SABIN

Scottish Acquired Brain Injury Network

NHS Scotland Chief Executives Responses to Implementation of SABIN Traumatic Brain Injury Standard 1

NHS National Managed Clinical Network Acquired Brain Injury (SABIN) 2012

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Target Audience	**NMCN Chief Executives, SABIN Stakeholders**
Description:	**A summary of NHS Scotland Chief Executives responses to implementation of SABIN TBI Standard 1**
Version:	**Final V1.0**
Date Issued:	**30th August 2012**
Contact:	**Alan.carson@nhslothian.scot.nhs.uk**
Review Date:	**2013**

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1. Development History

1.1 Document Location

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1.2 Revision History

Revision date	Version	Summary of changes
04/07/2012	Draft V0.1	Updated Responses received from NHS Boards pulled together by LIH
17/007/2012	Draft V0.2	Updated responses by LIH- to go to Steering group 29/08/12 for signing off
30/08/2012	Final V1.0	Signed off by SABIN steering group 29/08/12. Sent to NHS Chief Executives with covering letter from Dr Alan Carson

1.3 Approvals

This document requires the following approvals:

Name	Signature	Title	Date of Issue	Version
Dr Alan Carson		ABI Lead Clinician	29/08/12	Final V1.0
Steering group			29/08/12	Final V1.0

1.4 Distribution

This document has been distributed to:

Name	Title	Date of Issue	Version
NHS Scotland's	14 Chief Executive	30/08/12	Final V1.0
Steering group		30/08/12	Final V1.0

2. Introduction

2.1 Background

In 2009, the Scottish Acquired Brain Injury Network (SABIN), National Managed Clinical Network (NMCN), published Traumatic Brain Injury (TBI) Standards. These were distributed to all Health Boards and also available on the network website www.sabin.scot.nhs.uk

In May 2010, a new network manager was appointed. The Steering Group approved an objective to investigate the progress of Health Boards implementation of these standards

2.2 Methodology

In September 2010, Dr Alan Carson, Clinical Lead for SABIN, wrote to all fourteen Health Board Chief Executives, requesting an update on implementation and specifically information on implementation of Standard 1.

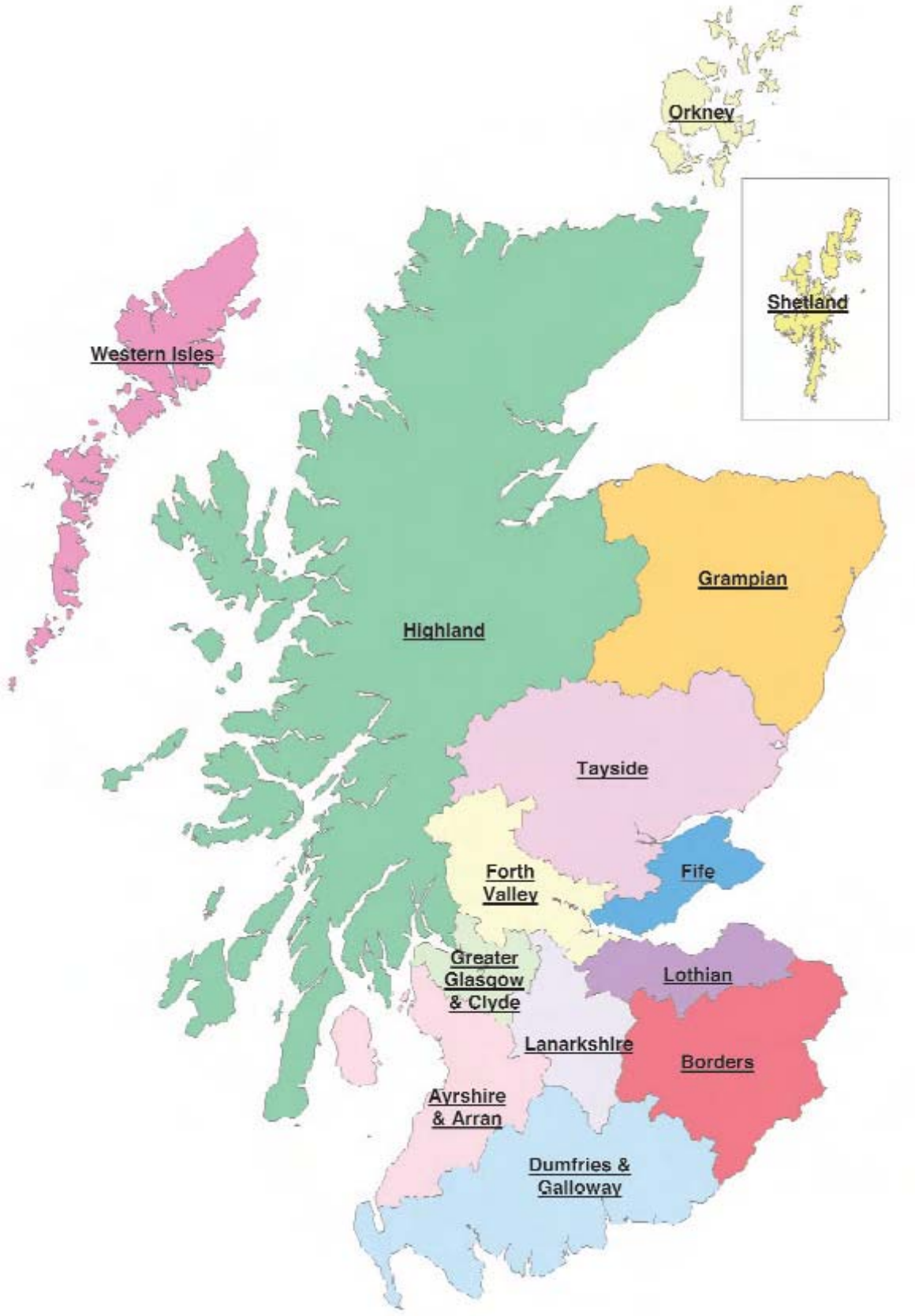
A second reminder was sent in May 2012.

