways

## **This aligns to the following NHS Scotland quality ambitions:**

- Safe
- Effective
- Person Centred

## **2 Report summary**

### **2.1 Situation**

The Public Bodies (Joint Working) (Scotland) Act (2014) sets out Health Board responsibilities passed down from the Scottish Government. It describes planning and delivery of services for the population of that Health Board, making clear the expectation of collaboration where necessary to serve local populations.

Regional structures were first established in the late 1990's when the embryonic regional cancer networks were funded by the Scottish Government. In 2002 and 2004 specific Health Department Letters (HDLs) were issued by Scottish Government, detailing the expectations that Health Boards plan and deliver collaboratively for the benefit of local populations. These HDLs were specific about the responsibilities of Boards and made suggestions about the types of service which may benefit from a collaborative approach. Three Regional Planning Groups were established at this time, with a light touch structure consisting of a Regional Director and some administrative support. These structures combined with existing regional cancer networks have evolved over the last 20 years to suit the needs of constituent Boards, with each region adapting differently to local needs.

A new approach to planning across Scotland is currently being developed with a Scottish Government Directors' Letter (DL) expected in the near future. It is anticipated that this DL will set out ways to strengthen the link between the National Strategic Planning Board, regional / cross boundary planning and local planning within Health Boards.

As set out in the Grampian NHS Board 'Plan for the Future' and the underpinning Delivery Plan for 2024-2027, working with our partners within the North East, NoS and

nationally is critical to successful delivery of the Board's ambition to deliver sustainable health and care by 2032.

This paper sets out the context for regional working within the NoS region, the key drivers and benefits, alignment to the Boards strategic direction, along with outlining the priority areas of work either in progress or planned, and the high level accountability and governance arrangements for these.

## **2.2 Background**

Cross boundary working is a necessary and well understood approach in the NoS. Citizens across the NoS have always travelled to other Health Board areas to receive treatment which is either not available in their Board of residence or where geographically it is sensible for individuals who live on Health Board boundaries to access care close to their home (e.g. population of Forres accessing care in Raigmore). There are robust processes in place to monitor this cross boundary activity within Grampian and the wider NoS.

### *2.2.1 National Guidance and Legislation*

HDL (2002) 10 defines regional on the basis of planning for delivery of health care services which need to be provided for more than one NHS Board area. Furthermore, the guidance recognises that regional boundaries for those services best planned and delivered above NHS Board level may be different for each service, and some NHS Boards may operate in more than one Regional Planning Group. This guidance chimes well with the National Clinical Strategy (2016) which came some years later and remains extant.

Regional Planning Groups are described as the main vehicle for developing and strengthening regional planning with a responsibility for:

- Planning, funding and implementing services across NHS Board boundaries;
- Harnessing the support and potential of Managed Clinical Networks;
- Developing integrated workforce planning for cross Board services;
- Regionally harmonising NHS Boards service plans; and
- Planning emergency response across NHS Board boundaries.

The expectation was that Regional Planning Groups discharge these responsibilities on behalf of their constituent NHS Boards and therefore requires effective linkages and communications between local and regional processes to ensure commitment across systems and organisational boundaries. This has proven to be a difficult balance, bound up in discussions around legal accountability

for these functions at Board level, as opposed to regional level, where there is no legal accountability.

HDL (2004) 4 provided an updated framework to enable NHS Boards to fulfil the statutory duty to co-operate for the benefit of the people of Scotland.

The framework comprised three distinct elements:

1. A means to create an agreed regional planning agenda;
2. Rules of engagement for decision making; and
3. A financial framework.

This guidance is underpinned by the National Health Service Reform (Scotland) Act 2004 and Public Bodies (Joint Working) (Scotland) Act 2014 Section 67 which state:

“(1) In exercising their functions in relation to the planning and provision of services which it is their function to provide, or secure the provision of, under or by virtue of this Act, Health Boards shall co-operate with one another, and with Special Health Boards and the Agency, with a view to securing and advancing the health of the people of Scotland.

