

## **REPORT TO ABERDEENSHIRE INTEGRATION JOINT BOARD 7 DECEMBER 2022**

### **ABERDEENSHIRE HOSTED SERVICES**

#### **1 Recommendation**

**It is recommended that the Integration Joint Board (IJB):**

- 1.1 Note the current position in relation to the services where Aberdeenshire Integration Joint Board are the 'host' IJB and agree that this report be shared with Moray and Aberdeen City Integration Joint Boards.**

#### **2 Directions**

- 2.1 No direction requires to be issued to Aberdeenshire Council or NHS Grampian as a result of this report.

#### **3 Risk**

- 3.1 **IJB Risk 1 - Sufficiency and affordability of resource**

**IJB Risk 6 - Service/business alignment with current and future need**

#### **4 Background**

- 4.1 Hosted Services are services which have been delegated to Integration Joint Boards (IJB's) but are operated and managed on a Grampian wide basis. Hosting arrangements describe the situation where an IJB within the Grampian Health board area hosts a service on behalf of all three IJB's (Moray, Aberdeen City and Aberdeenshire). Operational oversight and management responsibility is held by the 'host' IJB. Strategic Planning for the use of these services should be undertaken by the three IJB's for their respective population. Provision for these hosted services is included within each IJB's Integration Scheme.

- 4.2 The services currently hosted by Aberdeenshire IJB all have a budget of less than £3m. This includes:

- HMP and YOI Grampian (£2.7m) – the health centre at HMP Grampian provides a range of health care including on-site nursing teams (Substance Use, Mental Health and Primary Care). Consultant Clinical Psychology, Allied Health Professionals, medical cover (provided by Peterhead Health Centre) and visiting specialists.

- Forensic and Custody Healthcare Service (£1.7m) – Provision of a full range of forensic and custodial medicine services, including all paediatric and sexual assault examinations, in sites in Aberdeen, Elgin and Fraserburgh. Since April 2022 this has also included delivery of the Sexual Assault Self-Referral Service.
  - Marie Curie Nursing Service (836k) – Managed Care Service and out of hours service for Moray and Aberdeenshire HSCP's, including rapid response.
  - Specialist Nursing Service for continence care/bladder and bowel health (£706k)
  - Community Diabetes Specialist Nursing Team and Diabetic Eye Screening Service (£1.014m)
  - Heart Failure Specialist Nursing Service (£313k)
  - Chronic Oedema Service (£240k) - Specialist Therapy Service
- 4.3 HSCP's have been tasked to develop a Service Level Agreement (SLA) for the services currently hosted by them based on the principle of Quality, Safety and Efficiency. Progress on this will be reviewed through the North East Scotland Planning Group, with the intention to submit SLA's to IJB budget setting meetings in March 2023.
- 4.4 This main part of this report will provide an update on healthcare provision at HMP&YOI Grampian and the Forensic and Custody Healthcare Service. Reports on the other hosted services are attached to this report from page 6 onwards

### **HMP&YOI Grampian**

- 4.5 Management responsibility for prison healthcare sits within the North Aberdeenshire locality management team and updates on key themes and issues are reported on a monthly basis through the north management team meeting. Starting in November we are also reporting monthly to the Clinical and Adult Social Work Governance Group on the risks identified on the risk register, in particular around recruitment and retention of staff. The team also report daily into the Daily Situation Update meeting and the staffing/bed huddle to ensure we have a clear picture of staffing levels across the service.
- 4.6 Inspections of prison health care are carried out jointly by Her Majesties Inspector of Prisons in Scotland (HMIPS) and Healthcare Improvement Scotland (HIS) using the Standards for Inspecting and Monitoring Prisons in Scotland. Outcomes of inspections and subsequent improvement plans are reported to the HSCP Clinical and Adult Social Work Governance Committee and to the Integration Joint Board where appropriate.
- 4.7 In the last year we have worked alongside Scottish Prison Service (SPS) colleagues to review and agree the best structure for ensuring joint oversight and reporting in relation the delivery of health care within the prison. The Governor at HMP Grampian chairs the Health Care Oversight Group and below

that the Primary Care, Mental Health and Substance Use Strategic Groups meet once a month with a structure below that for operational and weekly meetings. This reporting structure ensures resolution or escalation of issues as required.