The information has been combined and reported upon in each Health Board section.

This report has been approved and signed off by the SABIN Steering group at their meeting on 29th August 2012. A hard copy with covering letter sent to the fourteen Chief Executives in NHS Scotland.

Responses or issues are to be sent to Dr Alan Carson clinical lead alan.carson@nhslothian.scot.nhs.uk

3. NHS Scotland Health Boards Map



4. NHS Ayrshire and Arran

Response from Letter to Chief Executives – NHS Ayrshire and Arran

Standard 1: Organisation of Care for People with Traumatic Brain Injury

Standard Statement 1 In each NHS Board the needs of adults with traumatic brain injury (TBI) have been clearly identified with planning and service provision in place.		
Rationale: Public involvement, inter-agency co-operation and joint working are required to plan, design and deliver high quality, integrated services.		
Responses provided by: Stephen Sheach Planning Manager Department of Policy, Planning and Performance, NHS Ayrshire and Arran		
Essential criteria		
1.1	There is a named lead clinician or senior manager with responsibility for the planning and review of traumatic brain injury services, who is a member of, or reports to the NHS Board	Strategic planning of TBI is undertaken as part of the neurology service within NHS Ayrshire & Arran. We have a Neurological Services Improvement Group that oversees the strategic direction of all neurology services. This is chaired by Dr Mark MacGregor Associate Medical Director.
1.2	The NHS Board should be able to demonstrate that there is a current, clear strategic plan for TBI across the continuum in partnership with Local Authority and Voluntary agencies.	NHS Ayrshire & Arran are in the end stage of developing a neurology strategy that includes TBI within it. Latest draft attached Neurological Health Services Plan vol 1 dr Most actions are generic and include TBI services but one (Action 20) specifically addresses the development of"ABI" rehabilitation services. NHS Ayrshire & Arran is involved in the development of the national pathway for children with TBI and on completion will localise for implementation.
1.3	The NHS Board should collect and collate data on activity at all points in the patient pathway and be able	Data is collected on a regular basis to understand the pathway for ABI services

	to demonstrate how this data has been used to plan and co-ordinate service provision.	(pathway is enclosed)  ABI patient pathway-final- 29.06 Information of activity for services were included in the fact file which provided the evidence for the development of the strategy (enc)  Neuro strategy vol 2 Draft 10.doc Information is also regularly provided by NHS Lothian outlining the usage of Astley Ainslie by NHS Ayrshire & Arran patients. (patient sensitive evidence is available) There is an agreed protocol that as part of the discharge planning of these patients, the NHS Ayrshire & Arran rehabilitation service is informed and staff involved in the planning, to ensure continuity of the pathway
1.4	There are formal partnerships established between NHS Boards, Local Authorities and other providers of services to people with TBI to determine strategy and commission services.	The Neurological Services Improvement Group involves representatives from NHS Ayrshire & Arran, the three local authorities and the voluntary sector including Headway Ayrshire. (minutes of last meeting enclosed)  Paper 1 - DRAFT Minutes 8 December 2 This group has the lead role in the development of strategic direction and led the development of the ABI pathway. Headway and Momentum were both involved in the development of the pathway along side NHS and local authorities. NHS Ayrshire & Arran has a Service Level Agreement with headway provided jointly with East and South Ayrshire Councils. This funds headway to provide specific services including information provision and low level rehabilitation services.

1.5	There is a range of public & patient/carer involvement in the planning of TBI services.	Supporting Neurological Services Improvement Group is a Patient's Reference Group comprising of people with a range of neurological conditions. There is not currently anyone with TBI on this group but additional members are being actively sought. The PRG has two places on the Neurological Services Improvement Group, and decisions are made on which two people attend are taken on a meeting by meeting basis depending of availability and agenda. There is also patient and carer representatives on the voluntary organisations that are involved in Neurological Services Improvement Group, including Headway
1.6	All NHS boards will have a named lead consultant who is responsible for ensuring that patients are assessed for and, if appropriate, offered a rehabilitation programme.	The Douglas Grant Centre provides rehabilitation services for a range of neurological conditions including TBI. The service is led by Dr Paul Mattison and includes a comprehensive MDT approach including psychology, occupational therapy, physiotherapy etc. there is also access to inpatient beds when required. As stated, the service has links with Astley Ainslie and with community services including the local authorities.
1.7	Education and training needs of staff providing services to people with TBI are identified and are included in their individual development plans	Available to staff in the Douglas Grant Centre. Staff education is a priority in the draft strategy.

