

**Adverse Event Review Report:
NGICNS website content**

[REDACTED]

July 2022

Contents

1. Introduction	3
2. Remit	3
3. Methodology	3
4. Review of circumstances leading to adverse event	4
4.1 Management of the managed networks' communications activity	4
4.2 Management of the NGICNS website	5
4.3 Specifics relating to the NGICNS adverse event	6
5. Review of adverse event response	7
6. Impact of adverse event.....	8
6.1 Risk of harm to patients/public.....	8
6.2 Reputational risk	8
7. Lessons learned.....	8
8. Recommendations for improvement.....	9
9. Conclusion	10
9. Appendices	12
A. Media enquiry – 15 June 2022.....	12
B. Guidance for managing network websites, developed 2020.....	13
C. Email from WPATH regarding launch of consultation	39
D. Holding statement on NGICNS website	42
E. Email re review of NGICNS website accessibility	43
F: List of non-NHS documents on managed network websites, by network.....	44

1. Introduction

An adverse event was reported on 16 June 2022 in relation to the National Gender Identity Clinical Network for Scotland (NGICNS) website. It has been rated a Category 1 event, defined as one that “may have contributed to or resulted in permanent harm, for example death, intervention required to sustain life, severe financial loss (£>1m), ongoing national adverse publicity, or breach of highly sensitive personal information relating to several health boards”.

NGICNS is a managed clinical network, and as such NSS provides programme management services including support for communications and engagement.

A consultation document prepared by the World Professional Association Transgender Health (WPATH) had previously incorrectly been uploaded to the NGICNS website. A media enquiry from the Daily Telegraph on 15 June (see appendix A) alerted NSS and Scottish Government (SG) colleagues to this adverse event, as there was a claim from the journalist that a link contained within the WPATH document directed readers to a website which featured child abuse images.

The issue was brought to the attention of the First Minister, and was featured in a number of news outlets. NSS quickly responded to the initial media enquiry and an Incident Management Team (IMT) was mobilised. This report is the result of review which was instigated to mitigate against future risk.

2. Remit

The Director of National Specialist Services and Screening Division commissioned an investigation of the adverse event in line with the [NSS Adverse Event Policy](#). Given the level of concern and the profile of the event, a reviewer outside of the immediate team was appointed.

As per the [NSS Adverse Event Procedure](#), the remit of this review includes:

- Reviewing the notification process and documentation of decision to proceed to review
- Risk assessment
- Any written recollections of events submitted as part of the review
- All contact and communication with third parties
- Any reports and documented information provided to support the review
- Details of any equipment (including location) or IT systems involved in the adverse event or near miss
- Improvement plan and / or learning summary.

3. Methodology

Information was gathered from the following people regarding the adverse event and how it arose:

- Programme Manager, NSD (responsible for the programme management function for NGICNS)
- Senior Programme Manager, NSD
- Associate Director: Specialist Screening, NSD
- Director, NSD

- Lead Clinician for NGICNS
- Associate Director, Strategy, Performance and Communications
- Assistant Programme Manager, NSD, and Adverse Event Lead
- Assistant Programme Manager, NSD

A number of these colleagues have also shared information by email to help investigate this adverse event. Where appropriate this information is included in the appendices.

4. Review of circumstances leading to adverse event

4.1 Management of the managed networks' communications activity

Communications and engagement activity is included in the remit for managed networks (as per scope contained in the SG documentation from 2012). Based on information gathered through discussions, there is an inconsistent approach to how managed networks deliver communications activity. Each network has a steering group, and some have sub-groups off this for communications and engagement activity. Each network has a website, and some also have social media accounts.

4.1.1 Content location

The network websites run on the Wordpress content management system and are hosted by Scotland's Health on the Web (SHOW). At the time the network websites were created, NSS Digital and Security (DaS) colleagues advised the Associate Director of Strategy, Performance and Communications that SHOW was the best location for network content for a number of reasons, including: the networks act on behalf of NHSScotland rather than on behalf of NSS; there were control measures available on SHOW that did not exist on the NSS website at the time; and the need to brand network activity with the NHSScotland identity rather than the NSS brand (which was not possible on the NSS website). As a result of these discussions, network websites sit outside the current NSS website governance structure, and only technical platform support is provided by NSS.

When the NSS website was redeveloped in 2019, discovery work identified that patient-facing information would not be held, and instead that members of the public should be redirected to NHS Inform for patient information. However because the networks were not on the NSS web estate, this principle was not applied.

Some of the managed networks also have social media channels, which are managed within the network and are not aligned to NSS. NSS Marketing & Communications does not provide any guidance or support for these social channels, there is no representation on the NSS Social Media Editorial Group (a voluntary peer group which facilitates sharing of best practice but does not provide governance), and there is no consistent training available.

4.1.2 Roles and responsibilities

Based on discussions as part of this review, there is no structured approvals system for content being uploaded to network websites (other than clinical guidelines, which are held in QPulse) or social media accounts. There is no consistent review process for websites. The Wordpress system does maintain a version control history to view what updates were made under each login.

There is no one person named as accountable for either the individual network websites or the managed network websites channel as a whole.

As detailed in the job description (see appendix B), Lead Clinicians are responsible for “lead[ing] the design and delivery of strategies for education, stakeholder communication and engagement and continuous quality improvement” and “promot[ing] the work and achievements of the Network, engaging appropriately with relevant stakeholders through the development and delivery of an effective communication strategy”. There is no specific accountability for oversight of digital communications.

Programme Managers are assigned to support the managed networks, and from discussions undertaken as part of this review, there is an expectation that they oversee content being hosted on network websites, however this is not noted in the Programme Manager job description (appendix C). The only reference to website management is noted in the systems section, where it states that post holders will use “Umbraco CMS system for web content requirements & website management” (it is actually Wordpress in use, not Umbraco). Social media is not referenced.

The Programme Support Officer (PSO) job description (appendix D) states in the key result areas: “Responsible for creating and developing content for websites and updating them accordingly”, and in practice content for these websites and social media accounts is usually uploaded by the PSO assigned to each network. However training in communications is not a requirement for the PSO role (“Practical knowledge of...website content management systems” is only a desirable in the person specification -which would normally suggest full training is available for successful candidates) and there is no formal training provided for successful candidates in website management. There is limited guidance provided (see appendix E), and this is largely focused on technical elements for website rather than on content. No guidance for social media has been identified.

PSOs were invited to attend a briefing session on website accessibility in December 2021. This was delivered by the web content lead at the time within NSS Procurement, Commissioning and Facilities, based on their knowledge from NSS website governance training. This was arranged by the Assistant Programme Manager in response to a need identified within the function, however the Associate Director was unaware until after the fact and highlighted that all training should come through a formal annual PDP process. The Associate Director received feedback following the session that PSOs were concerned they were responsible for meeting legislative requirements relating to websites without proper guidance and governance. There does not seem to have been further action taken following this.

4.2 Management of the NGICNS website

4.2.1 Website purpose

From the Lead Clinician’s perspective, the NGICNS website has two main purposes: it hosts information for people who want to transition to another gender and it provides clinical guidance for those supporting them, including those who are prescribing medications. It is the primary place for those having gender reassignment surgery to get information on key questions (such as “what am I entitled to?”, “where can I get it from?”) and exists to support patient choice regarding nationally commissioned surgery options.

Much of the content hosted on the NGICNS site would be better placed centrally for the NHS, however the National Referral Services website, which was promised four years ago as the key home for patient and clinical content, has not materialized. Therefore the four nations have made arrangements to fill this gap, with NGICNS supporting patients in Scotland.

The Lead Clinician's view is that information currently on the NGICNS website would be better housed elsewhere, possibly on the NSS website, or on a location which recognized its remit and membership is wider than just NHS stakeholders. The NSD Director agreed that NGICNS was not the correct site to host patient-facing material, and suggested that NHS Inform could be the most appropriate location.

4.2.2. Website governance

NGICNS does not have a communications sub-group or website oversight group, although some other networks do. There was a group formed when the website was being established, but once initial content was live, this was disbanded.

The last review of content on the NGICNS website was in 2015 when the current Programme Manager came into post.

Normally the PSO supporting NGICNS would be responsible for updating web content, however the post was vacant between January and June 2022, during which time the Programme Manager had undertaken a range of communications tasks.

Requests for content to be added to the NGICNS website come from the Steering Group, Lead Clinician or the Programme Manager. These are shared with the steering group or the Lead Clinician for a decision to be made. The Lead Clinician may also request that formal patient information is published direct to the Programme team without steering group consultation. There is no record of this process other than what may be contained in email trails.

4.3 Specifics relating to the NGICNS adverse event

The Programme Manager has advised that on 2 December 2022, the Lead Clinician asked for draft chapters of the WPATH consultation to be circulated to the NGICNS steering group. This was actioned by forwarding on an email from WPATH which included a link to the consultation documents (see appendix F).

Within the email from WPATH there is a disclaimer that states: "Please note that this document is WPATH property and is being disseminated for public comment only, it is not to be copied or distributed." Forwarding on the email to the steering group was in line with this guidance. However the documentation linked to from the email was also downloaded and saved, against the information in the disclaimer.

The Programme Manager, Lead Clinician and PSO at the time discussed the need for the consultation documents to be shared with the new Gender Reassignment Protocol (GRP) sub-groups (which were not yet established but would be meeting shortly) to enable their response to the consultation. During their discussion they agreed that the risk of not having the GRP sub-groups' input was greater than the risk of downloading the documents as the Chief Medical Officer had told NGICNS to be cognizant of the WPATH consultation when developing the GRP. On this basis the Programme Manager asked the PSO to save the consultation documents.

These files were then posted on the NGICNS website with the aim of allowing clinicians to be able respond to the consultation quickly and easily. The Lead Clinician supported the view that the documents should be made available, and asked that the programme team encourage stakeholders to access them. He intended to make them available via a protected site called Sciwheel. He was unaware they had been uploaded to the NGICNS website.

The WPATH consultation ended in December 2021, but the documentation was not removed from the website. The Programme Manager has advised that due to the PSO

vacancy there was no support to make content updates to the NGICNS website. A review was planned when the new PSO came into post in June 2022.

On 15 June 2022, a journalist from the Daily Telegraph contacted SG for comment on the story they were planning to run saying that NGICNS had a link on its website to the WPATH documents, which in turn included a link to a site which included child abuse imagery. The SG contacted the Senior Programme Manager for the network, who then found the same media enquiry had been submitted to NGICNS via the Contact Us form on the NGICNS website (see Appendix A).

5. Review of adverse event response

Within three hours of the media enquiry coming in, the Senior Programme Manager arranged for the WPATH documents to be removed from the NGICNS website.

The adverse event was recorded on the NSS ServiceNow system on 16 June 2022, with a Category 1 ranking. As per the NSS Adverse Event Policy, this means an event that “may have contributed to or resulted in permanent harm, for example death, intervention required to sustain life, severe financial loss (£>1m), ongoing national adverse publicity, or breach of highly sensitive personal information relating to several health boards”.

It was given a risk score of 8, based upon a rating of major impact but unlikely probability. The major impact was based upon the risk to the network’s, NSS’s and NHSScotland’s reputation. It was agreed that there was no evidence of patient harm associated with the adverse event, and no confidential or personal information was disclosed.

An Incident Management Team (IMT) was brought together within NSD to take mitigating action following the adverse event. Key milestones listed within the IMT action tracker are:

- 16 June 2022 – IMT decides to take NGICNS website offline pending full review of content
- 16 June – IMT agrees that Programme Managers should review all files shared on managed network websites and identify those from non-NHS sources for removal, to be complete by 20 June (see appendix I for list)
- 16 June – IMT agrees to review all links shared on managed network websites and to review these.
- 16 June – Response drafted for First Minister’s Questions and shared with SG
- 17 June – NSS Cybersecurity team review reported website content and recommend reporting end website (www.eunuch.org) to Police Scotland
- 17 June – holding page is put online for visitors to NGICNS website (see appendix G)
- 24 June – review of the NGICNS website shows that the website does not meet WCAG 2.1 Level AA standards related to accessibility (see appendix H)
- 24 June - A communication to WPATH advising of the adverse event is prepared, however this is yet to be sent.

Positively, the review of web content described above is not limited to the NGICNS website; all managed network websites will be reviewed to reduce the risk of a similar adverse event occurring in future. Only the NGICNS website has been taken offline while this is undertaken.

Following review of all content, the NGICNS website is planned to go back online at the end of August 2022.

6. Impact of adverse event

6.1 Risk of harm to patients/public

There is no evidence of harm to patients or members of the public as a direct result of NGICNS hosting the WPATH documents on its website.

While the child abuse imagery referenced in the media enquiry does not sit on any NSS website, NSS Digital and Security colleagues have referred the end point website to Police Scotland for further investigation.

The Lead Clinician for NGICNS has raised concern about the potential for risk to patient care while NGICNS website is offline, as the site hosted key resources for service users. To mitigate this risk, service users are being signposted to other organisations which can provide information while the NGICNS website is offline.

The Director of NSD has identified a potential ongoing risk of clinical information being hosted on network sites inappropriately, when there are other outlets (such as NHS Inform) that exist to house patient-facing information.

Therefore it appears there are decisions required to the role of network communications activities in providing clinical information to patients and the public.

6.2 Reputational risk

The presence of the WPATH information on the NGICNS website resulted in 43 articles appearing in a range of mainstream media including the Times, the Daily Mail and Sunday Mail, the [Daily Telegraph](#), the [New York Times](#), [LBC](#), the [Scotsman](#) and the [Daily Express](#). The media sentiment was rated 94% neutral and 6% negative.

News coverage all referenced NGICNS and NHSScotland; NSD was mentioned in some articles as a result of a quote from the Director but no articles mentioned NSS.