4.8 The recruitment and retention of staff (particularly prison nursing) remains a key challenge. We have been undertaking workforce planning sessions on a regular basis to work towards a staffing model that is fit for purpose and reflects the changes to prison health care and to ensure that we have a model in place that will meet the changing needs of the prison population. We will be looking to take forward a strategic review of the prison workforce in the near future. The issues with prison health care staffing is a national issue and we continue to be part of the discussions through national forums.

4.9 In recent years there have been a number of achievements within prison health care, and listed below are a few of those:

- Progress made against improvement actions as identified by previous inspections (Controlled Drug Licence in place and funding for a pharmacy team in place)
- Development of joint oversight arrangements with SPS partners
- Staffing compliment has increased as a result of Action 15 funding to include additional psychology posts and OT posts on a permanent basis, this is to provide interventions for those prisoners presenting with lower level mental health issues. We have also secured temporary funding through Action 15 to support a pathway's for prisoners with brain injury and for older adults within the prison setting
- Funding via Aberdeenshire Alcohol and Drug Partnership to recruit 2 FTE Band 4 nurses to take on the role of Harm Reduction Workers and provide assertive outreach for those prisoners who are at risk of harm from Substance Use. We have successfully recruited into 1.5 of these posts and the other 0.5 has gone out to recruitment
- Given our challenges in recruiting nursing staff we are in the process of recruiting Band 4 Wellbeing and Enablement Workers to each of our core nursing teams. These workers will be supported through training at Robert Gordon University

### **Forensic and Custody Healthcare**

4.10 Operational Management sits within the North Aberdeenshire locality management and report in through the daily situation update. We also attend monthly national meetings with Police Scotland and other custody healthcare colleagues to ensure consistency of practice across Scotland

4.11 The main custody healthcare site is at Kittybrewster Custody Suite where we have 24-hour nursing and forensic medical cover. There are a further two custody suites in Aberdeenshire (Fraserburgh and Elgin). Teams at Elgin and Fraserburgh were given additional resource to provide nurse cover for these sites. In Fraserburgh staff from the Minor Injury Unit provide the cover and in Elgin they have recently appointed a team of custody nurse practitioners who are based at the Dr Gray's Emergency Department. Both sites link into

Kittybrewster if Forensic Medical cover is required. With regards the model at Elgin, Aberdeenshire Health and Social Care Partnership and Moray Health and Social Care Partnership have worked together in the last year to ensure we have a robust staffing model in place for delivery of custody healthcare services in Elgin as the previous model based with GMED presented significant challenges for both services.

- 4.12 In addition to all custody medical services the team also deliver the Sexual Assault Response Coordination Service (SARC's). Until April this year this was for police referrals only but the implementation of the Forensic Medical Services (Victims of Sexual Offences) (Scotland) (Act) 2021 on 1<sup>st</sup> April 2022 also extended this to survivors who choose to self-refer for an examination. The service is required as part of this work to attend quarterly performance meetings with the Scottish Government to review and monitor performance around the SARC and implementation of the legislation.
- 4.13 The setting up of the self-referral pathway has been a significant achievement for the service. This legislation means that survivors of sexual assault can choose to self-refer without contacting the police. This allows for a forensic medical examination to take place and evidence gathered to allow the survivor the choice of when or if they want to proceed with a prosecution. Most importantly it allows survivors access to healthcare following an assault and we are working with colleagues in the Sexual Health Service to ensure we have the appropriate throughcare pathways in place so that survivors can access the necessary health and support services.
- 4.14 The service is not without it's challenges and currently we are experiencing gaps in the Forensic Medical Examiner (FME) rota due to an FME leaving and another reducing hours as part of a phased retirement. This has resulted in the use of agency to ensure 24/7 coverage for forensic services. We are currently working with HR to move our current FME group onto a salaried contract and this piece of work is near completion with a final agreement to be reached on a job plan. Historically the FME role has been difficult to fill but we are hoping that the move to a salaried form of payment will improve our recruitment.
- 4.15 The next 6-12 months will be focused on the continued implementation of the SARC service in line with the HIS Standards and ensuring that we have the correct skill mix of staff to be able to deliver this service and to ensure that there is no impact on the delivery of custody healthcare as a result.

## **5 Summary**

- 5.1 The above report provides an update in relation prison and custody healthcare services and the board are asked to note the current position in relation to all hosted services and to agree to share this with Aberdeen City and Moray Integration Joint Boards as way of an update to them on the hosted services delivered by Aberdeenshire.