5. NHS Borders

Response from Letter to Chief Executives – NHS Borders

Standard 1: Organisation of Care for People with Traumatic Brain Injury

Standard Statement 1 In each NHS Board the needs of adults with traumatic brain injury (TBI) have been clearly identified with planning and service provision in place.		
Rationale: Public involvement, inter-agency co-operation and joint working are required to plan, design and deliver high quality, integrated services		
Response provided from Hamish McRitchie, Associate Medical Director and Karen McNicoll, Head of Clinical Governance & Quality.		
Essential criteria		**Borders**
1	There is a named lead clinician or senior manager with responsibility for the planning and review of traumatic brain injury services, who is a member of, or reports to the NHS Board.	The overall named Leads are Dr Sheena McDonald: Medical Director and Mrs Jane Davidson: Chief Operating Officer both of whom are members of and report to NHS Borders Board.
2	The NHS Board should be able to demonstrate that there is a current, clear strategic plan for TBI across the continuum in partnership with Local Authority and Voluntary agencies.	A Multi -disciplinary working group has been put in place to progress the planning for this client group which will link with the local Long Term Conditions agenda, the existing MCN's in NHS Borders (Stroke, Cardiac Disease, Respiratory Conditions, Diabetes, Palliative Care and also a modified MCN approach to Neurological Services) the Physical Disability Strategy Planning Group and Carers Planning Group. This group comprises Clinical Leads, Specialist Nurses, AHP Lead, Training & Development and Clinical Governance. This group is coordinated by the Service Manager for Planned Care.
3	The NHS Board should collect and collate data on activity at all points in the patient pathway and be able to demonstrate how this data has been used to plan and co-ordinate service provision.	Patient activity data is collected through the new Patient Management System which has recently been implemented in secondary/acute care and options are being developed for roll out across mental health and primary care. All available data including demographic/population and needs assessment information available through

		Public Health and from ISD will be used by Service managers and Clinical leads who will be supported by Planning & Performance and Clinical Governance support services to inform service planning
4	There are formal partnerships established between NHS Boards, Local Authorities and other providers of services to people with TBI to determine strategy and commission services.	There are formal partnerships in place through the Community Health & Care Partnership and for interface between primary, secondary care, local authority services and third sector partners. These include the Primary & Community Care Planning Partnership and the Reshaping Care Board. These forums are used to develop strategies and plans across all client groups.
5	There is a range of public & patient/carer involvement in the planning of TBI Services.	There are a range of patient, public and carer participation and engagement forums. These are not specific to particular client groups due to the scale of the area and are used to inform, engage and consult with a wide range of individuals and voluntary/third sector partners in service planning, development and delivery in line with CEL 4 (2010). These include (in addition to the fore mentioned in 1.4) Participation Network, Public Partnership Forum, Public Reference Group and a range of public members in specific MCN's and short life working/planning groups. E.g. Integrated Transport Strategy Group which is developing in association with Change Fund wider opportunities to improve access to transport and services.
6	All NHS Boards will have a named lead consultant who is responsible for ensuring that patients are assessed for and, if appropriate, offered a rehabilitation programme.	Dr Jacques Kerr: Consultant Head of Service is the named lead Clinician for the initial pathway within Emergency Care moving to Dr Janet Bennison: Head of Clinical Service within the Board area and linking closely with Dr David Simpson Neurology Consultant. Service Management is led by Mr Kirk Lakie: Planned Care. Please note that Brain Injury Rehabilitation Services are contracted with and provided by NHS Lothian as a tertiary service provider. Clearer arrangements in Primary care require to be developed and taken forward through the working group

7	Education and training needs of staff providing services to people with TBI are identified and are included in their individual development plans.	Education and Training provision is largely related to pathway development work. There are areas of this that are well developed in Emergency Care, Critical Care and in AHP/Rehabilitation services, however this is an area which requires further scoping and development locally across the whole pathway of care. In addition to the pathway development training and education there is an established formal education programme for Primary Care services: TiME (Time for Multidisciplinary Education) which supports protected time each month for all GP practices and other primary care staff. Under the auspices of TiME sits a Long Term Conditions rolling education programme which is delivered by individual MCN's