Social media coverage was small at under 500 mentions/shares relating to the incident, however the sentiment was 55% negative on social channels. NHSScotland was the prominent organisation referenced.

In addition, the fact that the guidance on the consultation documentation was not followed may have damaged the relationship between the network and WPATH.

NHSScotland is likely to have been negatively impacted by this adverse event. While NGICNS is mentioned in coverage it is less likely to be a household name and therefore not as associated with any negative reaction.

Information gathered as a result of this investigation suggests there is a strong likelihood of similar incidents taking place for managed networks in future, and therefore there is an ongoing risk to reputation if no action is taken.

7. Lessons learned

Based on information gathered, a number of factors contributed to this adverse event, including:

- WPATH guidance on the management of consultation documents was not followed

- lack of governance for online content, including no schedule of reviews and no approval processes
- lack of clarity on staff members' roles and responsibilities as they relate to communications and engagement
- lack of training and guidance for staff on how to deliver communications activity
- reduced staffing as a result of a long-term PSO vacancy
- lack of shared understanding of the purpose of the NGICNS website in relation to patient-facing materials

Each of these factors were recognized as a concern before the adverse event, but no action appears to have been taken to mitigate the associated risks.

There is an urgent need to take action to mitigate similar adverse events occurring within managed network communications.

8. Recommendations for improvement

Two options have been identified to mitigate the risk of similar events. On the basis of information gathered for this review, the recommendations should be taken forward across all managed networks, not just NGICNS.

Common to both options: Review the purpose of the managed network websites and social media accounts

Regardless of the management model selected, it is recommended that:

1. Clinician-facing content on managed network sites is removed and relocated to a secure NHS tool (for example Sharepoint)
2. Patient-facing clinical content is moved to NHS Inform
3. Social media promotion directs stakeholders to the most appropriate central NHS resource (likely NHS Inform)

Option 1: Reshape how networks communicate and embed robust governance

Responsibility for communications and engagement activity remains within the networks, but with a number of changes quickly being brought into practice:

1. Create a consistent governance structure across all managed networks for communications and engagement activity, for example a communications sub-group per network, with regular engagement between the sub-groups to share best practice
2. Develop a consistent set of approvals processes for all communications content, and document these for use across all managed networks. The NSS corporate website content governance framework is an appropriate structure to model upon, and could be adapted to include social media and other channels
3. Clearly articulate the expectation on different roles with communications responsibility, aligning these to approvals processes described above
4. Embed a regular review process for online (web and social media) and offline (print) content and document this in QPulse
5. Train staff with responsibility for communications activity on all relevant legislative requirements and best practice approaches (this may be available from NSS at a cost, or alternatively the NSS corporate website training programme would be an appropriate example to use when looking for external providers of print and online training)
6. Require training to have been undertaken prior to access being given access to create or approve content online.

Putting these recommendations in place will reduce the risk of another similar adverse event without a) changing each network's responsibility for communications and engagement or b) needing to increase staffing resources. However, crucial to this model's success is regular content reviews and ongoing staff training, and as NGICNS has struggled with both these areas, there remains a risk if the recommendations are not consistently and regularly observed.

Option 2: Bring network websites under existing NSS corporate website governance models and replicate for social media

Alternatively, management of content across networks' websites and social media accounts could be brought into NSS governance structures.

Website management

The management of network websites could be moved under the remit of the PCF web editors, with support from the web leads, with funding from the networks to recruit additional resource to support the additional activity. Content management would fall under the existing NSS website governance framework and NSS Digital & Security and Marketing & Communications teams would provide training and support in line with the existing devolved governance model.

This model reduces the risk of similar adverse events because a) staff responsible for updating web content have undertaken specific training for this role and are supported by an established network of peers, and b) there is an existing framework for roles and approvals which could be easily implemented. However, there would need to be EMT-level agreement that hosting the managed network information on the NSS was appropriate, as when this option was considered prior to the network websites being set up on SHOW, it was discounted.

Social media management

There is not currently a similar governance framework for NSS social media accounts. There is a Social Media Editorial Group which acts somewhat like a peer support network, meeting monthly to share best practice and plan content. Membership of the group is voluntary and there are no set Terms of Reference.

It is recommended under this option that social media content for all areas of NSS, including the managed networks, is formalized via the Social Media Editorial Group in a similar devolved model as that for website content. This would allow the provision of training and consistent approvals processes, but management of content would remain in the local area. This formalization process could be facilitated by the NSS Marketing & Communications team. It is recommended that a Director-level process for approving new social media accounts is also implemented to ensure appropriate oversight of governance being put into place for new channels.

Taking these actions on social media not only mitigates risk for the networks, but also for NSS more widely as the risks apply across any existing social media channel outwith the core corporate accounts (managed by NSS Marketing & Communications).

9. Conclusion

The adverse event relating to WPATH documents on the NGICNS website was avoidable, had the factors identified in section 7 been considered within a risk planning process and mitigating action taken.

The profile of the incident has been heightened by a general media and social interest in the topic of gender identity in recent times, however lack of consistent processes and management of communications activity in this case resulted in reputational damage for the NHS in Scotland.

To ensure that similar adverse events do not occur in relation to managed networks' communications and engagement activity, urgent action must be taken. Identifying the most suitable option from the above recommendations will need to be based on a) appetite for change and b) availability of resources.

9. Appendices

A. Media enquiry – 15 June 2022

From: NGICNS <donotreply@nhsscotland.com>
Sent: Wednesday, June 15, 2022 17:19
To: nss ngicns
Subject: "link to eunuch paper"

From: [REDACTED]
Subject: link to eunuch paper

Message Body:

Hi. I am a reporter at The Daily Telegraph.

I am working on a story about the fact that you have a link to this paper on your website: <https://www.ngicns.scot.nhs.uk/wp-content/uploads/2021/12/SOC8-Chapter-Draft-for-Public-Comment-Eunuch.pdf>

This includes claims that Eunuchs should be seen as a recognised gender identity and includes links to a website that includes graphic descriptions of sexual child abuse.

Please let me know if you would like to comment or discuss further. Sorry for the short notice but the story is running tomorrow so this would have to be asap.

Regards,

[REDACTED]

B. Lead Clinician Job Description

National Services Division



JOB DESCRIPTION Up to 2 PAs fixed term up to 3 years

1. JOB DETAILS

Job Holder

Job Title Lead Clinician – **insert name of network**

Immediate Senior Officer Clinical Director, NHS Board of Employment

Location Will depend on location of main employment

2. JOB PURPOSE

To provide clinical leadership and expertise in the **establishment and** ongoing development of the Network.

3. DIMENSIONS

National Networks are commissioned by National Services Division (NSD) on behalf of NHS Boards and Scottish Government Health and Social Care Directorates (SGHSCD) to lead and drive improvement in access and quality of care for a defined group of patients.

They extend to all NHS Scotland local/regional/national planning and service delivery structures. They are structured, organised and resourced to bring together multidisciplinary teams to work with stakeholders to ensure that patients and their families have equal access to the highest standards of care, regardless where they live in Scotland and that specialist care is delivered as close to the patients home as possible.

The Lead Clinician works collaboratively with a dedicated Network Team within NSD and Network stakeholders to plan and deliver a 3-5 year programme of work to standards and timescales specified within a Service Agreement.

Core Network Objectives:

1. Design and ongoing development of an effective Network structure that is organised, resourced and governed to meet requirements in relation to SGHSCD Guidance on MCNs (currently CEL (2012) 29) (Annex and national commissioning performance management and reporting arrangements;). See Annex C.
2. Support the design and delivery of services that are evidence based and aligned with current strategic and local and regional NHS planning and service priorities.
3. Effective Stakeholder Communication and Engagement through design and delivery of a written strategy that ensures stakeholders from Health, Social Care, Education, the Third Sector and Service User are involved in the Network and explicitly in the design and delivery of service models and improvements.

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4. Improved capability and capacity in care through design and delivery of a written education strategy that reflects and meets stakeholder needs.
5. Effective systems and processes to facilitate and provide evidence of continuous improvement in the quality of care (CQI).
6. Generate better value for money in how services are delivered.

The post is a flexible commitment of two or three programmed activities (PA's) to reflect the Network requirements. The Lead Clinician's employing NHS Board will be recompensed for the agreed sessional commitment on the basis of evidence of actual backfill costs incurred.

3. KEY RESULT AREAS

Clinical Leadership

- Lead the development and delivery of a strategic vision for the network, involving key stakeholders.
- Lead the design and delivery of strategies for education, stakeholder communication and engagement and continuous quality improvement.
- Provide effective clinical leadership for the Network in line with national policy, standards and clinical evidence base.
- Promote effective multidisciplinary/multiprofessional working within the Network across Scotland, ensuring clarity of roles and responsibilities.
- Work collaboratively with the Programme Manager and colleagues, providing guidance and advice on relevant clinical matters.
- Promote the work and achievements of the Network, engaging appropriately with relevant stakeholders through the development and delivery of an effective communication strategy.

Governance

- Ensure the development, implementation and review of systematic quality improvement within an agreed quality framework leading to the delivery of a safe, effective, patient centred service.
- Ensure that any clinical governance issues are raised timeorously with local Clinical Leads, NSD and relevant NHS Board Medical Directors, and thereafter to monitor within the network that any such concerns are adequately addressed.
- Ensure the Network fulfils its responsibilities within NHS Scotland national commissioning policy in line with NSD's annual cycle of performance management and review.

Planning

- Lead across traditional organisational and professional boundaries, working collaboratively with all relevant parties to achieve key strategic plans/objectives to drive forward service improvement.
- Ensure that Network activity is fully integrated into local, regional and national planning processes.

4. ASSIGNMENT AND REVIEW OF WORK

The Lead clinician is accountable, on behalf of the Steering Group, for the Network performance in meeting the aims and objectives agreed by NHS Boards and SGHSCD at designation and for fulfilling requirements in relation to national commissioning and performance management arrangements.

The post holder will be accountable to their employing NHS Board, with a dotted line to the NSD Medical Director, specifically in relation to the Lead Clinician role. Personal terms and conditions and personal development objectives will be agreed in discussion with the Medical/Clinical Director of the post holder's host Board, and will be jointly reviewed at least annually.

7. COMMUNICATIONS AND WORKING RELATIONSHIPS

The postholder will develop effective professional working relationships with NSD, Network colleagues and a wide range of clinical and other colleagues across NHS Boards and other organisations and

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external individuals, groups and bodies.

Communication

Establish and maintain effective communication and visible network arrangements that can be evidenced by improved relationships, behaviours and joint working, across and between the Network and stakeholders including: patient/carers and other voluntary & statutory agencies.

Methods of communication will include face to face meetings, telephone and email contact as well as formal reporting to NSD.

8. MOST CHALLENGING PART OF THE JOB

The most challenging parts of the job will be to:

- Deliver a programme of strategic change, leading across traditional professional and geographical boundaries, gaining commitment from individuals and service providers to deliver against agreed objectives.
- Ensure that Network objectives and priorities are effectively aligned with regional and local service delivery priorities and NHS Scotland policy and direction.
- Manage workload effectively, especially when there are competing clinical service delivery commitments.

9. QUALIFICATIONS AND/OR EXPERIENCE SPECIFIED FOR THE POST

- Healthcare professional with relevant clinical qualification, currently registered with relevant professional body.
- Extensive skills and experience in the provision and development of healthcare services associated with the Network.
- Demonstrable commitment to improving care through networks.
- Evidence of leading, managing and implementing change effectively in a clinical setting, preferably across professional, organisational and geographical boundaries
- Evidence of working collaboratively with multi-disciplinary groups to deliver agreed objectives
- Engaging stakeholders effectively; negotiating and influencing at all levels.
- Commitment to continuous quality improvement.
- Ability to negotiate and influence at all levels, whilst ensuring best interests for the Network
- Flexibility and enthusiasm for working in an open and transparent manner.
- Ability to lead others, think strategically and communicate vision effectively.
- Knowledge of current developments in the relevant field, and understanding of NHS Scotland national policy and structures.
- Ability to interpret and present complex data and information on the Network subject matter.

C. Programme Manager Job Description



NHS NATIONAL SERVICES SCOTLAND JOB DESCRIPTION

1. JOB DETAILS

Job Title	Programme Manager
Immediate Senior Officer	Senior Programme Manager/ Portfolio Manager/ Associate Director
Department	National Specialist and Screening Services Directorate (NSD)
Strategic Business Unit	Procurement, commissioning, and Facilities (PCF)
Location	Gyle Square, Edinburgh or Meridian Court, Glasgow
CAJE Ref	NPPRCFS308

2. JOB PURPOSE

The postholder is responsible for the planning, commissioning, co-ordination, and performance management of a portfolio of services that may include screening programmes, highly specialist services, national networks. They will also support Senior Programme Managers, Portfolio Managers & Programme Directors in leading and managing the implementation of specific change initiatives to support the achievement of Scottish Government Health and Social Care Directorate (SGHSCD) and NSD objectives.

3. DIMENSIONS

The role of National Services Division is to plan, commission, co-ordinate, and performance manage the delivery of national services: this includes national specialist services, national risk share schemes, national managed clinical and diagnostic networks, national strategic networks, national screening programmes and national planning. NSD facilitates service planning and change across NHS Scotland to ensure consistent, equitable provision of high-quality national specialist services (whether funded as designated services or as risk share schemes), networks and screening programmes to meet the needs of the population of Scotland.

Finance

- The total budget of National Services Division in 2021/22 is c£282 million on a recurring basis
- Management costs are c£5 million for assigned resources, the post holder will prepare, negotiate, and obtain budgetary agreement and ensure active controls are set to monitor ongoing expenditure, taking corrective action to ensure spend remains within agreed levels.
- The post holder will be responsible for oversight of major change programmes both for directly managed budgets and for budgets allocated to other bodies e.g., in networks or national planning
- Capital allocation is £1.3 million (recurring) and NSD has delegated authority from SGHSC to transfer from revenue to capital each year. The budget is earmarked for national services within the NSS's general allocation – the Division has full delegated authority for decisions on the allocation of these funds
- The postholder is not an authorised budget holder. The postholder has responsibility for monitoring a defined budget within individual programmes in line with NSD governance structures.