(2) In pursuance of subsection (1) a Health Board may -

- (a) undertake to provide, or secure the provision of, services as respects the area of another Health Board, and the other Health Board may enter into arrangements with the first Health Board for that purpose,
- (b) undertake with one or more other Health Boards to provide, or secure the provision of, services jointly as respects their areas.

(3) A Health Board undertaking to provide, or secure the provision of, services under subsection (2) may -

- (a) enter into arrangements with another Health Board, a Special Health Board or the Agency in relation to the provision of such services,
- (b) do anything in relation to the provision of such services which they could do for the purpose of providing, or securing the provision of, such services as respects their area.

(4) This section is without prejudice to any other power which a Health Board may have.” (National Health Service Reform (Scotland) Act 2004)

and

“A Health Board may, with the agreement of another Health Board and the Scottish Ministers, carry out on behalf of that other Health Board any function of that other Health Board.” (Public Bodies (Joint Working) (Scotland) Act 2014).

### *2.2.2 North of Scotland Region*

The NoS region comprises of six territorial Health Boards including Grampian, Highland, Orkney, Shetland, Tayside and Western Isles. In addition to the geographical territorial Boards, regional working also necessarily includes a number of National Boards such as the Scottish Ambulance Service (SAS), NHS 24, Public Health Scotland (PHS) and NHS Education for Scotland (NES), with National Services Scotland (NSS), Healthcare Improvement Scotland (HIS) and Golden Jubilee National Hospital (GJNH) close partners in supporting regional planning.

### *2.2.3 Guiding Principles and Drivers*

The main principles driving regional work are set out in the previous guidance section. A key focus is on ensuring proportionality and subsidiarity; only doing as much as necessary at regional level to ensure greatest value, with Board level delivery taking primacy.

Sustainability and resilience of services are fundamental drivers to considering regional service approaches with improved outcomes, maximising available resources and quality and efficiency being the main benefits expected from those collaborations. Equity of access to services across the geography of Scotland has long been an ambition within the NoS, particularly given its unique geography and its associated challenges.

Increasing demand for services alongside new procedures and treatments have led to a system which is struggling to meet the capacity needs of the population. New ways of working are required which will allow services to meet current and future predicted levels of demand. This will necessitate a more proactive approach to planning across Scotland and an explicit link made between service, infrastructure / digital, financial and workforce planning at a population level.

This will in turn create a more cohesive planning environment where Health Boards can join forces across boundaries, in a constructive non-competitive way, to design services in the right place, in a way which creates greater equity of access.

### *2.2.4 Delivering on the Regional Agenda*

Within the NoS Planning Group, there is a dedicated team comprising of a Director of Regional Planning, network managers, clinical leads, administrative team and a small Health Intelligence Team (funded to support the North Cancer Alliance). This

amounts to circa 16 whole time equivalent (WTE) substantive staff, with 12 clinical leads who work on a sessional basis in regional leadership roles – Appendix 1 shows broadly the activities supported by the Regional Team. There are a number of temporary staff associated with time limited project work which is mainly supported by temporary funding.

The Regional Team supports Boards to work collaboratively in these different areas and so is heavily reliant on Board level input and ownership for success. This takes the form of Boards providing the necessary leadership and subject matter expertise as required.

NHS Grampian plays an active and central part here, being one of the largest Boards in the region, with access to a wide range of clinical / service expertise. NHS Grampian commits a significant level of capacity and dedicated time spanning corporate and portfolio / operational services to support the necessary leadership, subject experts and planning and project resource to enable and deliver agreed priorities being taken forward regionally.

## 2.3 Assessment

### *i. Current Regional Delivery Approaches*

Regional working has a unique role to play and spans a range of delivery approaches as outlined below.

- **Regional managed service / clinical networks**, for example:
  - Major Trauma;
  - Cancer (North Cancer Alliance);
  - Specialist Children's Service Networks;
  - Child and Adolescent Mental Health Services (CAMHS);
  - Eating Disorders;
  - Custody and Forensics; and
  - Public Health.
  
- **Delivery of regional specialist clinical services** via hosted / accountable Health Boards, for example, Trans Aortic Valve Implantation (TAVI) Service, Adult Cystic Fibrosis Service, Fertility Services and a wide range of adult and paediatric cancer services.