6. NHS Dumfries and Galloway

Response from Letter to Chief Executives – NHS Dumfries and Galloway

Standard 1: Organisation of Care for People with Traumatic Brain Injury

None received

7. NHS Fife

Response from Letter to Chief Executives – NHS Fife

Standard 1: Organisation of Care for People with Traumatic Brain Injury

Standard Statement 1 In each NHS Board the needs of adults with traumatic brain injury (TBI) have been clearly identified with planning and service provision in place.		
Rationale: Public involvement, inter-agency co-operation and joint working are required to plan, design and deliver high quality, integrated services.		
Response provided by: Mary Porter, Acting General Manager, Kirkcaldy & Levenmouth CHP		
Essential Criteria		
1.1	There is a named lead clinician or senior manager with responsibility for the planning and review of traumatic brain injury services, who is a member of, or reports to the NHS Board	The Acting General Manager for Kirkcaldy & Levenmouth CHP is the senior manager with responsibility for planning and review of traumatic brain injury.
1.2	The NHS Board should be able to demonstrate that there is a current, clear strategic plan for TBI across the continuum in partnership with Local Authority and Voluntary agencies	There is no strategic plan but specific pieces of work relating to Acquired Brain Injury are included and reported through the Health and Social Care Partnership Delivery Plan.
1.3	The NHS Board should collect and collate data on activity at all points in the patient pathway and be able to demonstrate how this data has been used to plan and co-ordinate service provision.	Activity recorded by relevant services primarily for their own use.
1.4	There are formal partnerships established between NHS Boards, Local Authorities and other providers of services to people with TBI to determine strategy and commission services.	As per 1.2
1.5	There is a range of public & patient/carer involvement in the planning of TBI services.	There is public, service user and carer involvement in the Health and Social Care Partnership Delivery Plan. There is not a TBI specific service planning group.

1.6	All NHS Boards will have a named lead consultant who is responsible for ensuring that patients are assessed for and, if appropriate, offered a rehabilitation programme.	Dr. Lance Sloan, Consultant in Rehabilitation Medicine is lead consultant for Fife Rehabilitation Service. The service assesses all who are referred not all of whom have a traumatic brain injury.
1.7	Education and training needs of staff providing services to people with TBI are identified and are included in their individual development plans.	Staff training and activity is discussed and recorded on an individual basis.

8. NHS Forth Valley

Response from Letter to Chief Executives – NHS Forth Valley

Standard 1: Organisation of Care for People with Traumatic Brain Injury

Standard Statement 1 In each NHS Board the needs of adults with traumatic brain injury (TBI) have been clearly identified with planning and service provision in place.		
Rationale: Public involvement, inter-agency co-operation and joint working are required to plan, design and deliver high quality, integrated services.		
Responses provided by: Dr Robert Prempeh, Consultant in Neurological Rehabilitation. NHS Forth Valley		
Essential criteria		**Evidence**
1.1	There is a named lead clinician or senior manager with responsibility for the planning and review of traumatic brain injury services, who is a member of, or reports to the NHS Board	There is no clinician or manager with responsibility for planning and review of TBI services
1.2	The NHS Board should be able to demonstrate that there is a current, clear strategic plan for TBI across the continuum in partnership with Local Authority and Voluntary agencies.	There is an informal TBI network consisting of clinicians and representatives from the local authorities, however there is no clear strategic plan for TBI
1.3	The NHS Board should collect and collate data on activity at all points in the patient pathway and be able to demonstrate how this data has been used to plan and co-ordinate service provision.	This data is not collected during the rehabilitation phase of the patient pathway. No strategic planning of services occur
1.4	There are formal partnerships established between NHS Boards, Local Authorities and other providers of services to people with TBI to determine strategy and commission services.	No formal partnerships exist to determine strategies and commission services for patients with TBI
1.5	There is a range of public & patient/carer involvement in the planning of TBI services.	There is currently no public & patient/carer involvement in the planning of TBI services
1.6	All NHS boards will have a named lead consultant who is responsible for ensuring that patients are assessed for and, if appropriate, offered a rehabilitation programme.	Dr Robert Prempeh is the lead consultant responsible for assessing patients with TBI

9. NHS Grampian

Response from Letter to Chief Executives – NHS Grampian

Standard 1: Organisation of Care for People with Traumatic Brain Injury

Standard Statement 1 In each NHS Board the needs of adults with traumatic brain injury (TBI) have been clearly identified with planning and service provision in place.		
Rationale: Public involvement, inter-agency co-operation and joint working are required to plan, design and deliver high quality, integrated services.		
Response provided by: Jason Nicol, Senior Service Manager – Grampian Specialist Rehabilitation Service/ Grampian Managed Care Network – Lead Manager		
Essential criteria		**Grampian**
1.1	There is a named lead clinician or senior manager with responsibility for the planning and review of traumatic brain injury services, who is a member of, or reports to the NHS Board	In May 2012, a senior manager from NHS Grampian (NHSG) agreed to take on a lead co-ordinating role with regards to the Grampian ABI MCN on behalf of the multi-agency partners. This was a significant recommendation from the recently revised Grampian ABI strategy up to 2015. The lead senior manager is Jason Nicol, Senior Service Manager, Grampian Specialist Rehabilitation Service. At the May 2012 Clinical Operational Management team of NHSG it was agreed that the senior manager would report into the Integrated Strategic Partnership Management Group (ISPMG) which is the group where NHSG and the three co-terminus local authorities' direct pan-Grampian cross agency working.
1.2	The NHS Board should be able to demonstrate that there is a current, clear strategic plan for TBI across the continuum in partnership with Local Authority and Voluntary agencies.	The previous Grampian-wide Brain Injury strategy 2004-2010 has been revised and updated to form the Grampian-wide Acquired Brain Injury Strategy 2011 – 2016 which has been approved and is in the process of being implemented. The strategy was developed in partnership with NHS, Local Authorities and the voluntary sector. The new MCN lead is formally confirming this organisational sign-up with all three local authorities and the voluntary sector as a priority for the Grampian MCN.