5.2 The Chief Officer, along with the Chief Finance Officer and the Legal Monitoring Officers within Business Services of the Council have been consulted in the preparation of this report and their comments have been incorporated within the report.

## **6 Equalities, Staffing and Financial Implications**

6.1 An equality impact assessment is not required because this report is for information only on the services hosted by Aberdeenshire Integration Joint Board.

***Pamela Milliken, Chief Officer***  
**Aberdeenshire Health and Social Care Partnership**

Report prepared by Corinne Millar, Location Manager (Central Buchan)  
Date 15 November 2022

<b>Service: Marie Curie Nursing Service</b>	<b>Hosted: Aberdeenshire</b>	<b>Budget: £836k</b>
<p><b>Description of Services:</b></p> <ul style="list-style-type: none"> <li>Provision of managed care service and out of hours service for Moray and Aberdeenshire HSCPs, providing palliative nursing care to patients in the community including rapid response.</li> </ul>		
<p><b>Current Governance/Management Arrangements:</b></p> <p>Operational management through Aberdeenshire HSCP Chief Nurse. Service agreement in place with Marie Curie for provision of service - regular meetings held with Marie Curie with representation from HSCPs and NHSG Finance. Regular activity reports provided by the service – further analysis presently being undertaken around detail of type of visits and interactions with patients. Regular meetings held cross sector including GMED to ensure concerns re service provision are addressed.</p>		
<p><b>Current Issues:</b></p> <p>Marie Curie increased the cost of their contract at the end of 2020 which led to discussions across Shire and Moray to look at alternative models of service delivery. Due to pressures as a result of COVID this work remains ongoing. Relationships have improved greatly with the service and joint working to progress a sustainable model for future service delivery. Marie Curie attend daily the Shire Bed/Staff huddle to promote joint working and problem solving of service gaps. Joint working to relook at a more streamlined service with a reduction from 3 pods to 2 and the introduction of a Senior Nurse to Triage all calls. This will provide a more sustainable service over winter and allow planning and progress to review the service in more detail in 2023. Project Manager support has been identified to undertake this work in 2023.</p>	<p><b>Achievements:</b></p> <p>Strong working relationships Attendance daily for Pod cover update Good use of data to determine plans for service delivery Ongoing work across both Moray and Shire to look at Out of Hours Redesign options and costs</p>	
<p><b>Improvement Areas for consideration:</b> There is the risk that any options for redesign will be out with the available financial envelope. Therefore if this is not an option to progress then support will be required from the Commissioning team to ensure a robust and measurable contract going forward.</p>		



<b>Service: Bladder and Bowel Specialist Service</b>	<b>Hosted: Aberdeenshire</b>	<b>Budget: 706k</b>
<b>Description of Services:</b> <ul style="list-style-type: none"> <li>• Specialist nursing team in bladder and bowel health, providing education and training to both patients and NHS Grampian staff; voluntary staff; Agency staff; 3<sup>rd</sup> sector support, health care workers in residential and care home settings; Schools, students at university and colleges and AHPs across NHS Grampian.</li> <li>• Advisory phone line 5 days per week</li> <li>• Around 6500 patients currently prescribed containment products for bladder and bowel incontinence, patients reassessed annually</li> <li>• Specialist nurse led clinics in Elgin, Aberdeen city, Inverurie, Peterhead, Stonehaven</li> <li>• Advisory service for Children’s bladder and bowel health</li> <li>• MDT with colorectal, neuro rehab, Gynae, Urology, Urogynae, Paediatrics, Social work</li> <li>• Representation of NHSG at national level, tender negotiation, formulary development, national guideline development</li> <li>• Support to NHS Orkney provided by Band 8A</li> </ul>		
<b>Current Governance/Management Arrangements:</b> Operational management through Aberdeenshire HSCP Chief Nurse. Line manages Nurse Manager (Band 8A).		
<b>Current Issues:</b> <p>22/23 budget overspend of £115,321 due to national contract extension agreed by National Procurement and 15% cost increase.</p> <p>Ongoing issues with national contract impacting service ability to provide high standard of care to patients. Official letter of complaint has been submitted to National Procurement by NHSG and National leads group.</p> <p>Demand to service has increased out with current staffing capacity due to changes in community nursing workforce/Health visiting/School nursing post Covid19</p> <p>Increased demand on service due to impact of secondary care waiting lists, Gynae, Urology, Gastro. Health point have highlighted increase in referrals they are directing to BB service as a result.</p>	<b>Achievements:</b> <p>Current staffing allocation full, admin team vacancy recently recruited to.</p> <p>iMatter and Culture survey results show positive team environment and happy team members. Motivation and moral is high.</p> <p>High engagement with service teaching program across disciplines and IJBs</p> <p>Nursing staff have completed training to allow service to host student nurses.</p> <p>Collaborative working with Practice Education team to deliver NHSG catheterisation clinical skills learning pathway</p> <p>BB Service and PE invited to provide professional review of NES learning material to be used nationally.</p> <p>Currently working with Practice Education to develop clinical skills pathway for HCSWs</p>	