Staff

The post holder leads and coordinates a team which could comprise of Assistant Programme Managers and Programme Support Officers, some of whom they may line manage, and contributes to the supervision, management, and development of staff within other Programme Teams.

4. ORGANISATION CHART

The organisational structure above is indicative of the lines of reporting within NSD and this role within that structure, not all posts are replicated exactly in each team – please refer to the additional information appendix for specific team structures and roles.

5. ROLE OF THE DEPARTMENT**The purpose of the Procurement, Commissioning and Facilities Strategic Business Unit is:**

- The procurement and delivery of goods and services to NHSScotland, including Strategic Sourcing, eProcurement, and Logistics operations.
- To ensure the SBU fulfils its role as a Procurement Centre of Expertise within the Scottish Government Reform Programme.
- The commissioning of high-quality specialist and screening services that meet the needs of the residents of Scotland.
- The delivery of a comprehensive range of Facilities services including expert advice and services for engineering, environment, healthcare, and property matters and procurement services for facilities.

Within this Business Unit - Specialist and Screening Services (NSD) role is:

- Strategic planning of national screening programmes and specialist services in collaboration with NHS Boards, clinicians, patient, and public representatives and SGHSCD including major strategic programmes.
- Managing the National Planning of NHS Scotland clinical services, delivered through regional plans, developing the strategic direction taking account of enabling resources – finance, workforce, digital and infrastructure

- Commissioning specialist services and specialist elements of screening programmes, ensuring clinical quality, access and financial control of national specialist and screening services.
- Leading and facilitating NHS Boards in service change and new service developments as appropriate within specialist & screening service.
- Oversight and governance of major programmes of change for non-commissioned services in NHS Boards and communities
- Negotiating and monitoring individual Service Agreements with providers of national services, in Scotland and England.
- Taking decisions on allocation of funds between services to optimise patient benefit.
- Providing effective support to designated national managed clinical, diagnostic, strategic and community networks.

6. KEY RESULT AREAS

Programme Governance

- Appraise initial commissioning and project proposals and provide external stakeholders with ongoing review and guidance through national commissioning processes.
- Support the delivery of an effective management and control mechanism for the creation, approval, delivery, and review of services which comprise of screening; networks; specialist services and financial risk share. Designated through national commissioning and change projects across territorial and national NHS Boards and Health & Social Care Partnerships (HSCPs). This involves working across NHS Board and HSCP boundaries, liaising closely with local management and clinicians to set up, develop and performance manage services and influence policy implementation and service delivery in each area.

Programme Management

- Develop and manage the plans, risks, team, and resources (inc. third party contributions and other NIHS resources) to deliver outcomes to defined quality, on time and within budget, in accordance with the individual Programme Plans.
- Produce comprehensive and fully costed Business Cases and present these to the funding authority (e.g., the NSS Board or the SGHSCD) to secure funding for the Programmes. (Moved from first bulletin point)
- Ensure that the Programme/Projects include effective change management strategies where relevant, including appropriate stakeholder engagement that includes patients and public.
- Ensure that there are active and effective links to other structures and initiatives, where relevant, by identifying the key linkages, representing the Programme on other Steering Groups/Boards, and developing joint working where required.
- Supporting Associate Directors in planning and managing service reviews/options appraisal of national services, in establishing new services and in facilitating any changes. Ensure Programmes meet the requirements of national commissioning policy and NSS Standing Financial Instructions, as well as all other relevant internal and external policies and procedures.
- Work with NSD Medical Director/Advisor and Nursing and Quality Advisor to monitor and deal with any quality or clinical issues that may arise.

Internal/external Consultancy & Quality Improvement

- As subject matter expert of your service, (screening; networks; specialist services/financial risk share) advise internal/external stakeholders on national commissioning policy and effective change management processes to maximise the success and benefits of all investments and developments, including the use of business systems and new technology to facilitate better ways of working
- Utilise knowledge and experience of quality improvement methodologies to promote and support continuous improvement within programmes and services.
- Lead and coordinate the development of national performance and quality indicators for Programmes where required.
- Monitor the quality and performance of programmes against established standards, addressing any issues identified at an early stage; including those escalated from the service.

Line Management

- Responsibility for line management of a range of staff within the team. This includes responsibility to recruit, develop, train, and appraise staff to meet role and Programme requirements.

Planning & Organisational

- Requirement to work strategically, planning months to years ahead in time periods for meetings with SGHSCD, working groups and team meetings throughout the Programme lifespan.
- Agree, plan, and monitor the programme of work for the team and contribute to planning the work of staff in other SBUs, NHS Boards, HSCPs and outside contractors to achieve outcomes within given timescales.
- Lead and coordinate the formal review of individual Programmes that is undertaken on a 3–5-year cycle.

Service

- Assist Associate Directors and NSD Senior Management in implementing policy changes and service redesign within programmes/whilst continuing to monitor and support the existing programmes.
- Monitor the delivery of new policies and developments to ensure the continued quality of the service and that changing objectives and priorities are implemented.
- Identify and share learning that will assist the wider NHS and HSCPs in implementing service change.
- Gather, analyse, and interpret relevant quality, activity, and outcome data, analyse, and prepare comprehensive reports for SGHSCD, NHS Scotland, HSCPs and PCF to evaluate impact of changes to programmes/services on staff groups and commission and develop professional training programmes accordingly.
- Lead and manage the procurement and commissioning of resources relevant to individual programmes such as IT systems, e-learning modules, and information materials in line with legislative requirements.
- Liaise with providers and SGHSCD to commission, support and maintain existing IT systems for programmes. Support service IT user groups and work with them to prioritise proposed changes to existing national IT systems.
- Undertake operational risk analysis to advise the PCF Senior Management on the risks of any policy or funding changes and advise on options for minimising, reducing, and managing risks to ensure the provision of high-quality specialist and screening services.

7. ASSIGNMENT AND REVIEW OF WORK

Work will be assigned and measured by the Senior Programme Manager/ Portfolio Manager Associate Director and, where relevant, the Steering Group in accordance with the objectives and timescales of the Programme work plan. Under broad guidelines as determined by the Director, the postholder is expected to prioritise and manage their own workload in accordance with the objectives and timescales of the Programme.

The postholder will lead the team and display effective decision making and problem-solving skills throughout the Programme lifecycle, including redeploying resources when required to meet Programme objectives. This will be allied to an ability to facilitate idea generation in the context of meeting identified business requirements and to foresee risks/ issues and take appropriate corrective action. The postholder will have the capability to develop and implement, when required, national commissioning and NSS procedures and policies in relation to new business and system developments i.e., guidance and acceptable use policies, and will guide and influence the Programme accordingly.

In the role of Internal/external Consultant, the postholder will be expected to demonstrate the ability to identify pragmatic solutions using quality improvement techniques and methods to support colleagues deliver business goals.

Decisions & Judgements

- The postholder is required to work with a high degree of autonomy, presenting and discussing solutions with their line manager for agreement and way forward
- The postholder plans tasks, and the use of resources and time in line with reporting timelines
- The postholder needs to plan and prioritise workload daily, responding, on a regular basis, to requests from senior management, service staff and Scottish Government Health and Social Care Directorates for information to inform responses, such as to parliamentary questions, that require an urgent reply

8. COMMUNICATIONS AND WORKING RELATIONSHIPS

- The postholder must have excellent verbal and written communication skills, being able to discuss and present Programme issues effectively with a wide range of senior individuals within and out with NHS National Services Scotland. This will include highly complex, sensitive, and contentious information
- The individuals and/or groups with which communication takes place will reflect the specific Programmes and projects within individual portfolios.
- In general communication requires establishing relationships with relevant key stakeholders (e.g., senior policy makers, clinicians, other health professionals, NHS managers, and other staff in NSS). Participate in national policy forums to ensure that relevant information is made available for the development, modernising, policy making and planning of NHS Scotland. To keep abreast of initiatives in policy, at both a UK and Scottish level to ensure that PCF can respond to evolving policy and service developments.

Internal (NHS National Services Scotland)

- The postholder is required to work closely with PCF colleagues, other NHS National Services Scotland SBU's, particularly the Central Legal Office during incidents, Procurement, Commissioning & Facilities for equipment procurement, IT Contract Management, and Practitioner & Counter Fraud Services.

External

- Customers include: SGHSCD, Public Health Scotland for data collection, processing and analysis, NHS Boards and other structures, local authorities; professional bodies such as Royal Colleges, the Scottish Parliament, COSLA, Scottish Prison Service, Police Scotland, other partner organisations, the media, the public, commercial organisations, and research bodies.

The postholder will need to establish and maintain their own professional links both within NHS National Services Scotland and within the wider NHS Scotland.

9. MOST CHALLENGING PART OF THE JOB

Operating at national level in a context of complexity and conflicting priorities and managing expectations of stakeholders within financial parameters.

Influencing health and other professionals on the benefit of change programmes and obtaining their commitment to engage and enable achievement of Programme objectives through its lifecycle.

Achieving consensus across organisational, geographical, and professional boundaries on a consistent, standardised, national approach to service delivery.

Managing a diverse portfolio of Programmes that may have conflicting priorities.

10. SYSTEMS

The post requires the use of a PC and advance knowledge and practical application of the Microsoft Office package – for communications via e-mail, drafting regular reports, associated papers, correspondence, compiling spreadsheets, drafting PowerPoint presentations, accessing internet.

The postholder uses a variety of systems available which could include:

- Business Objects, others (such as SSTS, eESS, Crown Flexi etc).
- Word – for the provision of written communications across all stands of work.
- Excel – for the creation, storage and production of data to enable the generation of reports and record keeping
- Publisher – for the production of newsletters/ highlight reports
- Visio – for the production of process in flowchart format
- Adobe Acrobat Reader and Writer – use to create and view PDF documents
- PowerPoint – for the production of presentations
- Outlook/O365 – for effective and efficient internal and external communication and diary management
- MS TEAMS
- Collaboration and project management tools - Use software to manipulate data for required purposes. For example, producing graphs, project planning, audit and user acceptance testing.
- ChangePoint Decision Support tool,
- Digital - presenting information about the organisation to external stakeholders
- Intranet/Corporate Portal –sharing information internally
- Business Classification / Filing – maintain personal and departmental filing systems in line with business classification and information governance standards (sharepoint)
- Q-Pulse – quality management system used for templates, processes and procedures
- Risk management Systems ie Risk Register, Q-Pulse & ServiceNow
- Umbraco CMS system for web content requirements & website management
- Use of a range of data and internal systems
- Creating routine mid year and annual reports for NHS Boards and SGHSCD as part of the annual cycle of national commissioning performance management arrangements.
- Where networks/projects are subject to oversight by a Programme Board there is a requirement to produce routine written monthly /exceptional Highlight Reports to inform and escalate risks/issues to the Programme Board.

11. WORKING ENVIRONMENT AND EFFORT

PHYSICAL EFFORT

The post-holder will be required to travel throughout Scotland both by car and by public transport, often to very demanding timescales. The frequency, duration and routes are determined by individual programme portfolios and may be long e.g. between Glasgow and Aberdeen once a week or month or multiple short journeys several days a week to meet stakeholders.

The postholder will be required to carry materials for meetings and education/engagement events regularly (approx. several times a week) for short periods at a time.

MENTAL EFFORT

High levels of concentration are required for all aspects of programme management. This includes planning, facilitation, data analysis, chairing meetings, meeting deadlines, work prioritisation. Changing from one activity to another is common, as are interruptions – inevitable due to the large number and diverse nature of projects running concurrently. Dealing with information that is inherently complex and diverse, from IT systems/infrastructures, clinical data, and strategic plans.

This type of effort is required at all times every day, on an ongoing basis, approx. 2-3 hours per episode.

The post-holder will require prolonged periods of concentration when producing complex and detailed reports, business cases and other documents strategic meetings on a daily basis for several hours at a time i.e. 2-3 hours.

EMOTIONAL EFFORT

As the programmes include initiating and implementing change the environment can be resistant and even hostile. The need to train staff as part of the implementation of new systems or to enact organisational policy can often be stressful as staff can be pushed for time and/resistant.

Due to line management responsibility, there may be instances whereby formal disciplinary or performance management issues have to be implemented and staff taken through this process.

12. ENVIRONMENTAL/ WORKING CONDITIONS & MACHINERY AND EQUIPMENT

- Frequent travel throughout Scotland including long car journeys throughout the year. Also travel throughout the UK on an ad hoc basis by public transport.
- Frequent carrying of laptops and projector equipment for presentations.
- Long periods sitting at computer typing on a daily basis.
- Daily use of office equipment, including PCs/ laptops, mobiles/ phones, printers, tele/ video conference facilities, audio loop etc

13. QUALIFICATIONS AND/OR EXPERIENCE SPECIFIED FOR THE POST

- Educated to degree level with a post graduate or professional qualification together with some demonstrable experience in a relevant area OR significant demonstrable experience and achievements in key result areas including project, programme, risk, change and people management in a similar organisational setting within the public sector.
- Demonstrable NHS managerial, scientific, or clinical experience at a senior and strategic level.
- Proven experience of data collection and processing and of the use of data for improvement
- Experience of using information for management purposes and in setting and monitoring targets and performance indicators
- Proven experience of health service commissioning/ planning; knowledge of differing UK-wide NHS funding systems and their application
- Evidence of excellent written and oral communication skills along with excellent report writing and presentation skills.
- Experience of organising and chairing meetings on a regular basis.
- Experience of change management and the use of influencing / change management skills to facilitate change
- Evidence of excellent communication and negotiation/influencing skills as complex and sensitive negotiation, sometimes in emotive and hostile atmospheres, can be required
- Formal project management training is desirable e.g. PRINCE 2 Project Management Practitioner
- Experience and proven leadership skills in working with a wide range of professionals at all levels,
- For those whose portfolio includes national managed clinical networks for children and young people, enhanced disclosure with the Protecting Vulnerable Groups (PVG) scheme is a prerequisite.