1.3	The NHS Board should collect and collate data on activity at all points in the patient pathway and be able to demonstrate how this data has been used to plan and co-ordinate service provision.	Over the past two years, data has been gathered by the services at Craig Court, and the Stroke and Neuro rehabilitation units at Woodend Hospital within the Specialist Rehabilitation Service. In general, there has not been a systematic approach to the collection of whole pathway data to inform service co-ordination and planning. With the recent identification of a senior manager to take on the responsibility as MCN lead manager there is a plan to collate and the approaches within each of the three co-terminus local authority MCN's – Moray, Aberdeen and Aberdeenshire as well as other parts of the pathway – e.g. neuro-psychology It is also planned to collate data from the voluntary services such as; the Pathway service from Momentum, the number of carers Momentum supports, numbers of carers of people with ABI linked to VSA; the number of people with ABI supported by each of the local authorities. E.g. Aberdeenshire council currently supports 59 adults, Moray MCN hold a database of patients supported by or known to them.
1.4	There are formal partnerships established between NHS Boards, Local Authorities and other providers of services to people with TBI to determine strategy and commission services.	The Grampian Managed Care Network for Acquired Brain Injury was established in 2008 and includes representatives from the local authorities, health and voluntary organisations. The 3 local authority co-terminus MCN's also meet separately on a regular basis discussing specific clients, problems, gaps in services etc which is fed back to the Grampian-wide MCN. The lead officer for Aberdeenshire Council is Iain Ramsay, who chairs the Aberdeenshire Physical Disability Strategic Outcome Group (PDSOG) which has ABI as a standing agenda item. The MCN Lead Manager is a member of the PDSOG. Lead officers for Aberdeen City and Moray Councils are Nicola Dinnie, Service Manager and Charles McKerron, Service Manager.
1.5	There is a range of public & patient/carer involvement in the planning of TBI services.	Various Grampian Brain Injury Seminars have been held attended by the public, people with an ABI and carers. Service users have been consulted about the

		Grampian Strategy for ABI 2011 -2016 through interview and questionnaire. More can be done in this area and this is a priority recognised by the Grampian Strategy for BI 2011-2016.
1.6	All NHS boards will have a named lead consultant who is responsible for ensuring that patients are assessed for and, if appropriate, offered a rehabilitation programme.	Dr Helen Gooday, Consultant in Rehabilitation Medicine is the named lead consultant responsible for ensuring that a system exists to ensure that patients, once identified and referred are assessed and, if appropriate, offered rehabilitation programmes.
1.7	Education and training needs of staff providing services to people with TBI are identified and are included in their individual development plans	There is a lack of consistency in training across service providers. We are unaware of any training programmes existing for community staff. The MCN intends to map current training provision to needs in order to develop solutions for the gaps that exist. Training is often arranged by clinicians when a need is identified for a particular patient (at a cost to services and other patients). The Moray MCN is planning to run a training day in 2013. The Grampian Specialist Rehabilitation Service ran an ABI awareness and training day in May 2012 where local services across the partners presented their structure and function and BIRT attended to provide some expert knowledge and understanding of ABI rehabilitation and pathways. The neuro-psychology department deliver patient specific training with individual patients across the pathway but this is patient specific.

10. NHS Greater Glasgow & Clyde

Response from Letter to Chief Executives – NHS Greater Glasgow and

Standard 1: Organisation of Care for People with Traumatic Brain Injury

Standard Statement 1 In each NHS Board the needs of adults with traumatic brain injury (TB) have been clearly identified with planning and service provision in place.		
Rationale: Public involvement, inter-agency co-operation and joint working are required to plan, design and deliver high quality, integrated services. **References:** 1,2,3,4,5,6,7		
Response provided by: Anne Harkness Director of Rehabilitation & Assessment, NHS Greater Glasgow and Clyde		
Essential criteria		**NHSGGC**
1.1	There is a named lead clinician or senior manager with responsibility for the planning and review of traumatic brain injury services, who is a member of, or reports to the NHS Board.	NHS GGC has a Director of Corporate Planning who reports directly to the Chief Executive. The NHS Board has a Corporate plan supported by planning frameworks and planning is conducted within operational service units and usually in partnership with local authorities. Performance review is conducted by the Chief Executive of all the organisational entities within the NHS Board. Currently there is a review of rehabilitation for those with an acquired brain injury led by the Director of Glasgow City Partnership
1.2	The NHS Board should be able to demonstrate that there is a current, clear strategic plan for TBI across the continuum in partnership with Local Authority and Voluntary agencies.	The latest joint NHS strategy document with Glasgow City runs from 2005 -2014 and is Glasgow City document. Shortcut to ABI Strategy: http://library.nhsggc.org.uk/mediaAssets/library/nhsggc_strategic_framework_gcabi_2005-2014.pdf Other partnerships have local Disability Plans that include ABI/ TBI.
1.3	The NHS Board should collect and collate data on activity at all points in the patient pathway and be able to demonstrate how this data has been used to plan and co-ordinate service provision.	There is a NHSGGC database for Brain Injury patients with data collected at most points on the patient pathway. The strategy document and subsequent planning is informed by local data and research.
1.4	There are formal partnerships established between NHS Boards, Local Authorities and other providers of services to people with TBI to determine strategy and commission services.	Within NHSGGC, an overarching review group has been established for Acquired Brain Injury Planning in Glasgow City. There are planning groups in all local authority areas with ABI in their remit. The JIT Report from September 2010 supports planning to provide patient pathways