<p>Up skilling new staff members in each nursing base</p> <p>Moving from paper records to electronic, progress is slow and fragmented.</p> <p>Building service on Trakcare to allow electronic referrals so self-referral route can be removed due to inappropriate use in primary care as a result of demand on GP services and access to appointments and community nursing workforce tasks.</p> <p>Service specialist clinic waiting lists around 24 weeks for new patients</p> <p>Availability of clinical space in City and Shire to allow us to increase clinical capacity</p> <p>Availability of office space in Inverurie to allow us to add staff to nursing team if staffing budget funds were found in order to develop the service. Community nursing/HV/SN workload could be reduced if service had additional staffing to take all continence assessment in house. I would also predict a budget saving as all patients would be prescribed a 12 week treatment plan before provision of products leading to better patient outcomes and service savings.</p>	<p>Currently working with local and national procurement to update catheter formulary and identify cost savings.</p> <p>Catheter project with Transformation team looking to reduce acute and community catheter workload</p> <p>Collaborative working with NHS Orkney to support them through an options appraisal of current service provision there and what support can be given by the Grampian service.</p>
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<p><b>Improvement Areas for consideration:</b></p> <p>Budget review, NP571/22 Continence pads and garments currently in tender process, initial indication from National Procurement is that next 5 year contract is likely to incur &gt;15% increase in cost.</p> <p>Review of service delivery</p> <ul style="list-style-type: none"><li>• Increase in nursing staff – Service would benefit from a band 7 post to allow band 8A to take a fully operational role. Additional band 5 in City/Shire team and HCSW and Admin support in Moray team would provide more equitable service pan Grampian.</li><li>• Increase in clinic capacity</li><li>• Moving all continence assessment in house</li><li>• Increasing teaching program, possibly working with other disciplines to deliver this</li><li>• Fully move to electronic records to provide more efficiency</li></ul>
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- Develop service level agreement to formalise clinical support we provide to NHS Orkney once the review of their service and options appraisal is completed.

<b>Service: Diabetes Specialist Nursing and Diabetic Eye Screening</b>	<b>Hosted: Aberdeenshire</b>	<b>Budget: £1.014m</b>
<b>Description of Services:</b> <p>Community Diabetes Specialist Nurse Team (DSN) provides advice, guidance and support to health and social care professionals and people with diabetes across NHS Grampian to support self-management.</p> <p>Diabetic Eye Screening Service provides screening to all patients with diabetes who are aged 12 years and older, with aim of detecting and offering timeous treatment for sight threatening diabetic retinopathy.</p>		
<b>Current Governance/Management Arrangements:</b> Operational and Professional Management through Aberdeenshire HSCP Chief Nurse. Line manages Nurse Manager (Band 8A).		
<b>Diabetes Specialist Nursing</b>		
<b>Current Issues:</b> <ul style="list-style-type: none"> <li>Staff retirement and reduction of hours/staffing issues</li> <li>Change to service delivery - education to Heath Care Professionals and service users.</li> <li>Up skilling new staff members</li> <li>New technologies and how they will be rolled out to our patients, Increase in Freestyle libre 2, CGM</li> <li>Increased workload due to steroid therapies being used for treatment for Covid 19</li> <li>Dr Grays (DHG) have no Inpatient DSN Service ( test of change being done with Inpatient DSN from ARI remote working)</li> <li>DSN support for pregnancy patients DGH patients.</li> <li>Increase in workload for DSN with reduction in Consultant support in Moray</li> </ul>	<b>Achievements:</b> <ul style="list-style-type: none"> <li>Appointment of new Staff member</li> <li>SANDRA course getting through to the QIC Diabetes Awards (Quality in Care Diabetes) and been Commended for this piece of work.</li> <li>Staff engagement is excellent post Covid 19 – open to thinking about what works well, what we can stop, start and keep in relation to the results of the Culture Survey</li> <li>DSN education training currently being offered across NHSG Virtually</li> <li>Staff have worked very conscientiously to provide a high quality service to patients and Primary care colleagues</li> <li>DSN outreach support sessions provided across NHSG</li> </ul>	