- **Implementation of digital solutions**, for example HEPMA (electronic prescribing and administration system) and Chemocare.
- **Mobile services** such as MRI.
- **Capital build projects**, for example, the Regional Young Persons Unit (Dudhope) and the Medium Male Forensic Secure Unit (Rohallion).
- **Inter / cross regional working and joint planning** to maximise capacity across the system, for example, accessing surgical capacity in other units / Boards such as NHS Highland's National Treatment Centre, Stracathro and GJNH.
- **Time limited projects to implement national policy**, such as:
  - CAMHS;
  - Prehabilitation (cancer);
  - Adult CAR-T Therapy;
  - Neonatal Intensive Care Unit (NICU) for the NoS;
  - Thrombectomy; and
  - Joint Maternity Collaborative between NHS Grampian and NHS Highland.

There has been a broad range of demonstrable benefits from the individual and collective regional work programmes which include improved:

- clinical outcomes and user experience - supported by audit and benchmarking of performance against Quality Performance Indicators;
- equitable access;
- sustainability and resilience of local service delivery; and
- efficiencies and enhanced use of scarce or highly specialised workforce, infrastructure and resources.

#### *ii. Key Priorities for Regional Working Going Forward*

In addition to the agreed work plans being taken forward by established networks and regional clinical services in the NoS, the North Chief Executive Group, along with their

professional and operational leads have agreed a range of key priorities informed by shared key risks and challenges. These priorities are:

- Planned care – to reduce waiting times, increase sustainability and reduce waiting time variation for the north population.
- Cancer and diagnostics – increase compliance with the 62-day target for the population of the north.
- CAMHS Tier 4 – establish a regional intensive home care treatment service.
- Neonatal Intensive Care – establish a regional approach to specialist neonatal intensive care as part of the national model.

In addition to the above, the North Chief Executive Group have also endorsed the national proposal to decommission the national Adult CAR-T Therapy Service and implement a three centre regional model of delivery with the NoS Adult CAR-T Service being established in Aberdeen Royal Infirmary for the population of the NoS.

It requires to be noted that there were a range of areas identified as potentially benefiting from a regional approach but due to limited capacity of the Boards and the Regional Team, the above areas have currently been deemed the highest priority. This list remains under review given recent discussions around a new planning structure, which aligns national strategic priorities to regional and local work.

### *iii. Regional Governance Arrangements*

Appendix 1 sets out the current NoS regional governance structure. NHS Grampian has representative/s on each of these groups.

Regional initiatives (planning, programmes, networks and services) are developed and supported by a variety of professional groups. These groups, although not always actively linked to the Regional Planning Group governance structure, are available to support as and when required. In relation to the various regional approaches, governance within and across these differ, as outlined below.

**Planning** – Regional planning activity emerges from national “commissions” or from constituent Boards. Approval is sought from the North Chief Executive Group to establish these exercises and to develop appropriate / specific governance arrangements. These arrangements will necessarily vary to reflect:

- Source of the commission and scope;
- Amount of money / resources involved;
- Impact and risks within / across Boards;



- Co-dependencies; and
- Expected reporting and governance.

**Programmes** - Individual governance associated with time limited programmes (e.g. HEPMA, NICU, CAMHS, Chemocare) are stood up for the period required and linked mainly to the North Chief Executive Group, as the main approval route for all regional work.

**Networks** – Each network has, as a minimum, a steering group which oversees and seeks assurance on an agreed work plan. Some networks produce annual reports and share these with the Boards in the NoS. Those networks with the widest remit (e.g. North Cancer Alliance) have a more extensive and specific governance structure reporting to the North Chief Executive Group.

**Services** – Regional / cross boundary services and in-patient units / care is hosted within specific Boards who have accountability for delivery. Governance arrangements primarily rely on host Board governance arrangements, with supervision arrangements across host and regional structures for some staff who work across inpatient (hosted units) and who are also aligned to networks (e.g. Major Trauma and CAMHS Tier 4).