		through better integrated services for consideration across all relevant NHSGGC planning arrangements. Local health care review underway with Glasgow City Council for rehabilitation component in medium /long term implementation plan.
1.5	There is a range of public & patient/carer involvement in the planning of TBI services.	NHSGGC has a working relationship with Headway Glasgow to support patient/carer involvement and also engages with BING to support wider liaison/ involvement/ consultation processes across NHSGGC.
1.6	All NHS Boards will have a named lead consultant who is responsible for ensuring that patients are assessed for and, if appropriate, offered a rehabilitation programme.	The NHSGGC lead strategic adviser for Acquired Brain Injury is Tom McMillan, Professor of Clinical Neuropsychology. Rehabilitation Consultants from Physical Disability Service can also provide appropriate assessment and rehabilitation.
1.7	Education and training needs of staff providing services to people with TBI are identified and are included in their individual development plans.	All NHS staff have an agreed KSF profile and PDP to ensure that they have the necessary skills to meet the needs of their patients. There is a NES clinical neuropsychology module on ABI – knowledge based modules available as CPD for professionally qualified staff.

11. NHS Highland

Response from Letter to Chief Executives – NHS Highland

Standard 1: Organisation of Care for People with Traumatic Brain Injury

Standard Statement 1 In each NHS Board the needs of adults with traumatic brain injury (TBI) have been clearly identified with planning and service provision in place.		
Rationale: Public involvement, inter-agency co-operation and joint working are required to plan, design and deliver high quality, integrated services.		
Response provided by: Dr Ian Bashford, NHS Highland Board Medical Director		
Essential Criteria		**Highland**
1.1	There is a named lead clinician or senior manager with responsibility for the planning and review of traumatic brain services, who is a member of, or reports to the NHS Board	The Director of Adult Care and The Medical Director share responsibility for progressing this agenda. The Medical Director is a member of the NHS Highland Board.
1.2	The NHS Board should be able to demonstrate that there is a current, clear strategic plan for TBI across the continuum in partnership with Local Authority and Voluntary Agencies.	Included within the Highland Quality Framework, work has progressed on reviewing the current process across the NHS and partner agencies. A Clinical Assessment Tool and a pathway for patients with complex needs has been developed, which is underpinned by a set of procedures used in both the acute hospital and within the integrated community teams which ensures that patients are assessed on a continuum of complexity rather than in parallel processes. This is now embedded across NHS Highland. All complex cases are reviewed by the Joint Allocation and Advice Group (JAAG) which is a multidisciplinary team made up of senior managers, clinicians and professional leads including social care.
1.3	The NHS Board should collect and collate data on activity at all points in the patient pathway and be able to demonstrate how this data has been used to plan co-ordinate service provision.	Data is not yet collected at all points of the pathway, but information is gathered through the NHSCH census, the JAAG Minutes and a database recently established to enable the tracking and reviewing of complex cases. It is intended that analysis of this data will be progressed through revised scrutiny and performance management frameworks.
1.4	There are formal partnerships established between NHS Boards, Local Authorities and other providers of services to people with TBI to determine strategy and commission services	Following the integration of Health and Social Care Services in Highland within a lead agency model, NHS Highland is responsible for the strategic planning and delivery of all care and treatment services to adults. A revised governance structure for operational

		management including an Adult Services Planning and Development group has been established. In Argyll and Bute the Partnership is well established and lead officers jointly agree complex care packages. These lead officers are members of the Healthcare & Strategic Partnership where joint governance for Community Care sits.
1.5	There is a range of patient/carer involvement in the planning of TBI services.	To date there has been no specific public consultation over the revised processes that affect the care of people with traumatic brain injury. However there has been extensive public consultation on the joint Community Care Plan which enabled the public, partner agencies, service providers, carers and users of services the opportunity to feed back views on all aspects of health and social care.
1.6	All NHS Boards will have a named lead consultant who is responsible for ensuring that patients are assessed for and, if appropriate, offered a rehabilitation programme.	The named lead is Dr Barbara Chandler, Consultant in Rehabilitation Medicine.
1.7	Education and training needs of staff providing services to people with TBI are identified and are included in their individual development plans	An Adult Care Outcome Framework has now been agreed with training needs analysis to be progressed across NHS Highland.

12. NHS Lanarkshire

Response from Letter to Chief Executives – NHS Lanarkshire

Standard 1: Organisation of Care for People with Traumatic Brain Injury

Standard Statement 1 In each NHS Board the needs of adults with traumatic brain injury (TBI) have been clearly identified with planning and service provision in place.		
Rationale: Public involvement, inter-agency co-operation and joint working are required to plan, design and deliver high quality, integrated services		
Response provided by Jane-Marie Stobie, Co-ordinator, Community Traumatic Brain Injury Team		
Essential criteria		**Evidence**
1.1	There is a named lead clinician or senior manager with responsibility for the planning and review of traumatic brain injury services, who is a member of, or reports to the NHS Board	Marilyn Aitkin General Manager. Mrs Aitkin reports to the chief executive of the South CHP in NHS Lanarkshire who sits on the board.
1.2	The NHS Board should be able to demonstrate that there is a current, clear strategic plan for TBI across the continuum in partnership with Local Authority and Voluntary agencies.	We have a joint strategic plan which was developed over the past 3 years in partnership and with the full support of North and South Lanarkshire Councils. The plan was developed with the sole intention of introducing a Community Traumatic Brain Injury Team to NHS Lanarkshire The plan was approved by the health board and the modernisation board. The new service (Community Traumatic Brain Injury Team – CTBIT) commended at the beginning of May 2012 and will be reviewed after 1 year.
1.3	The NHS Board should collect and collate data on activity at all points in the patient pathway and be able to demonstrate how this data has been used to plan and co-ordinate service provision.	Historical data was available to inform the development of the project plan for the new service. The service is now carrying out a new procedure for data capture which will be reviewed in 1 year.