14. JOB DESCRIPTION AGREEMENT

Postholder Signature:	<input type="text"/>	Date:	<input type="text"/>
Postholder Print:	<input type="text"/>		
Manager Signature:	<input type="text"/>	Date:	<input type="text"/>
Manager Print:	<input type="text"/>		
Manager Title:	<input type="text"/>		

D. Programme Support Officer Job Description



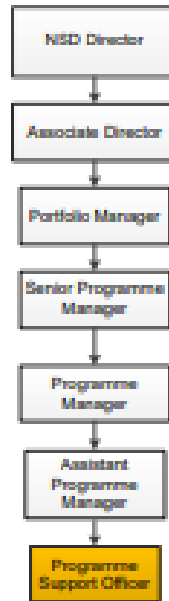
NHS NATIONAL SERVICES SCOTLAND JOB DESCRIPTION

1. JOB DETAILS	
Job Title	Programme Support Officer
Immediate Senior Officer/ Line Manager	Assistant Programme Manager/ Programme Manager/ Senior Programme Manager
Department	National Specialist and Screening Services Directorate (NSD)
SBU	Procurement, Commissioning and Facilities (PCF)
Location	Gyle Square, Edinburgh or Meridian Court, Glasgow (Frequent travel throughout Scotland required)
CAJE Reference	PRCFG010

2. JOB PURPOSE
<p>The Programme Support Officer provides a full range of administrative and programme/ project support services to NSD, assisting in the organisation and administration of all aspects of the projects, programmes and business as usual.</p> <p>The Programme Support Officer will be required to plan, manage and to co-ordinate administrative elements of programmes of work. This will include building on, developing and maintaining a programme support infrastructure in line with recognised Project Management methodology.</p>

3. DIMENSIONS
<p>The role of National Services Division is to plan, commission, co-ordinate, and performance manage the delivery of national services: this includes national specialist services, national risk share schemes, national managed clinical and diagnostic networks, national strategic and community networks, national screening programmes and national planning. NSD facilitates service planning and change across NHS Scotland to ensure consistent, equitable provision of high quality national specialist services (whether funded as designated services or as risk share schemes), networks and screening programmes to meet the needs of the population of Scotland.</p> <p>Finance</p> <ul style="list-style-type: none">• The total budget of National Services Division in 2021/22 is c£282 million on a recurring basis. Management costs are c£5 million for assigned resources, the post holder will prepare, negotiate and obtain budgetary agreement and ensure active controls are set to monitor ongoing expenditure, taking corrective action to ensure spend remains within agreed levels.• Capital allocation is £1.3 million (recurring) and NSD has delegated authority from SGHSC to transfer from revenue to capital each year. The budget is earmarked for national services within the NSS's general allocation – the Division has full delegated authority for decisions on the allocation of these funds• The postholder is not an authorised budget holder. The postholder has responsibility for monitoring a defined budget within individual programmes in line with NSD governance structures.

4. ORGANISATION CHART



The organisational structure shown above is indicative of the lines of reporting within NSD and this role within that structure, not all posts are replicated exactly in each team – please refer to the additional information appendix for specific team structures and roles.

5. ROLE OF THE DEPARTMENT

The purpose of the Procurement, Commissioning and Facilities Strategic Business Unit is:

- The procurement and delivery of goods and services to NHS Scotland, including Strategic Sourcing, eProcurement and Logistics operations.
- To ensure the SBU fulfils its role as a Procurement Centre of Expertise within the Scottish Government Reform Programme.
- The commissioning of high quality specialist and screening services that meet the needs of the residents of Scotland.
- The delivery of a comprehensive range of Facilities services including expert advice and services for engineering, environment, healthcare and property matters and procurement services for facilities.

Within this Business Unit - Specialist and Screening Services (NSD) role is:

- Strategic planning of national screening programmes and specialist services in collaboration with NHS Boards, clinicians, patient and public representatives and SGHSCD including major strategic programmes.
- Managing the National Planning of NHS Scotland clinical services, delivered through regional plans, developing the strategic direction taking account of enabling resources – finance, workforce, digital and infrastructure
- Commissioning specialist services and specialist elements of screening programmes, ensuring clinical quality, access and financial control of national specialist and screening services.
- Leading and facilitating NHS Boards in service change and new service developments as appropriate within specialist & screening service.
- Oversight and governance of major programmes of change for non-commissioned services in NHS Boards and communities

- Negotiating and monitoring individual Service Agreements with providers of national services, in Scotland and England.
- Taking decisions on allocation of funds between services to optimise patient benefit.
- Providing effective support to designated national managed clinical, diagnostic, strategic and community networks.

6. KEY RESULT AREAS

Project and Programme Support

Ensure effective planning and organisation of meeting and events including scheduling of dates, negotiating with venues and stakeholders, collating, preparing and distributing papers and presentation materials, and developing process for undertaking post event evaluation analysis.

Establish and maintain a number of databases and information management systems in order to ensure efficiency of project and programme administration including managing a 'bring forward' system to ensure the retrieval of information and/or feedback within pre-arranged deadlines.

Ensure that an accurate procedures register is maintained for all relevant aspects of the programmes where policy or procedural matters must be followed.

Work closely with National Committees and Groups to attend meetings, taking a detailed and accurate draft minute of a range of complex technical and medical content, specifying decisions and actions agreed. This includes maintaining a log of actions to ensure progress against agreed timescales.

Assist the Programme Team with the maintenance of project plans, risks and issues logs and critical dependencies for each programme.

The postholder will assist with the Programme Team with planning and monitoring of the agreed programme of work to ensure that agreed timelines are met.

Organise and attend regular meetings with colleagues to keep abreast of all divisional work and report on progress, raising risks and issues as appropriate.

Develop knowledge of the work of NSD including an understanding of services: specialist services, networks, screening programmes and national planning.

Project Management

The Programme Support Officer, with support and guidance from the wider Programme Team will be expected to take on the management of defined projects.

Project plan and manage defined projects; often within wider projects or programmes such a service change or service review. This includes the development and reviewing of project plans and updating associated project documents

Develop and maintain a risk and issues log, taking mitigating action where possible and escalating issues as appropriate.

Develop progress and Highlight Reports to ensure project stakeholders are kept abreast of the Project.

Arrange regular project team meetings to monitor progress ensuring deadlines are adhered to.

Analysis and manipulation of data. This involves the collation and analysis of data in order to identify trends and highlight specific issues that have been flagged. This includes the use of IT software such as Microsoft Excel and Business Objects and may involve the development and execution of questionnaires.

Communications and Information

Communicate with a range of internal and external stakeholders at all levels through a variety of methods: email, letter, telephone, face to face, report production.

Deal effectively with all enquiries, which may be sensitive and confidential in nature, to ensure appropriate interfaces with external and internal colleagues. Respond where appropriate and communicate relevant information and actions to colleagues.

Ensure a proactive approach to all programme related communications to make sure that stakeholders are provided with up to date, accurate information on services.

Responsible for creating and developing content for websites and updating them accordingly.

Coordinate and analyse performance management and activity data from services, NMCNs and screening programmes to support the development of reports for use by the Programme Teams, providing a strong audit trail.

Organise multidisciplinary team (MDT) across NSD's services including a range of engagement events, for example consultation on service changes, educational events and conferences.

7. ASSIGNMENT AND REVIEW OF WORK**Review of Work**

The post holder works independently under the direction of the Senior Programme Manager/Programme Manager/ Assistant Programme Manager, using their own initiative to progress workload without the requirement of direct supervision. The line manager (by nature of his/her role) is often out of the office and therefore the post-holder is expected to work unsupervised requiring a degree of autonomy and will be expected to anticipate, resolve and take the decision to escalate problems arising from day-to-day work. Advice and guidance is available as required.

The post holder monitors own output and standards, reviewing and changing procedures as required in order to ensure the continued provision of a high quality supporting service.

The post holder must be highly organised, methodical in his/her approach to work and be able to prioritise his/her workload unless directed otherwise and is responsible for delegating tasks to the direct report as appropriate.

Formal appraisal is carried out by the Manager in line with NSS policy.

Decisions & Judgement

The post-holder continuously reviews his/her own work to ensure satisfactory standards are maintained and will organise their own workload. This includes managing priorities between projects and requirements of Programme Managers on a day-to-day basis.

The post-holder is required to apply a recognised project methodology to their work.

The post-holder is required to provide project information such as checkpoints for committees in the absence of the Programme Manager when contacted by external stakeholders on issues relating to a number of different projects.

The post-holder must exercise judgement around confidential aspects of programmes which could impact on patient care such as information on patients receiving highly sensitive treatments, outputs from service reviews and risk assessments requiring tight control and discretion.

During collation and analysis of data, the post-holder is required to use judgement to determine what data is accurate, most informative and relevant for presentation to the intended audience. Judgement is often required on the most appropriate format for presentation of performance data information in terms of graphics, visuals and written content.

Arranging meetings often involves deciding on the most suitable venue, taking into consideration cost, size and location. The necessity of certain group members requires a judgement decision to be made when selecting dates.

Programme Support Officers are also actively encouraged to comment on divisional and NSS policy and channel queries or comments through line managers or NSD's Partnership Forum.

In consultation with the Programme Team, there is a requirement to work strategically, planning months to years ahead in time periods for meetings with Scottish Government Health and Social Care Directorates (SGHSC), working groups, team meetings and NHS Boards throughout the lifespan of a project.

8. COMMUNICATIONS AND WORKING RELATIONSHIPS

The post-holder will have excellent communications skills and will be expected to develop effective working relationships with both internal and external organisations/representatives (noted below). The post-holder will be expected to be in direct communication with relevant stakeholders and NHS staff, by contact of email, letter and phone. Whereby fielding or answering queries, in the absence of the Programme Manager, and prioritising work relating to a number of different projects as required. This involves the below:

Internal (NHS National Services Scotland)

The post-holder is required to work closely with NSD colleagues, other NHS National Services Scotland Divisions, particularly the Central Legal Office during incidents, National Procurement for equipment procurement, and IT Contract Management, and Practitioner Services.

External

The post-holder must establish effective working relationships with service colleagues in NHS Boards (for example Health Protection Scotland within, processing and analysis), Primary Care and Acute Divisions of Boards, including senior managers and senior clinicians; SGHSCD, including civil servants and Scottish Government managers; Professional Bodies (e.g. Royal College of Radiologists and Society of Radiographers), COSLA, Scottish Prison Service, Police Scotland, UK Committees and various other organisations such as charities, service users and universities. Contact is both formal and informal and robust communication procedures are essential. The provision of advice and interpretation of complex information will be a regular requirement of this role. They will also liaise with:

- Healthcare Improvement Scotland
- Other Medical Professional bodies i.e. Royal Colleges
- External Contractors
- Patients, relatives, the public and voluntary sector

The post-holder must negotiate dates, venues and programme material for meetings, both verbally and written with a whole host of groups which can include NSS staff, SGHSC, Clinical Staff, Patient Representatives, Chief Executives, Medical Directors and Finance Representatives. These meetings are generally between 10-30 people and on average the post-holder is required to organise up to 10 meetings a month.

The post-holder can be responsible for motivating staff in the service to contribute to specific work pertaining to the screening programmes. This often involves communicating the value that their contribution is making to the project, e.g. Training Manuals.

The post-holder is also required to provide general non-clinical advice or information directly to patients/clients.

9. MOST CHALLENGING PART OF THE JOB

Managing the diverse substantial workload whilst ensuring the provision of a high quality support service, being able to manage conflicting priorities to meet deadlines in a changing environment without the requirement for direct supervision requiring autonomy and motivation.

In a complex working environment, it is necessary to prioritise personal workload accordingly to provide support to multiple managers, projects and programmes. Due to the scale of the programmes, work will involve clarity and consistency of approach to support complex, interdependent programmes, workstreams and review processes requiring positive, proactive communication and relationships across all levels both internally and externally.

Flexibility to meet demands and work as part of a team is essential.

10. SYSTEMS

The post requires the use of a PC and advance knowledge and practical application of the Microsoft Office package – for communications via e-mail, drafting regular reports, associated papers, correspondence, compiling spreadsheets, drafting Powerpoint presentations, accessing internet.

The postholder uses a variety of systems available which could include:

- Business Objects, others (such as SSTS, eESS, Crown Flexi etc).
- Word – for the provision of written communications across all stands of work
- Excel – for the creation, storage and production of data to enable the generation of reports and record keeping
- Publisher – for the production of newsletters/ highlight reports
- Visio – for the production of process in flowchart format
- Adobe Acrobat Reader and Writer – use to create and view PDF documents
- PowerPoint – for the production of presentations
- Outlook/O365 – for effective and efficient internal and external communication and diary management
- TEAMS
- Collaboration and project management tools - Use software to manipulate data for required purposes. For example, producing graphs, project planning, audit and user acceptance testing.
- Changepoint Decision Support tool,
- Digital - presenting information about the organisation to external stakeholders
- Intranet/Corporate Portal –sharing information internally
- Business Classification / Filing – maintain personal and departmental filing systems in line with business classification and information governance standards (sharepoint)
- Q-Pulse – quality management system used for templates, processes and procedures
- Risk management Systems ie Risk Register, Q-Pulse & ServiceNow
- Systems for web content requirements & website management
- Use of a range of data and internal systems

11. WORKING ENVIRONMENT AND EFFORT

Physical Effort

Significant degree of sustained VDU usage and minute taking, requiring sitting in a restricted position. The post will include extensive periods working on the computer undertaking detailed work. In addition, there may be a requirement for working long days with regular travel throughout Scotland, either by car, potentially driving long distances, or public transport.