<p><b>Improvement Areas for consideration:</b></p> <p>Education delivery moving away from some online education into the classroom where it is felt that people learn and engage more</p> <p>Consideration on business plan for part time Practice Educator for the Diabetes Specialist Nurse Team which would be of great benefit to the team, HCP and services users.</p> <p>Working with the third sector more in relation to the Diabetes Improvement Plan.</p> <p>Staffing levels to be reviewed to take into consideration the Increased demand for CGM/ Technology, Pre-pregnancy and Maternity services Inpatient DSN to improve patient care across NHSG</p> <p>Inpatient DSN plan currently under a test of change being implementation in November, Ultimately looking at having a NHSG wide inpatient service.</p>	
<p><b>Diabetic Eye Screening</b></p>	
<p><b>Current Issues:</b></p> <p>Additional screening resource has greatly contributed to recovery and reducing the current backlog, however this has added further pressure onto the administration team regarding workload increase relating to telephone call volumes, increased mailing volume, referrals to ophthalmology</p> <p>A concern that has been highlighted, by most boards who provide mobile screening, is that when problems/issues present with the mobile trollies there is no support as regards manufacturer to provide new replacements. This matter has been raised at service manager meetings of all 14 boards which the action it was noted as a procurement concern with National Services Division (NSD). Grampian currently have 3 trollies in operation of which the local medical physics team are on hand to support with what resource they can offer, the trollies have been in use in excess of fifteen years and adapted over this time to accommodate newer, varying models of cameras</p>	<p><b>Achievements:</b></p> <p>Successful recruitment of screening staff to replace staffing hours reduced due to changed working hours following return of maternity leave, staff role progression within the service</p> <p>Additional camera secured at David Anderson building to aid higher volume of appointments to support recovery and to allow further sustainability of screening long term</p> <p>Until the end of October 2022 a mobile camera has been utilised at David Anderson building to aid recovery, now with additional resource, all mobile cameras can be fully operational across Aberdeenshire and Moray to aid further recovery beginning November 2022</p> <p>With the further relaxing of covid 19 restrictions, this has allowed the service to increase the amount of appointments that can be honoured within sustainable parameters i.e time allocated per appointment within the time available to screen in a day.</p> <p>All screening locations have been recovered, with some sites granted pre bookings throughout the year</p>

	<p>Waiting list for optical coherence tomography for people living within the Moray area has now been cleared</p> <p>New public health consultant in post as of September 2022, John Mooney.</p>
<p><b>Improvement Areas for consideration:</b></p> <p>Although DES is now beginning to change trajectory towards a positive recovery, there remains areas to improve. Through support of the lead clinician and nurse manager, ways of creating a more robust administration team will be explored. The specialised screening software, Optimize, has a next software release in November 2022 which will include functions to provide a text message reminder, may support with increasing attendance uptake and reduce DNA rates which creates further administration; there will also be the option to offer people an online booking service with the added support for people to change their appointment online – these are optional features of the system for health boards to opt in to use.</p> <p>Further action is to note tasks undertaken by each role and who can support as a backfill during episodes of absence. Aim of this task is to identify fragility within roles and how these can be strengthened to avoid detriment to service.</p>	