1.4	There are formal partnerships established between NHS Boards, Local Authorities and other providers of services to people with TBI to determine strategy and commission services.	Both North and South Lanarkshire Councils have been involved since the inception of the project. They are members of the new service steering group. Formal links have been established with voluntary and private sector agencies as well as other internal NHS services where there is a relevance to Brain Injury.
1.5	There is a range of public & patient/carer involvement in the planning of TBI services.	As part of the project development several events were held. The main event was open to all stakeholders including many people with brain injury in Lanarkshire and organisations / carers groups etc. An options appraisal took place at that meeting which shaped the outcome of the new team and brain injury service.
1.6	All NHS boards will have a named lead consultant who is responsible for ensuring that patients are assessed for and, if appropriate, offered a rehabilitation programme.	Jane-Marie Stobie Co-ordinator Community Traumatic Brain Injury Team

13. NHS Lothian

Response from Letter to Chief Executives – NHS Lothian

Standard 1: Organisation of Care for People with Traumatic Brain Injury

Standard Statement 1 In each NHS Board the needs of adults with traumatic brain injury (TBI) have been clearly identified with planning and service provision in place.		
Rationale: Public involvement, inter-agency co-operation and joint working are required to plan, design and deliver high quality, integrated services.		
Responses provided by: Rona Laskowski, SEAT Regional MCN - Learning Disability; Network Manager and Strategic Programme Manager - Learning Disabilities		
Essential criteria		**Evidence**
1.1	There is a named lead clinician or senior manager with responsibility for the planning and review of traumatic brain injury services, who is a member of, or reports to the NHS Board	NHS Lothian lead clinician for Rehabilitation Medicine – Iain Todd. The post of Strategic Programme Manager – Disabilities, holds planning responsibility for this area of work, reporting to the Director of Strategic Planning and Primary Care.
1.2	The NHS Board should be able to demonstrate that there is a current, clear strategic plan for TBI across the continuum in partnership with Local Authority and Voluntary agencies.	The Lothian Joint Physical and Complex Disability Strategic Programme Board, which is chaired by the Director of Strategic Planning and Primary Care, has representation from all Lothian Local Authorities and third sector organisations including those that specialise in working with people with ABI/ TBI and their families. The requirement to develop the next stages of local interpretations of the strategic plan for community based step down services, and the relationship with in patient rehabilitation services for people with ABI/TBI is reflected within the current work plan of the Board.
1.3	The NHS Board should collect and collate data on activity at all points in the patient pathway and be able to demonstrate how this data has been used to plan and co-ordinate service provision.	This is an area of activity that NHS Lothian will initiate as part of the planning encompassed by the review of clinical services on the Astley Ainslie site.
1.4	There are formal partnerships established between NHS Boards, Local Authorities and other providers of services to people with TBI to determine strategy and commission services.	Lothian Joint Physical and Complex Disability Programme Board, see 1.2, is the formal partnership with responsibility for the development of strategy and this group also has a role to influence the subsequent commissioning of services.

		NHS Lothian is also fully engaged with the National MCN. Café consultations, engaging with patients, carers and the third sector are currently at an early stage of organisation with the NMCN.
1.5	There is a range of public & patient/carer involvement in the planning of TBI services.	Voluntary Organisations, with networks of user and carer engagement, are members of the Strategic Programme Board within NHS Lothian. NHS Lothian has also developed a Stakeholder Board to engage with/ inform the developments in regard to services currently provided on the Astley Ainslie site which includes services for people with ABI/TBI. Agencies/ stakeholders represented on this Board include those specialised in delivering service to people with ABI and their families.
1.6	All NHS boards will have a named lead consultant who is responsible for ensuring that patients are assessed for and, if appropriate, offered a rehabilitation programme.	NHS Lothian has 2 named lead consultants for in patient rehabilitation of patients with ABI/TBI, based at the Astley Ainslie Hospital.
1.7	Education and training needs of staff providing services to people with TBI are identified and are included in their individual development plans	NHS Lothian has recently reviewed and updated a comprehensive package of Brain Injury Rehabilitation training.