Mental Effort

Due to the national aspect of the work the post holder will be out of the office on a frequent basis and will require keeping up to date with work back at base while ensuring that they are contactable on a daily basis.

Sustained period of intense concentration is required to minute meetings which will include information that is inherently complicated and diverse, from IT systems/infrastructures, clinical data and strategic plans.

Mental effort is required to co-ordinate and organise a wide variety of formal meetings and daily ad hoc meetings on behalf of the Programme Team. Unpredictable workload and competing demands require mental agility to ensure priorities are met.

The work pattern will be unpredictable as it will be essential that the post-holder can switch between any of the projects on request from the Programme Team, Managers and external stakeholders.

Interruptions including requests for information and the ability to cope with several ongoing projects will be a daily task.

Due to the nature of the work, it is also expected that there will be exceptional demands and deadlines placed upon the post holder at certain points.

Frequent concentration is required for examining documents, minute and report writing, checking protocols and analysing statistics and data.

Emotional Effort

The post-holder is required to employ tact and diplomacy in the handling of sensitive verbal and written material, including information relating to patients and staff.

Whilst dealing with competing demands and priorities of the Programme Team; the postholder is required to maintain a composed and constructive approach to their duties.

The post-holder must be able to empathise with people yet remain professional at all times.

12. ENVIRONMENTAL/WORKING CONDITIONS & MACHINERY AND EQUIPMENT

- Frequent travel throughout Scotland including long car journeys throughout the year. Frequent carrying of laptops and projector equipment.
- Long periods sitting at computer typing on a daily basis.
- Daily use of office equipment, including PCs/ laptops, mobiles/ phones, printers, tele/ video conference facilities, audio loop etc

13. QUALIFICATIONS AND/OR EXPERIENCE SPECIFIED FOR THE POST

Essential

- HND or equivalent in Office Administration or relevant subject.
- Substantive experience in a senior administrative/managerial role, preceded by experience in an administration role.
- In-depth working knowledge of standard office software packages e.g. Microsoft Word, Excel, Office, PowerPoint.
- Excellent level of oral communication.
- Excellent written communication, with the ability to adapt style and form as appropriate, evidenced through academic study or previous employment.
- Team player with excellent interpersonal skills.
- Excellent organisational skills and the ability to work to deadlines and to organise a busy workload.
- Flexibility and the ability to work within a very busy multidisciplinary team.
- Experience of providing committee support, especially accurate minute taking.
- Commitment to updating skills and life-long learning.
- For those whose portfolio includes national managed clinical networks for children and young people, enhanced disclosure with the Protecting Vulnerable Groups (PVG) scheme is a prerequisite.

Desirable

- A working knowledge of NHS Scotland and experience of working with senior NHS staff.
- Experience of project management and project management methodology.
- To have the ability to learn and gain knowledge of the technical, medical and IT phrases to enable an increased efficiency and understanding in their role.
- Practical knowledge of Microsoft Project and Access, Adobe Acrobat Reader and Writer and website content management systems.
- Training in recognised project methodologies.

14. JOB DESCRIPTION AGREEMENT

Post-holder Signature:	<input type="text"/>	Date:	<input type="text"/>
Post-holder Print:	<input type="text"/>		
Manager Signature:	<input type="text"/>	Date:	<input type="text"/>
Manager Print:	<input type="text"/>		
Manager Title:	<input type="text"/>		

E. Guidance for managing network websites, developed 2020

National Networks Management Service (NNMS)

At a Glance Website Guidance v2

This guide provides a clear framework for the design of NHS National Network websites.

Why do we need guidance?

In order to maintain a consistent and unified approach across all the Networks, our websites should conform to legal and corporate responsibilities. This guidance will help ensure that information is provided in a suitable manner and is inclusive for all users.

Wordpress and Content Management System

NNMS websites are created on a system called Wordpress.

This provides you with a content management system (CMS) which will allow you to create pages and update content on the site.

Features can be added using themes and plug-ins with guidance as follows:

- You must use the 'Evolve' theme
- Standard plug-ins to ensure resilience across the service, for example:
 - Yoast SEO
 - Site origin page builder (advance page builder)
 - The events calendar (events calendar)
 - WP accessibility

Before enabling a plug in please take a moment to ensure it is necessary and isn't duplicating an existing function. Every activated plug in affects the performance of your website

If in doubt please contact the mailbox (nss.nnmswebsites@nhs.scot)

Considerations

When developing a website, it should have a clear purpose with the user at the forefront. The following considerations should be taken into account at the outset:

- Who is the target audience – families, the public, clinicians, etc?
- How will they find your site?
- How easy will it be for them to find your site
- What information are they looking for?
- What other requirements do they need from your site? What will make them return to your site?



- Is the website easy to navigate?

Giving consideration to these questions will help to ensure that the correct information is provided and will also help to determine the hierarchy of information. It is unlikely that the first thing that visitors to your website will want to know when the Network was established and why.

Structure

The structure of your network website should be created to include the following pages:

Home

- About the network (why there was a need)
- Network's aims and objectives

Meetings and Events

- Events calendar plug in (where possible). Categorized so that they can be sorted if necessary (i.e. Education, Steering Group etc)

Data Collection

- Link to database and/or instructions on how to collect
- Information about the data collection
- Governance arrangements
- Documentations
 - CAS information leaflets
 - Data collection forms

News page

- A standard page where posts can be set to only show a set number of the most recent stories

Signpost to other appropriate resources - charities, support groups or professional organisations

NSD Website

- General health information (NHS inform etc)

Publications

- Standard commissioning requirements (annual reports, mid-year reports, work plan, etc)
- Meeting papers- agendas, minutes, action trackers
- Guidelines, pathways, etc

Contact Us

- Contact form
- Generic mailbox address
- Office mailing address
- Current support staff (PM, PSO and LC)
- Links must work on all device types. Ensure that the 'call us' and 'e-mail us' links function on mobiles and tablets so that they open the browser or phone log.

Footers on every page (see below under "legal responsibilities")

- Privacy and cookies <https://nhs.uk/extra/privacy-and-cookies/>
- Terms and conditions <https://nhs.uk/extra/terms-and-conditions/>
- Accessibility <https://nhs.uk/extra/accessibility/>

Consistency & corporate branding

This is an extremely important aspect of any website. It's vital that colours, spacing, tone-of-voice and style follow the NHS Scotland Identikit guidelines. This will also provide guidance on the use of the NHS Scotland logo. This is the only logo that should be included on Network websites and it should not be adapted or altered in any way. See page 5 of the Identikit for appropriate guidance on its use.

In simple terms, the NHS Scotland logo must be placed in the top right hand corner with the name of the network on the top left in the font Arial.

There is a wide range of colours in the NHS Scotland colour palette, however, the Network's creative approach will determine the choice of colours selected

Use clear language and tone-of-voice

Information should be laid out clearly in brief easy to read sections. Use plain English and an appropriate tone-of-voice depending on the audience. Acronyms should only be used once the term has been explained in the first instance with the acronym in brackets – for example, National Network Management Service (NNMS).

Legal responsibility

All websites must adhere to NHS Scotland legal responsibility and therefore must include certain information in the footer:

- Privacy and cookies <https://nhnss.org/extras/privacy-and-cookies/>
- Terms and conditions <https://nhnss.org/extras/terms-and-conditions>
- Accessibility <https://nhnss.org/extras/accessibility/>

All websites should also adhere to NSS and NHS Scotland corporate responsibility and professionalism standards to include:

- Contact form
- Generic mailbox address
- Office mailing address
- Current support staff (PM, PSO and LC)
- Links must work on all device types. Ensure that the 'call us' and 'e-mail us' links function on
- Mobiles and tablets so that they open the browser or phone log.

Website disclaimer

The following statement should be added to all websites.

XX NETWORK seeks to ensure that the information published on its website is up to date and accurate. Any information appearing on this website is issued as general

information and does not constitute a warranty by the network or any other health organisation; nor should it be taken as advice. XX NETWORK website contains links to other websites that have been assessed as authoritative, reliable and trustworthy. We are neither responsible for, nor do we have any control over, the content of these websites and don't necessarily recommend or endorse the views expressed within them. XX NETWORK does not guarantee that the website will be secure or free from bugs or viruses.

No responsibility can be accepted by the network or any other health organisation for action or inaction as a result of information contained on this website. Any questions relating to individuals own care should be discussed with their clinical team.

All websites should display the NSS PCF Data Privacy Notice.

Guidelines

All guidelines should include the standard NNMS disclaimer. A disclaimer should also be placed on the guidelines page or page where guidelines are hosted.

Disclaimer:

'This guideline is not intended to be construed or to serve as a standard of care. Standards of care are determined on the basis of all clinical data available for an individual case and are subject to change as scientific knowledge and technology advance and patterns of care evolve. Adherence to guideline recommendations will not ensure a successful outcome in every case, nor should they be construed as including all proper methods of care or excluding other acceptable methods of care aimed at the same results. The ultimate judgement must be made by the appropriate healthcare professional(s) responsible for clinical decisions regarding a particular clinical procedure or treatment plan. This judgement should only be arrived at following discussion of the options with the patient, covering the diagnostic and treatment choices available. It is advised, however, that significant departures from the national guideline or any local guidelines derived from it should be fully documented in the patient's case notes at the time the relevant decision is taken'.

Accessibility

It's important to make sure that your website is accessible to users who may have impairments such as:

- Vision-impaired
- Motor-impaired
- Hearing-impaired
- Dyslexia
- ADHD
- Learning disabled
- Aspergers
- Epilepsy



Following the Web Content Accessibility Guidelines (WCAG) will help to ensure that all audiences can access your information while making your website more successful. These guidelines form the international standard for accessibility and you can find out more at this link: <http://www.w3.org/TR/WCAG20/>

Additionally a plug in has been agreed specifically for this purpose (WP accessibility). This should already be activated on your site. If not, contact the NNMS website mailbox.

An accessibility disclaimer has also been agreed -

<https://nhs.uk/extras/accessibility/>

Images

All images added to the website should have alternative text added as an absolute minimum. Alternative text ensures that images can be read by screen readers. Help and support is available from super users.

Analytics

All websites should have monster insights installed. This plug in allows for reports on website usage.

Requests for analytic reports should be submitted to the super users no later than two weeks before the report is required. This ensures the super user has ample time to produce your request. Requests should include:

- Name of network
- Data required
- The purpose of the data i.e. show increased traffic
- Date required

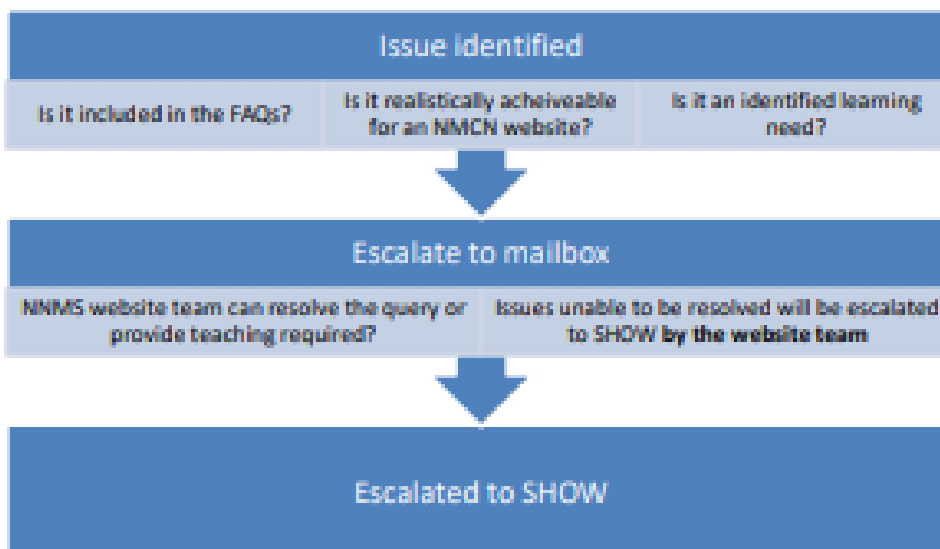
- Contact

Top Tips

- Make sure your site is accessible to all audiences
- Make it easy to read, making generous use of white space
- Consider the purpose and audience
- No logos to be developed
- Design must be created using NHS Scotland Identikit guidelines
- Do not adapt or amend the NHS Scotland logo in any way
- Include all legal responsibilities of your network on the site
- Ensure accessibility guidance is met

Escalation

- All issues should be escalated to the website requests mailbox nss.nnmswebsites@nhs.scot in the first instance;
- Super users can reset passwords, set up access and create sites;
- If the issue cannot be solved by the super user it will be escalated to the Show team who will give a response time. This will be reported back to the individual reporting the issue.
- **DO NOT contact SHOW directly**; all issues should be raised with the super users in the first instance. The super user will escalate if required.



Checklist

Have you used *evolve* as the theme?

Do you have the necessary plug ins?

- *Yoast SEO*
- *Site origin page builder*
- *Event calendar*
- *WP accessibility*

Have you considered who the audience is when developing the site?

Do you have the minimum required structure?

- *Home*
- *Meetings and events*
- *Data collection*
- *News*
- *Publications*
- *Contact us*
- *Signposting to other sites*

Are the agreed footers added to pages?

- *Privacy and cookies*
- *Terms and conditions*
- *Accessibility*

Website disclaimer added?

Guideline disclaimer added?

Accessibility requirements met?