<b>Service: Heart Failure Specialist Nursing Service</b>	<b>Hosted:</b> Aberdeenshire	<b>Budget:</b> £313k
<p><b>Description of Services:</b></p> <p>Provision of nurse led interventions and improving self-management for patients across Grampian with moderate to severe Left Ventricular Systolic Dysfunction (LVSD) from diagnosis, through exacerbations to stabilisation and deterioration, including supportive and palliative care for terminally ill patients.</p>		
<p><b>Current Governance/Management Arrangements:</b></p> <p>Operational management through Aberdeenshire HSCP Chief Nurse. Line manages Nurse Manager (Band 8A).</p>		
<p><b>Current Issues:</b></p> <p>Reduced staffing due to maternity leave/long term sick leave</p> <p>Increasing referrals/workloads</p> <p>The service secured permanent funding in 2013 and despite considerable service expansion, the staffing level is unchanged and does not align with current service expectation/sustainability.</p>	<p><b>Achievements:</b></p> <p>Service adaption and remobilisation following the pandemic</p> <p>Improved integrated working across NHSG along the continuous change journey, aligning patient care with Hospital at Home/CTAC/Urgent Care services – preventing hospital admissions and delivering right time/right place/right person care</p>	

<p>Delay in patient review due to reduced staffing levels and increasing workloads</p> <p>Components; acute sector are actively pursuing funding (through various routes) for two acute HF nurses / revamped inpatient service with early supported discharge pathway which will further increase service referrals.</p>	<p>Established Student Nurse Placement programme – supporting the future workforce</p> <p>Working towards securing funding for two acute HF nurses</p>
<p><b>Improvement Areas for consideration:</b></p> <p>Increase Band 6 staffing level to 6.62 WTE (currently WTE: 4.62)</p> <p>Aim to have all Heart Failure Specialist Nurses as Independent Nurse Prescribers</p> <p>Support the set-up of the acute HF Service; navigating new pathways and staff development opportunities/support systems, so both services complement one another to streamline Heart Failure coordinated care/treatment planning and staff engagement</p> <p>Heart Failure Digital Infrastructure; pursuing a common digital infrastructure across Scotland for heart failure. The idea is that across Scotland we procure, at national level, a digital platform to facilitate diagnostic pathways for heart failure, as well as downstream monitoring, follow-up and management of patients diagnosed with heart failure. We would have the opportunity to tailor the functionality of the platform to our required specification. This approach would hopefully streamline the diagnostic process and allow us to work towards common standards of care whilst maintaining flexibility for individual boards to tailor their pathway as they see fit according to local resources and service pressures.</p>	

<p><b>Service: Chronic Oedema Service (COS)</b> **this requires an update</p>	<p><b>Hosted: Aberdeenshire</b></p>	<p><b>Budget: £267k</b></p>
<p><b>Description of Services:</b></p> <p>Specialist service providing assessment and management of patients with chronic oedema.</p> <p>Education of other health care professionals to enable them to undertake or support self-management within their patient group.</p> <p>Treatment provided within outpatient clinics, hospitals and domiciliary visits. Main clinical base in Aberdeen Health Village with satellite clinics in Stonehaven, Aboyne, Inverurie and commencement of a service in Moray This is a to be a 2 day a week service and is currently operating one day a week. Out of the Oaks in Elgin.</p> <p>Referrals accepted via Consultants, GPs, Breast Care Nurses. 65% of caseload is cancer related.</p>		



<b>Current Governance/Management Arrangements:</b> Operational management of service through Chronic Oedema Specialist reporting to HSCP Partnership Manager (South). Hosted service includes the staffing budget for all of Grampian and the consumables (garments). . The staffing budget for Moray HSCP transferred from 1 <sup>st</sup> April 2022 into the Grampian service.	
<b>Current Issues:</b> <b>Staffing:</b> 1WTE 8b Oedema Specialist 0.4 WTE Band 6 Keyworker 0.4 WTE Band 7 to cover Moray 0.53 WTE Band 4 Admin support <b>Current active caseload</b> - 1045 patients <b>New Referrals</b> October 2021 - November 2022 - 279 January 2022 - November 2022 - 247	<b>Achievements:</b> Staff were redeployed from March 2020 – October 2020, since returning to COS staff have had to adapt to alternative ways of working as clinical space is still limited. The use of technology has been a vital part of enabling waiting times to be kept at a minimum (currently 3 week for non-urgent referrals).  During the 6 months of redeployment no reviews other than urgent reviews took place, to date all patients have now been reviewed and ongoing appointments are up-to-date.
<b>Improvement Areas for consideration:</b> Funding of the money for the service in Moray has happened and there is active work underway to recruit to this post and while this happens, the services is being supported a day week from the main team. Succession planning – as this is a small service, succession planning is vital for continuity of the service.	