14. NHS Orkney

Response from Letter to Chief Executives – NHS Orkney

Standard 1: Organisation of Care for People with Traumatic Brain Injury

Standard Statement 1 In each NHS Board the needs of adults with traumatic brain injury (TBI) have been clearly identified with planning and service provision in place.		
Rationale: Public involvement, inter-agency co-operation and joint working are required to plan, design and deliver high quality, integrated services.		
Response provided by: Marthinus Roos, Medical Director		
Essential criteria		**Orkney**
1.1	There is a named lead clinician or senior manager with responsibility for the planning and review of traumatic brain injury services, who is a member of, or reports to the NHS Board	As we have very small numbers of these patients and as they get their initial treatment in NHS Grampian, their rehab is co-ordinated on an ad hoc basis by the Lead Clinician for our Rehabilitation & Assessment unit. Patient with TBI will be transferred to NHSG our specialist off island centre. On transfer back to NHSO their ongoing care is very much individually tailored following advice from their lead clinician in hospital where they had their initial assessments. Our local rehab services-hospital and/or community based-then continue their care.
1.2	The NHS Board should be able to demonstrate that there is a current, clear strategic plan for TBI across the continuum in partnership with Local Authority and Voluntary agencies.	
1.3	The NHS Board should collect and collate data on activity at all points in the patient pathway and be able to demonstrate how this data has been used to plan and co-ordinate service provision.	
1.4	There are formal partnerships established between NHS Boards, Local Authorities and other providers of services to people with TBI to determine strategy and commission services.	
1.5	There is a range of public & patient/carer involvement in the planning of TBI services.	
1.6	All NHS boards will have a named lead consultant who is responsible for ensuring that patients are assessed for and, if appropriate, offered a rehabilitation programme.	
1.7	Education and training needs of staff providing services to people with TBI are identified and are included in their individual development plans	

15. NHS Shetland

Response from Letter to Chief Executives – NHS Shetland

Standard 1: Organisation of Care for People with Traumatic Brain Injury

Standard Statement 1 In each NHS Board the needs of adults with traumatic brain injury (TBI) have been clearly identified with planning and service provision in place.		
Rationale: Public involvement, inter-agency co-operation and joint working are required to plan, design and deliver high quality, integrated services.		
Responses provided by: Kerry Russell, Assistant Director Of Clinical Services		
Essential criteria		**Evidence**
1.1	There is a named lead clinician or senior manager with responsibility for the planning and review of traumatic brain injury services, who is a member of, or reports to the NHS Board	Dr Roger Diggle (Medical Director)
1.2	The NHS Board should be able to demonstrate that there is a current, clear strategic plan for TBI across the continuum in partnership with Local Authority and Voluntary agencies.	Not yet in place. This will be agreed at a planned session looking at Acquired Brain Injury planned as part of our Neurology MCN workplan 2012/13
1.3	The NHS Board should collect and collate data on activity at all points in the patient pathway and be able to demonstrate how this data has been used to plan and co-ordinate service provision.	This data will be sought and reviewed as part of the planned pathway review.
1.4	There are formal partnerships established between NHS Boards, Local Authorities and other providers of services to people with TBI to determine strategy and commission services.	The Neurology MCN is planning to approach the CHCP to discussion the creation of a joint Strategy.
1.5	There is a range of public & patient/carer involvement in the planning of TBI services.	This is a very small service. However opportunities for public involvement will be sought as part of ongoing discussions.
1.6	All NHS boards will have a named lead consultant who is responsible for ensuring that patients are assessed for and, if appropriate, offered a rehabilitation programme.	Dr Jim Unsworth (Consultant Physician)

16. NHS Tayside

Response from Letter to Chief Executives – NHS Tayside

Standard 1: Organisation of Care for People with Traumatic Brain Injury

None received

17. NHS Western Isles

Response from Letter to Chief Executives – NHS Ayrshire and Arran

Standard 1: Organisation of Care for People with Traumatic Brain Injury

Standard Statement 1 In each NHS Board the needs of adults with traumatic brain injury (TBI) have been clearly identified with planning and service provision in place.		
Rationale: Public involvement, inter-agency co-operation and joint working are required to plan, design and deliver high quality, integrated services.		
Response provided by:		
Essential criteria		**Western Isles**
1.1	There is a named lead clinician or senior manager with responsibility for the planning and review of traumatic brain injury services, who is a member of, or reports to the NHS Board	TBI issues in Western Isles will be co-ordinated under our Neurology Managed Clinical Network Lead Clinician for which will be Dr David Rigby.
1.2	The NHS Board should be able to demonstrate that there is a current, clear strategic plan for TBI across the continuum in partnership with Local Authority and Voluntary agencies.	We currently have no joint strategic plan for TBI. This will be taken forward by our MCN as documented in 1.1.
1.3	The NHS Board should collect and collate data on activity at all points in the patient pathway and be able to demonstrate how this data has been used to plan and co-ordinate service provision.	We currently do not collate the data you refer to under this point.
1.4	There are formal partnerships established between NHS Boards, Local Authorities and other providers of services to people with TBI to determine strategy and commission services.	We currently have no formal interagency group looking at TBI.
1.5	There is a range of public & patient/carer involvement in the planning of TBI services.	This criterion is currently not in place.
1.6	All NHS boards will have a named lead consultant who is responsible for ensuring that patients are assessed for and, if appropriate, offered a rehabilitation programme.	We currently do not have a consultant with a specific remit for rehabilitation. However, this issue is under active discussion as part of our partnership agreement with NHS Highland.

1.7	Education and training needs of staff providing services to people with TBI are identified and are included in their individual development plans	