F. Email from WPATH regarding launch of consultation

From: nss ngicns <nss.ngicns@nhs.scot>
Sent: 03 December 2021 13:39
To: [REDACTED]

Subject: [MARKETING] WPATH Presents the DRAFT Standards of Care v8 (SOC8)
NOW OPEN for Public Comment

Dear Colleagues,

Please find below links to the new WPATH draft Standards of Care. We encourage your participation in the public consultation. Please note the deadline for comment is **Thursday, December 16, 2021.**

If you have any queries, please contact the network team at nss.ngicns@nhs.scot

Kind regards
NGICNS

From: WPATH <wpath@wpath.org>
Sent: 02 December 2021 6:11 PM
To: [REDACTED]
Subject: [MARKETING] WPATH Presents the DRAFT Standards of Care v8 (SOC8)
NOW OPEN for Public Comment

WPATH Presents the DRAFT
Standards of Care v8 (SOC8)
NOW OPEN for Public Comment

WPATH

WORLD PROFESSIONAL ASSOCIATION FOR TRANSGENDER HEALTH

December 2, 2021

Dear All:

On behalf of the Standards of Care Version 8 Committee, we are pleased to present the DRAFT Version on the Standards of Care Version 8, now **available through Thursday, December 16, 2021, at 11:59pm eastern time**, for public comment.

Please note that this document is WPATH property and is being disseminated for public comment only, it is not to be copied or distributed. The final document will include an introduction, methodology section, several appendices, and supplementary information. More information is available on the SOC8 revision process on the WPATH website at <https://www.wpath.org/soc8>.

Your comments will be reviewed to shape the SOC8. Please note that all statements have been developed based on the available literature and clinical expertise. Once developed they have been approved by every member (120+) of the SOC8 (approval required 75% acceptance rate). While statements likely cannot be changed, there is more opportunity to make edits to the explications of the statements. Please include any comments to the draft of the SOC8 in general or to the statements and these will be carefully considered.

Please note that the titles of each chapter have not been finalised.

By clicking the links below, you will be taken to the survey for each chapter, within the preamble of each survey is the link to the draft version of that chapter. Return to this document to review other chapters and follow the same process.

Chapter Name	Survey Monkey Link
Adolescent	https://www.surveymonkey.com/r/85PD33R
Assessment	https://www.surveymonkey.com/r/LQL3528
Child	https://www.surveymonkey.com/r/RPSP59G
Education	https://www.surveymonkey.com/r/KWYYQSR
Epidemiology	https://www.surveymonkey.com/r/WH9Q2GR
Ethics	https://www.surveymonkey.com/r/5FV262F
Eunuch	https://www.surveymonkey.com/r/LK7T2MZ
Global	https://www.surveymonkey.com/r/KQZZHXL
Hormone Therapy	https://www.surveymonkey.com/r/LKSSGJZ
Institutions	https://www.surveymonkey.com/r/LLCTGHK
Intersex	https://www.surveymonkey.com/r/WYJB9L6
Mental Health	https://www.surveymonkey.com/r/6ZTH5VK
Nonbinary	https://www.surveymonkey.com/r/KFTQ9YM
Primary Care	https://www.surveymonkey.com/r/3LS8GJ9

Reproductive Health	https://www.surveymonkey.com/r/85NBN57
Sexual Health	https://www.surveymonkey.com/r/KF7PK9N
Surgery	https://www.surveymonkey.com/r/LSMPJRR
Terminology	https://www.surveymonkey.com/r/RBKLRLWL
Voice	https://www.surveymonkey.com/r/5FWYJLF

It is very important to understand how your comments relate to specific statements, please be sure your comments relate to the statement. Of course, there is no need to make comments for every single chapter and statement.

Finally, it is important to know that reference style, grammatical and spelling issues will be corrected/reviewed as the last stage before publication by an independent editor, hence there is no need to add comments regarding grammar, spelling or related to reference style.

We look forward to receiving your comments and finishing the Standards of Care Version 8.

Please note that we may not be able to respond individually to each comment but will try our best to consider each comment carefully.

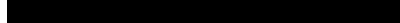
We look forward to reviewing your comments received by **Thursday, December 16, 2021, at 11:59pm eastern time.**

Kind regards,



Subscription Reminder

You're Subscribed to: [WPATH](#) using the address:



[Request Removal](#)

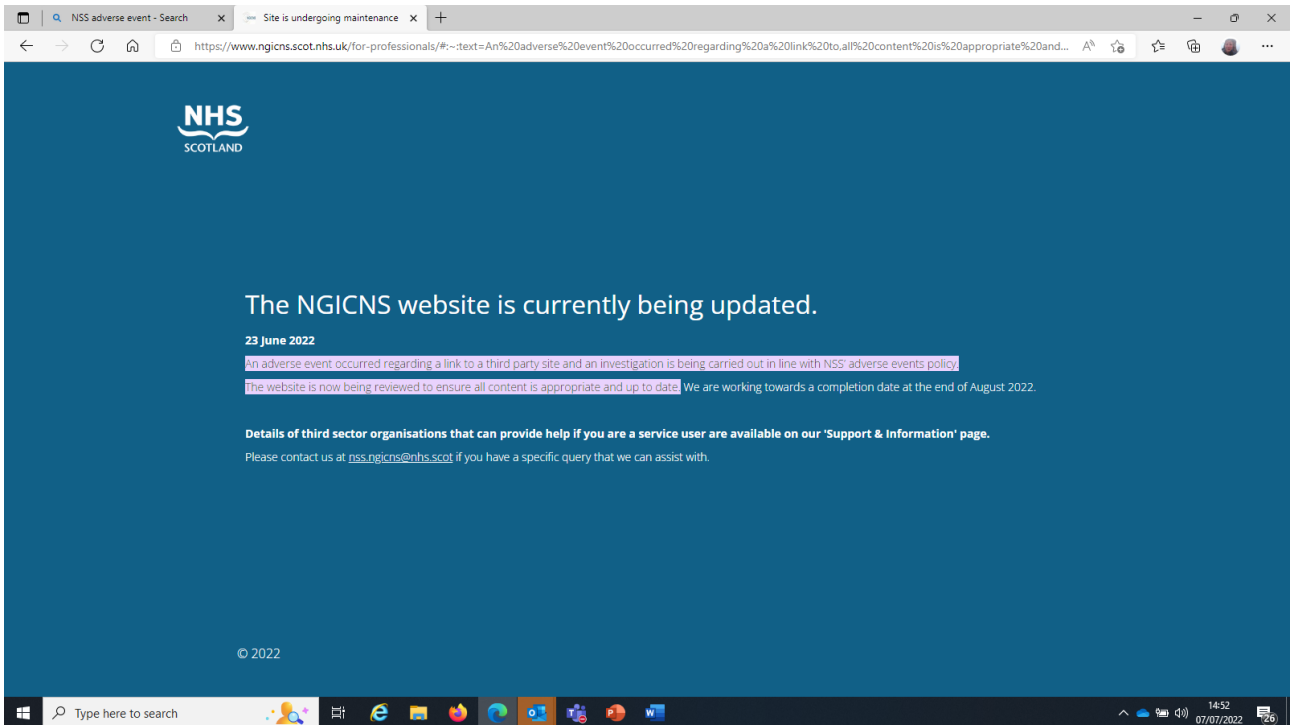
Contact

<http://www.wpath.org/>

wpath@wpath.org

WPATH

G. Holding statement on NGICNS website



The screenshot shows a web browser window with two tabs: "NSS adverse event - Search" and "Site is undergoing maintenance". The address bar shows the URL: <https://www.ngicns.scot.nhs.uk/for-professionals/#:~:text=An%20adverse%20event%20occurred%20regarding%20a%20link%20to,all%20content%20is%20appropriate%20and...>

The main content area has a dark blue background with the NHS SCOTLAND logo in the top left. The central text reads: "The NGICNS website is currently being updated." Below this, the date "23 June 2022" is displayed. A pink highlighted text block states: "An adverse event occurred regarding a link to a third party site and an investigation is being carried out in line with NSS' adverse events policy. The website is now being reviewed to ensure all content is appropriate and up to date. We are working towards a completion date at the end of August 2022." Below this, another pink highlighted text block says: "Details of third sector organisations that can provide help if you are a service user are available on our 'Support & Information' page." A final line of text asks: "Please contact us at nss.ngicns@nhs.scot if you have a specific query that we can assist with."

At the bottom left of the page, it says "© 2022". The Windows taskbar is visible at the bottom of the screenshot, showing the search bar, task view, and various application icons. The system tray on the right shows the time as 14:52 on 07/07/2022.

H. Email re review of NGICNS website accessibility

From: [REDACTED]
Sent: 24 June 2022 14:19
To: [REDACTED]
Cc: [REDACTED]
Subject: Website issues

Hi Catriona and Karyn,

Omer just sent me a message noting that he had just ran a very basic accessibility scan across the NGICNS website. He said;

'Unfortunately it fails to conform to WCAG 2.1 Level AA standards. This is the minimum level that public body websites should be aiming for.

Some issues that have been identified include:

Text colour contrast issues

Accessibility issues with forms, buttons and links

No Cookies page.

No Accessibility page.

Google Analytics cookies are used but there is no mention of this to the end user and users do not have an option to opt out.

I thought I'd highlight this seeing as the website may be considered high profile now and you may find these issues being reported on too.'

I have said I'd let you know. I have asked him if these issues are easy to fix as they may affect all the websites (NGICNS uses the same theme as the rest and as far as I am aware all have had the same upgrades. I said you'd probably want to know who can fix these, at what cost, and in what timeframe.

Omer said 'Most of the issues on the NGICNS site may be down to content formatting issues (which would be easy to fix) but others may be down to the template theme itself and/or plugins that are being used which can get quite complicated (depending on the issue). The ones highlighted above for NGICNS are mainly content & formatting issues.

I asked if it were possible to have an annual site audit from the SHOW team. Omer said that is something that would need to be discussed with Gavin Venters. Omer will speak to him, he is off until Tuesday, but you may wish to pick this up with them.

Kind regards,

Aileen

Aileen Paterson

Programme Manager, NSD

NHS National Services Scotland, Edinburgh

Tel: [REDACTED] Email: [REDACTED]

Pronouns [REDACTED]

[REDACTED]

Please note that at present I do not work a Monday

<http://www.ngicns.scot.nhs.uk/>

<http://www.sabin.scot.nhs.uk/> <http://www.sabin-dev.scot.nhs.uk/>



Follow the SABIN Network on Twitter at @SABIN_NHS

If you receive this email out of traditional working hours it means I am working flexibly. Please do not feel that you should have to pick this up outside of your own working hours.

I: List of non-NHS documents on managed network websites, by network

Network Name:	Name of non-NHS Scotland document on website	Page on which it appears	Removed by	Date removed	Saved to:
CCS	None				
CEN	Scope_communication_passport.pdf	https://www.cen.scot.nhs.uk/antipatory-care-planning/	█	6/17/2022	K:\02 Corporate Gov\Corporate-Senior-Team Mgmt\Team Mgmt\NNMS\NNMS East\East Clinical Networks\2022 website documents review
CEN	An_Ordinary_Life.pdf	https://www.cen.scot.nhs.uk/antipatory-care-planning/	█	6/17/2022	K:\02 Corporate Gov\Corporate-Senior-Team Mgmt\Team Mgmt\NNMS\NNMS East\East Clinical Networks\2022 website documents review
CEN	https://www.ncb.org.uk/sites/default/files/uploads/files/NO17%2520-%2520listening_to_young_disabled_children.pdf	https://www.cen.scot.nhs.uk/giving-children-a-voice/	█	6/17/2022	K:\02 Corporate Gov\Corporate-Senior-Team Mgmt\Team Mgmt\NNMS\NNMS East\East Clinical Networks\2022 website documents review
COBIS	Scottish Burned Children's Club Leaflet (x11)	Scottish Burned Children's Club – Care of Burns in Scotland	█	6/17/2022	K:\02 Corporate Gov\Corporate-Senior-Team Mgmt\Team Mgmt\NNMS\NNMS East\East Clinical Networks\2022 website documents review\COBIS
COBIS	Changing Faces Leaflet	Changing Faces – Care of Burns in Scotland	█	6/17/2022	K:\02 Corporate Gov\Corporate-Senior-Team Mgmt\Team Mgmt\NNMS\NNMS East\East Clinical Networks\2022 website documents review\COBIS
COBIS	British Burn Association Standards	British Burns Association – Care of Burns in Scotland	█	6/17/2022	K:\02 Corporate Gov\Corporate-Senior-Team Mgmt\Team Mgmt\NNMS\NNMS East\East Clinical Networks\2022 website documents review\COBIS
COBIS	After the Trauma: Helping My Child Cope	Patient Information leaflets – Care of Burns in Scotland	█	6/17/2022	K:\02 Corporate Gov\Corporate-Senior-Team Mgmt\Team Mgmt\NNMS\NNMS East\East Clinical Networks\2022 website documents review\COBIS\Info leaflets
COBIS	First Aid for Burns (NHS Wales)	Patient Information leaflets – Care of Burns in Scotland	█	6/17/2022	K:\02 Corporate Gov\Corporate-Senior-Team Mgmt\Team Mgmt\NNMS\NNMS East\East Clinical Networks\2022 website documents review\COBIS\Info leaflets
COBIS	British Burn Association First Aid Guidelines	Patient Information leaflets – Care of Burns in Scotland	█	6/17/2022	K:\02 Corporate Gov\Corporate-Senior-Team Mgmt\Team Mgmt\NNMS\NNMS East\East Clinical Networks\2022 website documents review\COBIS\Info leaflets
COBIS	Post Traumatic Stress - self help	Patient Information leaflets – Care of Burns in Scotland	█	6/17/2022	K:\02 Corporate Gov\Corporate-Senior-Team Mgmt\Team Mgmt\NNMS\NNMS East\East Clinical Networks\2022 website documents review\COBIS\Info leaflets
COBIS	Health Anxiety	Patient Information leaflets – Care of Burns in Scotland	█	6/17/2022	K:\02 Corporate Gov\Corporate-Senior-Team Mgmt\Team Mgmt\NNMS\NNMS East\East Clinical Networks\2022 website documents review\COBIS\Info leaflets
COBIS	Depression and low modd	Patient Information leaflets – Care of Burns in Scotland	█	6/17/2022	K:\02 Corporate Gov\Corporate-Senior-Team Mgmt\Team Mgmt\NNMS\NNMS East\East Clinical Networks\2022 website documents review\COBIS\Info leaflets
COBIS	Anxiety	Patient Information leaflets – Care of Burns in Scotland	█	6/17/2022	K:\02 Corporate Gov\Corporate-Senior-Team Mgmt\Team Mgmt\NNMS\NNMS East\East Clinical Networks\2022 website documents review\COBIS\Info leaflets