As a result of these complex governance arrangements, a review is being commissioned via the North Chairs and Chief Executive Group, to map current arrangements, understand any gaps and consider ways to improve governance arrangements in these different areas, if gaps are identified. This review will also consider the role of the Health Board Chairs and Chief Executive Group.

#### *iv. Interface with National Planning*

There are a number of national priorities and ‘vulnerable’ services / pathways which the NoS are informing (given the unique geographical challenges) and actively involved in, these are:

- Remote, Rural and Islands Sustainability Framework
- Diagnostics
- Vascular
- Cancer
- Neonatal
- CAMHS
- Oncology

Linked to the national work being taken forward around fragile and vulnerable services, Boards in the NoS undertook a piece of work to inform this national work and this has also informed specific work programmes within the region.

NHS Grampian and the NoS region are also actively involved in the work being led by National Services Division to review existing national services when these no longer meet the agreed criteria, usually linked to changes in demand or policy guidance. When an existing national service model is no longer appropriate, and there is an agreement by the Scottish Government to decommission the national service model to a regional model of care, work is then required by the host delivery board in the NoS, in conjunction with other Health Boards to develop and implement the agreed regional pathway and delivery model.

In addition to this, it requires to be noted that NHS Grampian also hosts the delivery of a number of national specialist services for the population of Scotland. There are robust governance and assurance mechanisms in place, which are overseen by the National Service Division on behalf of the Board Chief Executives and Scottish Government.

*v. Future Areas for Consideration to Further Enhance Regional Impact*

There are a number of areas whereby we can collectively enhance the impact of regional working. These are:

- Greater clarity on regional governance and how this interfaces with local Board governance arrangements;
- Agreed regional work / delivery plan endorsed by Boards in the NoS with a reasonable number of priorities which are appropriately resourced and supported to enable delivery and optimal impact – this was routine prior to the pandemic but due to recent focus on individual Board recovery, this has not been sustained; and
- Linked to above point, ensure there are clearly articulated boundaries / responsibilities for regional work priorities and that these add the greatest value and impact, whilst complementing work being taken forward at local and national levels. This will become clearer over the coming months as part of the national reform agenda.

The above will be reviewed as appropriate in the context of the impending Planning DL which is due to be published in the coming months.

*vi. Key Programmes of Work to be Shared with the Board*

It is proposed over the next 12 months, a number of papers will be submitted to the Board on the agreed NoS priorities and specific programmes of work. Each paper will aim to provide the Board with the necessary context (NoS and national), the alignment to the Boards strategic priorities / intent, current progress against key priorities and how these are expected to enable best value, underpinning governance and assurance arrangements and where appropriate, any aspects which require Board support or / and endorsement.

Proposed future papers are likely to include:

- Regional governance and interface with board level arrangements – summary of the findings from the review of the role and function of regional groups / structure and the recommendations to enhance governance and assurance. This will also include any implications from the forthcoming Scottish Government reform policies and specifically the impending Planning DL.
- A proposed high level NoS regional delivery plan which sets out the key shared priorities and actions for collaborative delivery along with key risks. This will also include an outline of engagement, impact assessment and the governance, performance and assurance mechanisms underpinning this plan.
- Progress in relation to the agreed North Chief Executive Group priorities relating to planned, cancer and diagnostic care.
- Proposed NoS Neonatal Delivery Plan which is currently under development.
- Proposed CAMHS programme, with associated “tests of change”.
- Progress against the key priorities of the regional clinical networks and the respective governance arrangements, including any implications from the impending Planning DL.

### **2.3.1 Quality/ Patient Care**

A key principle of regional working is that the quality of patient care, experience and outcomes should be improved in line with regionally (or nationally) agreed levels / key performance indicators. Priority areas of work which relate to changes in pathways of care will have an agreed set of metrics in place to monitor this and will be impact assessed as appropriate.

### **2.3.2 Workforce**

Workforce supply, access to trainees and retention of staff has led to an increased dependency on locum staff over recent years, posing a significant risk to service delivery across all the Boards in the NoS.

A key focus of regional working is to enable workforce sustainability (and thus service sustainability) both in the short and long term. Key shared workforce priorities within the NoS are international recruitment, attraction to region, plus cross boundary workforce planning and workforce diversification where this supports agreed priority programmes.