CYANS	Allergy GRID Registrar, Sian Ludman, GTT NHS Trust London	www.cyans.scot.nhs.uk/health-care-professionals-2/education-and-training/educational-resources/	█	6/20/2022	K:\02 Corporate Gov\Corporate-Senior-Team Mgmt\Team Mgmt\NNMS\NNMS East\East Clinical Networks\2022 website documents review\CYANS
CYANS	Mechanisms of (food) allergy and anaphylaxis, J. Schwarze, University of Edinburgh	https://www.cyans.scot.nhs.uk/wp-content/uploads/Allergy-mechanisms-Schwarze-Allergy-Study-Day-2013.pdf	█	6/20/2022	K:\02 Corporate Gov\Corporate-Senior-Team Mgmt\Team Mgmt\NNMS\NNMS East\East Clinical Networks\2022 website documents review\CYANS
CYANS	Families, Why Me - Image 1	https://www.cyans.scot.nhs.uk/wp-content/uploads/2018/02/Remys-letter.pdf	█	6/20/2022	K:\02 Corporate Gov\Corporate-Senior-Team Mgmt\Team Mgmt\NNMS\NNMS East\East Clinical Networks\2022 website documents review\CYANS
CYANS	Families, Why Me - Image 2	https://www.cyans.scot.nhs.uk/wp-content/uploads/2018/02/Rebeccas-letter.pdf	█	6/20/2022	K:\02 Corporate Gov\Corporate-Senior-Team Mgmt\Team Mgmt\NNMS\NNMS East\East Clinical Networks\2022 website documents review\CYANS
CYANS	Families, Why Me - Image 3	https://www.cyans.scot.nhs.uk/wp-content/uploads/2018/02/Hannas-letter.pdf	█	6/20/2022	K:\02 Corporate Gov\Corporate-Senior-Team Mgmt\Team Mgmt\NNMS\NNMS East\East Clinical Networks\2022 website documents review\CYANS
HINCY P	none				
NICCS	none				
PELICAN	RED-MAP-Guide-for-Professionals-250320	https://www.pelican.scot.nhs.uk/guidance-documents/	█	6/17/2022	K:\02 Corporate Gov\Corporate-Senior-Team Mgmt\Team Mgmt\NNMS\NNMS East\East Clinical Networks\2022 website documents review\PELICAN
Photon et	Joanna Campbell, Safe and effective use of phototherapy and photochemotherapy in the treatment of psoriasis. Br J Dermatol. 2020; 29: 547-52.	Professionals Area/ Publications	█	6/20/2022	K:\02 Corporate Gov\Corporate-Senior-Team Mgmt\Team Mgmt\NNMS\NNMS East\East Clinical Networks\2022 website documents review\Photonet
Photon et	Yule S, Sanyal S, Ibbotson S, Moseley H, Dawe RS. Self-administration of hospital-based narrowband ultraviolet B (TL-01) phototherapy: a feasibility study in an outpatient setting. Br J Dermatol. 2013;169:464-8.	Professionals Area/ Publications	█	6/20/2022	K:\02 Corporate Gov\Corporate-Senior-Team Mgmt\Team Mgmt\NNMS\NNMS East\East Clinical Networks\2022 website documents review\Photonet
Photon et	Sivaramakrishnan M, Woods J, Dawe, R. Narrowband UVB phototherapy in erthropoietic protoporphyria: case series. Br J Dermatol. DOI: 10.1111/bjd.12714	Professionals Area/ Publications	█	6/20/2022	K:\02 Corporate Gov\Corporate-Senior-Team Mgmt\Team Mgmt\NNMS\NNMS East\East Clinical Networks\2022 website documents review\Photonet
Photon et	Gardner J, Stephen K, Reddy S. Dundee phototherapy unit extended opening hours: six month report. Referenced to in PSALV Spring Newsletter 2013.	Professionals Area/ Publications	█	6/20/2022	K:\02 Corporate Gov\Corporate-Senior-Team Mgmt\Team Mgmt\NNMS\NNMS East\East Clinical Networks\2022 website documents review\Photonet
Photon et	Milliken SVI, Wassall H, Lewis BJ, Logie J, Barker RN, Macdonald H, Vickers MA, Ormerod AD. Effects of ultraviolet light on human serum 25-hydroxyvitamin D and systemic immune function. J Allergy Clin. 2012; 129: 1554-1561.	Professionals Area/ Publications	█	6/20/2022	K:\02 Corporate Gov\Corporate-Senior-Team Mgmt\Team Mgmt\NNMS\NNMS East\East Clinical Networks\2022 website documents review\Photonet
Photon et	Attili SK, Dawe R, Ibbotson S. A review of pain experienced during topical photodynamic therapy - Our experience in Dundee. Photodiagnosis Photodyn Ther 2011; 8: 53-7.	Professionals Area/ Publications	█	6/20/2022	K:\02 Corporate Gov\Corporate-Senior-Team Mgmt\Team Mgmt\NNMS\NNMS East\East Clinical Networks\2022 website documents review\Photonet
Photon et	Berroeta L, Man I, Dawe RS, Ferguson J, Ibbotson SH. Randomized Double-blind Comparative Study of 8-Methoxypsoralen Bath Plus UV-A Treatment Regimens. Actas Dermosifiliogr 2010; 101: 729-30.	Professionals Area/ Publications	█	6/20/2022	K:\02 Corporate Gov\Corporate-Senior-Team Mgmt\Team Mgmt\NNMS\NNMS East\East Clinical Networks\2022 website documents review\Photonet
Photon et	Dawe RS. There are no safe exposure limits for phototherapy. Br J Dermatol 2010; 163: 209-10.	Professionals Area/ Publications	█	6/20/2022	K:\02 Corporate Gov\Corporate-Senior-Team Mgmt\Team Mgmt\NNMS\NNMS East\East Clinical Networks\2022 website documents review\Photonet

Photon et	Dawe RS. Using 'number needed to treat' to express the magnitudes of benefit of ultraviolet B phototherapy and of antitumour necrosis factor-alpha therapies for psoriasis. Br J Dermatol 2010; 162: 456-7.	Professionals Area/ Publications	█	6/20/2022	K:\02 Corporate Gov\Corporate-Senior-Team Mgmt\Team Mgmt\NNMS\NNMS East\East Clinical Networks\2022 website documents review\Photonet
Photon et	Dawe RS, Cameron HM, Yule S, Ibbotson SH, Moseley HH, Ferguson J. A randomized comparison of methods of selecting narrowband UV-B starting dose to treat chronic psoriasis. Arch Dermatol 2011; 147: 168-74.	Professionals Area/ Publications	█	6/20/2022	K:\02 Corporate Gov\Corporate-Senior-Team Mgmt\Team Mgmt\NNMS\NNMS East\East Clinical Networks\2022 website documents review\Photonet
Photon et	Shareef M, Dawe R. Bath psoralen plus ultraviolet A for hidradenitis suppurativa_a review of 13 patients. Br J Dermatol 2011; 164: 895-6.	Professionals Area/ Publications	█	6/20/2022	K:\02 Corporate Gov\Corporate-Senior-Team Mgmt\Team Mgmt\NNMS\NNMS East\East Clinical Networks\2022 website documents review\Photonet
Photon et	Smith G, Weidlich S, Dawe RS, Ibbotson SH. Glutathione S-transferase M1 (GSTM1) genotype but not GSTT1 or MC1R genotype influences erythral sensitivity to narrow band (TL-01) UVB phototherapy. Pharmacogenet Genomics 2011; 21: 217-24.	Professionals Area/ Publications	█	6/20/2022	K:\02 Corporate Gov\Corporate-Senior-Team Mgmt\Team Mgmt\NNMS\NNMS East\East Clinical Networks\2022 website documents review\Photonet
Photon et	Institute of Physics and Engineering in Medicine IPEM (Nov 2021): Treating the Body with Light - Leaflet and Treating the Body with Light - Poster	Professionals Area/ Publications	█	6/20/2022	K:\02 Corporate Gov\Corporate-Senior-Team Mgmt\Team Mgmt\NNMS\NNMS East\East Clinical Networks\2022 website documents review\Photonet
Photon et	Institute of Physics and Engineering in Medicine IPEM (Nov 2021): Treating the Body with Light - Poster	Professionals Area/ Publications	█	6/20/2022	K:\02 Corporate Gov\Corporate-Senior-Team Mgmt\Team Mgmt\NNMS\NNMS East\East Clinical Networks\2022 website documents review\Photonet
SABIN	British Society of Rehabilitation Medicine briefing paper	Publications – Scottish Acquired Brain Injury Network	█		K:\02 Corporate Gov\Corporate-Senior-Team Mgmt\Team Mgmt\NNMS\NNMS East\East Clinical Networks\2022 website documents review\SABIN
SABIN	British Society of Rehabilitation Medicine - rehabilitation guidelines	Publications – Scottish Acquired Brain Injury Network	█		K:\02 Corporate Gov\Corporate-Senior-Team Mgmt\Team Mgmt\NNMS\NNMS East\East Clinical Networks\2022 website documents review\SABIN
SABIN	Cochrane Library - Multi-disciplinary rehabilitation for acquired brain injury in adults of working age	Publications – Scottish Acquired Brain Injury Network	█		https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD004170.pub3/epdf/full
SABIN	NICE Head injury standards	Publications – Scottish Acquired Brain Injury Network	█	6/17/2022	K:\02 Corporate Gov\Corporate-Senior-Team Mgmt\Team Mgmt\NNMS\NNMS East\East Clinical Networks\2022 website documents review\SABIN
SABIN	ABI and neurorehabilitation, a time for change, UK ABI Forum	Publications – Scottish Acquired Brain Injury Network	█		https://cdn.ymaws.com/ukabif.org.uk/resource/resmgr/campaigns/appg-abi_report_time-for-cha.pdf
SABIN	NCASRI report on Specialist Rehabilitation	Publications – Scottish Acquired Brain Injury Network	█		https://www.bsrm.org.uk/publications/latest-news/post/31-national-clinical-audit-of-specialist-rehabilitation-following-major-trauma-final-report
SABIN	Brain injury Rehabilitation - a health technology assessment	Publications – Scottish Acquired Brain Injury Network	█		https://www.sst.dk/da/udgivelser/2011/-/media/8B4B8EC0C47A4AA0A87011E439EC1674.ashx
SABIN	WHO Guidelines for essential trauma care	Publications – Scottish Acquired Brain Injury Network	█		https://apps.who.int/iris/bitstream/handle/10665/42565/9241546409_eng.pdf;jsessionid=8246467935634428D98AAAD9D3255686?sequence=1
SABIN	Scottish Sports Concussion Guidance: grassroots sport and general public	Publications – Scottish Acquired Brain Injury Network	█	6/17/2022	K:\02 Corporate Gov\Corporate-Senior-Team Mgmt\Team Mgmt\NNMS\NNMS East\East Clinical Networks\2022 website documents review\SABIN
SABIN	NICE Triage, Assessment, Investigation and Early Management of Head Injury in Children, Young People and Adults	Publications – Scottish Acquired Brain Injury Network	█		https://www.ncbi.nlm.nih.gov/books/NBK248061/
SCANS	None				