Regional level workforce planning is a central part of any cross boundary service, whilst this may be low volume in terms of numbers of staff involved in regional service delivery, it is a crucial and ongoing part of cross boundary service delivery, as the breadth and depth of cross boundary working increases.

### **2.3.3 Financial**

Funding and financial arrangements, relating to regional initiatives, are primarily hosted by NHS Tayside, on behalf of the six north Boards. This includes governance associated with receiving Scottish Government allocations, paying staff directly (where employed by NHS Tayside) or through a recharging mechanism (when employed elsewhere in the region) and supporting the development of regional business cases.

The Directors of Finance have agreed to provide financial advice and support to the NoS work and discuss regional work on a regular basis at their monthly meetings. This arrangement requires review alongside the wider governance review (referred to earlier in this paper), to ensure there is direct knowledge and ownership of regional financial matters and that regional funding is an integral part of local funding arrangements.

### **2.3.4 Risk Assessment / Management**

This work links to a range of Grampian NHS Board strategic risks:

- Inability to meet population demand for Planned Care (3065)
- Significant delays in the delivery of Unscheduled Care (3639)
- Inability to effectively maintain and invest in NHS Grampian's infrastructure (3127)
- Inability to reduce demand through citizen engagement (3650)
- Inability to achieve the aspirations set out in Plan for the Future due to financial resource constraints and inefficiencies (3130)
- Deviation from recognised service standards of practice and delivery (3068)
- Insufficient change and innovation to create a system which can meet demand and deliver on our strategic intent (3006)
- Cybersecurity Incident (3132)
- Worsening health in Grampian particularly in those who experience multiple disadvantages (3131)
- Deteriorating Workforce Engagement (3125)

Further context in relation to these strategic risks will be provided in future papers outlining specific priority programmes of work, along with any controls being put in place through regional programmes of work which may assist in responding to these risks.

### **2.3.5 Equality and Diversity, including health inequalities**

An impact assessment has not been completed as these will be carried out as appropriate, in the context of specific regional / local programmes of change. This will then inform relevant Board level and regional improvement / delivery plans.

### **2.3.6 Other impacts**

No other relevant impacts highlighted at this time.

### **2.3.7 Communication, involvement, engagement and consultation**

The priorities agreed by the North Chief Executive Group have been informed by the output of local Board level strategic plans and their respective Delivery Plans.

Within NHS Grampian, this relates to the development of the 'Plan for the Future' and underpinning Three Year Delivery Plan (and enabling plans) which have been shaped by extensive involvement and engagement.

In addition to this, there has also been involvement and engagement of services and teams within NHS Grampian relating to specific work areas such as cancer, vascular and waiting times and also through NHS Grampian representatives and subject matter experts who participate in the various NoS professional groups.

Many of the individual networks, projects and programmes of work are underpinned by individual communication and engagement plans.

### **2.3.8 Route to the Meeting**

This paper has been considered and endorsed by the Chief Executive Team.

## **2.4 Recommendations**

The Board is asked to endorse the proposals set out in this paper, specifically:

- f. Acknowledging the breadth of work being taken forward in relation to regional working in the NoS and how this is aligned to the Grampian NHS Board strategic risks and priorities;
- g. Re-affirming commitment to regional working and the key priorities endorsed by the North Chief Executive Group;
- h. Noting how these priorities are aligned to the emerging national priorities for greater sustainability and the emerging programme of reform in NHS Scotland;
- i. Noting that a Scottish Government Planning Directors' Letter is due to be published in the near future and that the Board will be briefed on any implications of this; and
- j. Agreeing that future papers will be brought to the Grampian NHS Board providing updates and assurance on specific NoS programmes of work and articulating how these will enable best value, reduce key risks and contribute to the Grampian NHS Board strategic priorities.

## **3 Appendix**

Appendix 1 – North of Scotland Regional Governance Structure

Appendix 1

**North of Scotland Regional Governance Structure**

Please note, services within a shaded “box” on the diagram below have no formal links to governance structures / groups elsewhere on the organogram. These services are governed via a variety of hosting arrangements and led by individual host boards.