SDSD	BMJ Best Practice Guide – Ambiguous genitalia in neonates	https://www.sdsd.scot.nhs.uk/health-care-professionals/sdsd-professional-resources/	█	6/20/2022	K:\02 Corporate Gov\Corporate-Senior-Team Mgmt\Team Mgmt\NNMS\NNMS East\East Clinical Networks\2022 website documents review\SDSD
SDSD	UK Guidance on initial evaluation of an infant or adolescent with a suspected disorder of sex development	https://www.sdsd.scot.nhs.uk/health-care-professionals/sdsd-professional-resources/	█	6/20/2022	K:\02 Corporate Gov\Corporate-Senior-Team Mgmt\Team Mgmt\NNMS\NNMS East\East Clinical Networks\2022 website documents review\SDSD
SDSD	Journal Club: From knowing nothing, to knowing what, how and now: parents' experiences of caring for their children with congenital adrenal hyperplasia (<i>when you click on it, it goes to "404 Not Found"</i>)	https://www.sdsd.scot.nhs.uk/health-care-professionals/sdsd-professional-resources/	█	6/20/2022	K:\02 Corporate Gov\Corporate-Senior-Team Mgmt\Team Mgmt\NNMS\NNMS East\East Clinical Networks\2022 website documents review\SDSD
SDSD	Journal Club: It's part of me, not all of me: Young women's experiences of receiving a diagnosis of diverse sex development (<i>when you click on it, it goes to "404 Not Found"</i>)	https://www.sdsd.scot.nhs.uk/health-care-professionals/sdsd-professional-resources/	█	6/20/2022	K:\02 Corporate Gov\Corporate-Senior-Team Mgmt\Team Mgmt\NNMS\NNMS East\East Clinical Networks\2022 website documents review\SDSD
SMN	Prince and Princess of Wales Hospice-Welcome to the Living Well Hub	Patients and Families (PPWH)	█	6/20/2022	K:\02 Corporate Gov\Corporate-Senior-Team Mgmt\Team Mgmt\NNMS\NNMS East\East Clinical Networks\2022 website documents review\SMN
SMN	Prince and Princess of Wales Hospice-The Living Well Hub-drop in sessions	Patients and Families (PPWH)	█	6/20/2022	K:\02 Corporate Gov\Corporate-Senior-Team Mgmt\Team Mgmt\NNMS\NNMS East\East Clinical Networks\2022 website documents review\SMN
SOCN	Statement on the risk assessment of pregnant women with heart disease during the COVID 19 pandemic	Healthcare Professionals / Guidelines / Covid 19 and pregnancy	█	6/20/2022	K:\02 Corporate Gov\Corporate-Senior-Team Mgmt\Team Mgmt\NNMS\NNMS East\East Clinical Networks\2022 website documents review\SOCN
SOCN	Acute care toolkit 15 Managing acute medical problems in pregnancy Nov 2019	Healthcare Professionals / Guidelines / Acute Presentatinos in pregnancy	█	6/20/2022	K:\02 Corporate Gov\Corporate-Senior-Team Mgmt\Team Mgmt\NNMS\NNMS East\East Clinical Networks\2022 website documents review\SOCN
SOCN	Acute care toolkit 15 Managing acute medical problems in pregnancy Nov 2019 Flowcharts	Healthcare Professionals / Guidelines / Acute Presentatinos in pregnancy	█	6/20/2022	K:\02 Corporate Gov\Corporate-Senior-Team Mgmt\Team Mgmt\NNMS\NNMS East\East Clinical Networks\2022 website documents review\SOCN
SOCN	2018 ESC Guidelines for the management of cardiovascular diseases during pregnancy	Healthcare Professionals / Guidelines / Management of HD in pregnancy	█	6/20/2022	K:\02 Corporate Gov\Corporate-Senior-Team Mgmt\Team Mgmt\NNMS\NNMS East\East Clinical Networks\2022 website documents review\SOCN
SOCN	Addressing the Heart of the Issue	Healthcare Professionals / Guidelines / Management of HD in pregnancy	█	6/20/2022	K:\02 Corporate Gov\Corporate-Senior-Team Mgmt\Team Mgmt\NNMS\NNMS East\East Clinical Networks\2022 website documents review\SOCN
SOCN	High-Risk Cardiac Disease in Pregnancy Part 1	Healthcare Professionals / Guidelines / Management of HD in pregnancy	█	6/20/2022	K:\02 Corporate Gov\Corporate-Senior-Team Mgmt\Team Mgmt\NNMS\NNMS East\East Clinical Networks\2022 website documents review\SOCN
SOCN	High-Risk Cardiac Disease in Pregnancy Part II	Healthcare Professionals / Guidelines / Management of HD in pregnancy	█	6/20/2022	K:\02 Corporate Gov\Corporate-Senior-Team Mgmt\Team Mgmt\NNMS\NNMS East\East Clinical Networks\2022 website documents review\SOCN
SOCN	Intrapartum care for women with existing medical conditions or obstetric complications and their babies	Healthcare Professionals / Guidelines / Management of HD in pregnancy	█	6/20/2022	K:\02 Corporate Gov\Corporate-Senior-Team Mgmt\Team Mgmt\NNMS\NNMS East\East Clinical Networks\2022 website documents review\SOCN
SOCN	Gestation-Specific Vital Sign Reference Ranges in Pregnancy	Healthcare Professionals / Journal Watch / Haemodynamic changes in pregnancy	█	6/20/2022	K:\02 Corporate Gov\Corporate-Senior-Team Mgmt\Team Mgmt\NNMS\NNMS East\East Clinical Networks\2022 website documents review\SOCN

SOCN	Pregnancy in congenital heart disease: risk prediction and counselling	Healthcare Professionals / Journal Watch / Preconception counselling	█	6/20/2022	K:\02 Corporate Gov\Corporate-Senior-Team Mgmt\Team Mgmt\NNMS\NNMS East\East Clinical Networks\2022 website documents review\SOCN
SOCN	Pathophysiology, diagnosis and management of peripartum cardiomyopathy: a position statement from the Heart Failure Association of the European Society of Cardiology Study Group on peripartum cardiomyopathy	Healthcare Professionals / Journal Watch / heart failure	█	6/20/2022	K:\02 Corporate Gov\Corporate-Senior-Team Mgmt\Team Mgmt\NNMS\NNMS East\East Clinical Networks\2022 website documents review\SOCN
SPAH	British Society for Haematology statement on COVID vaccination for patients with blood disorder	Covid Vaccine Information (scot.nhs.uk)	█	6/20/2022	K:\02 Corporate Gov\Corporate-Senior-Team Mgmt\Team Mgmt\NNMS\NNMS East\East Clinical Networks\2022 website documents review\SPAH
SPAH	Real time national survey of COVID-19 in haemoglobinopathy and rare anaemia patients	General Covid Information (scot.nhs.uk)	█	6/20/2022	K:\02 Corporate Gov\Corporate-Senior-Team Mgmt\Team Mgmt\NNMS\NNMS East\East Clinical Networks\2022 website documents review\SPAH
SPAH	Information for patients with Sickle Cell Disease who may need a blood transfusion	https://www.spah.scot.nhs.uk/information-leaflets/	█	6/20/2022	K:\02 Corporate Gov\Corporate-Senior-Team Mgmt\Team Mgmt\NNMS\NNMS East\East Clinical Networks\2022 website documents review\SPAH
SPAIIN	St Georges Univ of London-Herpes Simplex Virus	Education and Training-Resources from BBV Event Feb 2016	█	6/20/2022	K:\02 Corporate Gov\Corporate-Senior-Team Mgmt\Team Mgmt\NNMS\NNMS East\East Clinical Networks\2022 website documents review\SPAIIN
SPAIIN	St Georges Univ of London-CMV in Pregnancy	Education and Training-Resources from BBV Event Feb 2016	█	6/20/2022	K:\02 Corporate Gov\Corporate-Senior-Team Mgmt\Team Mgmt\NNMS\NNMS East\East Clinical Networks\2022 website documents review\SPAIIN
SPAIIN	St Georges Univ of London-Perinatal Mang of Infected Neonates	Education and Training-Resources from BBV Event Feb 2016	█	6/20/2022	K:\02 Corporate Gov\Corporate-Senior-Team Mgmt\Team Mgmt\NNMS\NNMS East\East Clinical Networks\2022 website documents review\SPAIIN
SPARN	Childhood Myositis Assessment Scale (CMAS) Scoring Sh	Physiotherapists – SPARN (scot.nhs.uk)	█	6/17/2022	K:\02 Corporate Gov\Corporate-Senior-Team Mgmt\Team Mgmt\NNMS\NNMS East\East Clinical Networks\2022 website documents review\SPARN
SPARN	How to do a CAMS	Physiotherapists – SPARN (scot.nhs.uk)	█	6/17/2022	K:\02 Corporate Gov\Corporate-Senior-Team Mgmt\Team Mgmt\NNMS\NNMS East\East Clinical Networks\2022 website documents review\SPARN
SPARN	MMT8	Physiotherapists – SPARN (scot.nhs.uk)	█	6/17/2022	K:\02 Corporate Gov\Corporate-Senior-Team Mgmt\Team Mgmt\NNMS\NNMS East\East Clinical Networks\2022 website documents review\SPARN
SPARN	How to do MMT8	Physiotherapists – SPARN (scot.nhs.uk)	█	6/17/2022	K:\02 Corporate Gov\Corporate-Senior-Team Mgmt\Team Mgmt\NNMS\NNMS East\East Clinical Networks\2022 website documents review\SPARN
SPARN	BASMI	Physiotherapists – SPARN (scot.nhs.uk)	█	6/17/2022	K:\02 Corporate Gov\Corporate-Senior-Team Mgmt\Team Mgmt\NNMS\NNMS East\East Clinical Networks\2022 website documents review\SPARN
SPARN	How to do a BASMI	Physiotherapists – SPARN (scot.nhs.uk)	█	6/17/2022	K:\02 Corporate Gov\Corporate-Senior-Team Mgmt\Team Mgmt\NNMS\NNMS East\East Clinical Networks\2022 website documents review\SPARN
SPARN	Special Questions for Rheumatology Conditions	Physiotherapists – SPARN (scot.nhs.uk)	█	6/17/2022	K:\02 Corporate Gov\Corporate-Senior-Team Mgmt\Team Mgmt\NNMS\NNMS East\East Clinical Networks\2022 website documents review\SPARN

SPARN	Guidelines for Management of Joint Hypermobility Syndrome in Children and Young People	Physiotherapists – SPARN (scot.nhs.uk)	█	6/17/2022	K:\02 Corporate Gov\Corporate-Senior-Team Mgmt\Team Mgmt\NNMS\NNMS East\East Clinical Networks\2022 website documents review\SPARN
SPARN	Allied Health Professional (AHP) Standards of Care for Juvenile Idiopathic Arthritis	Physiotherapists – SPARN (scot.nhs.uk)	█	6/17/2022	K:\02 Corporate Gov\Corporate-Senior-Team Mgmt\Team Mgmt\NNMS\NNMS East\East Clinical Networks\2022 website documents review\SPARN
SPARN	Young Peoples Health Special Interest Group of the Royal College of Paediatrics and Child Health Newsletter Jan 22	Transition – SPARN (scot.nhs.uk)	█	6/17/2022	K:\02 Corporate Gov\Corporate-Senior-Team Mgmt\Team Mgmt\NNMS\NNMS East\East Clinical Networks\2022 website documents review\SPARN
SPEG	"The Story of Sex Development" by dsdfamilies	https://www.speg.scot.nhs.uk/patients-and-families/information-leaflets/	█	6/20/2022	K:\02 Corporate Gov\Corporate-Senior-Team Mgmt\Team Mgmt\NNMS\NNMS East\East Clinical Networks\2022 website documents review\SPEG
SPEG	"The Story of Sex Development" by dsdfamilies	Education – Scottish Paediatric Endocrine Group	█	6/20/2022	K:\02 Corporate Gov\Corporate-Senior-Team Mgmt\Team Mgmt\NNMS\NNMS East\East Clinical Networks\2022 website documents review\SPEG
SPEN	none	none	n/a	n/a	n/a
SPRUN	British Association for Paediatric Nephrology COVID-1p update	https://www.sprun.scot.nhs.uk/covid19-update-04012021/	█	6/17/2022	K:\02 Corporate Gov\Corporate-Senior-Team Mgmt\Team Mgmt\NNMS\NNMS East\East Clinical Networks\2022 website documents review\SPRUN
SSVN	none	none	n/a	n/a	n/a
VINCY P	Medical info documents removed as per SG guidance 20/06/2022	K:\09 PCF\NSD\NMCNs & NMDNs\Networks\VINCYP\Workstream s\WG - VIS\Medical Information Documents\Inherited documents	█	6/20/2022	K:\09 PCF\NSD\NMCNs & NMDNs\Networks\VINCYP\Workstreams\WG - VIS\Medical Information Documents\Inherited documents
VINCY P	Calculate from Snellen to Logmar	https://www.vincyp.scot.nhs.uk/professional-resources/logmar-calculator/	█	6/20/2022	K:\02 Corporate Gov\Corporate-Senior-Team Mgmt\Team Mgmt\NNMS\NNMS East\East Clinical Networks\2022 website documents review\VINCYP
VINCY P	Calculate from Snellen to Logmar	https://www.vincyp.scot.nhs.uk/professional-resources/logmar-calculator/	█	6/20/2022	K:\02 Corporate Gov\Corporate-Senior-Team Mgmt\Team Mgmt\NNMS\NNMS East\East Clinical Networks\2022 website documents review\VINCYP
VINCY P	Calculate from Logmar to Snellen	Snellen-Logmar Calculator – Visual Impairment Network for Children & Young People (scot.nhs.uk)	█	6/20/2022	K:\02 Corporate Gov\Corporate-Senior-Team Mgmt\Team Mgmt\NNMS\NNMS East\East Clinical Networks\2022 website documents review\VINCYP
VINCY P	How Good is our Sensory Service?	https://www.vincyp.scot.nhs.uk/self-assessment-frameworks/	█	6/20/2022	K:\02 Corporate Gov\Corporate-Senior-Team Mgmt\Team Mgmt\NNMS\NNMS East\East Clinical Networks\2022 website documents review\VINCYP
VINCY P	RNIB Moving On: Preparing young people with vision impairment for post-16 transitions	https://www.vincyp.scot.nhs.uk/rnib-moving-on-preparing-young-people-with-vision-impairment-for-post-16-transitions/	█	6/20/2022	K:\02 Corporate Gov\Corporate-Senior-Team Mgmt\Team Mgmt\NNMS\NNMS East\East Clinical Networks\2022 website documents review\VINCYP
VINCY P	List of organisations and initiatives	https://www.vincyp.scot.nhs.uk/wp-content/uploads/2022/02/2021-02-05-VINCYP-Resources-and-Useful-Links-Review-V1.3.pdf	█	6/20/2022	K:\02 Corporate Gov\Corporate-Senior-Team Mgmt\Team Mgmt\NNMS\NNMS East\East Clinical Networks\2022 website documents review\VINCYP
VINCY P	Recent Posts - NIHR Eye health experts seek to refresh eye research priorities	https://www.vincyp.scot.nhs.uk/wp-content/uploads/2022/05/2022-05-Final-NIHR-Eye-Experts-seek-to-refresh-eye-research-priorities.pdf	█	6/20/2022	K:\02 Corporate Gov\Corporate-Senior-Team Mgmt\Team Mgmt\NNMS\NNMS East\East Clinical Networks\2022 website documents review\VINCYP

