

Borders NHS Board**SEAT ANNUAL REPORT 2012/13****Aim**

This paper aims to update the Board with the work undertaken through SEAT during 2012/13.

Background

Each year, SEAT (South East and Tayside) decide on a number of priorities and workstreams to be taken forward. As a key partner within SEAT, NHS Borders contributes to the decision making process around the priorities for a given year and is involved in the progression of workstreams and in some cases takes a lead on individual pieces of work.

The SEAT Annual Report for 2012/13 reflects the wide and busy agenda for regional planning in the south east of Scotland. The collaboration of NHS Borders, Fife, Lothian, Tayside and Forth Valley, and for Cancer and Spinal Services, NHS Dumfries and Galloway, provides opportunities for the planning and delivery of services across Health Board boundaries where it is in the interest of patients to do so.

The attached SEAT Annual Report provides a summary of the work undertaken in 2012/13. The report highlights the improvements made for patients across a number of priority areas including:

- Cancer patient emergency admissions have been reviewed and new models of care tested which aim to improve communications, provide earlier assessment and onward referral and reduce the length of hospital stay
- Implementation of the Detect Cancer Early programme to improve survival rates in breast, bowel and lung cancer by increasing the number of people diagnosed in the earliest stages of their disease
- A regional model of care has been implemented for Child Sexual Abuse services which sees forensic examinations provided locally in each Board during working hours and an out of hours rota managed through NHS Lothian Children's Services during nights and weekends
- Work led by the regional MCN for Neonatal Services Parent Group is underway to develop 'Transitional Care Information' for parents: a particularly stressful period for parents when their baby moves between levels of care in hospital
- Ongoing redesign of tier 4 CAMH services, together with the positive impact of community teams working closely with the CAMHS inpatient unit (IPU) has supported improvements by reducing In Patient Unit lengths of stay, reducing admissions to nonspecialist beds and improving outcomes for young people

- The Regional Eating Disorders Unit provides a therapeutic environment with multidisciplinary care for people with eating disorders who require hospital admission, working closely with specialist community teams to support early discharge when appropriate
- The Positive Behavioural Support project aims to support development of a critical mass of advanced practitioners in Learning Disability Services in both community and inpatient areas
- The regional Neuromuscular Care Advisor post provides non clinical support and sign posting for adults and children with neuromuscular disease, with an emphasis on anticipatory care

Summary

The Board regularly receive this report on an annual basis and it is a useful summary of the work undertaken at the regional level.

Recommendation

The Board is asked to **note** the SEAT Annual Report 2012/13.

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| Policy/Strategy Implications | This is being submitted to the Board to allow members to review the work undertaken by SEAT in 2011/12. |
| Consultation | This has been presented and approved at the the SEAT meeting. |
| Consultation with Professional Committee | See above |
| Risk Assessment | The report highlights any associated risk identified in the period. |
| Compliance with Board Policy requirements on Equality and Diversity | SEAT workstreams will have been assessed to assess any Equality & Diversity impacts. |
| Resource/Staffing Implications | Staffing and resource implications will have been approved at the SEAT level. |

Approved by

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| June Smyth | Director of Workforce Planning | | |

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South East and Tayside
Regional Planning Group

Annual Report 2012/13

Contents

| | |
|--|-----------|
| 1. Chairs Foreword | 3 |
| 2. Summary of Key Achievements 2012/13 | 5 |
| 3. Introduction..... | 6 |
| 4. SEAT Initiated Priorities | 7 |
| Cancer Services | 7 |
| Children and Young People's Services | 9 |
| Orthopaedic Services | 13 |
| Regional Demand and Capacity..... | 13 |
| Eating Disorder Service..... | 13 |
| Learning Disability Managed Care Network | 14 |
| Regional Cardiac Planning | 15 |
| Neuromuscular Care Advisor Post..... | 16 |
| Vascular Services | 16 |
| Spinal Services..... | 17 |
| Obesity Treatment Services..... | 18 |
| Workforce Planning | 18 |
| 5. Regional Liaison Activities | 23 |
| 6. Engagement and Accountability | 24 |
| 7. Summary of Collaborative Funding 2010/11 | 25 |
| 8. Horizon Scanning | 26 |
| 9. SEAT Membership..... | 27 |

South East and Tayside Regional Planning Group is a collaboration between NHS Borders, NHS Fife, NHS Forth Valley, NHS Lothian and NHS Tayside

The SEAT Annual Report for 2012/13 reflects the wide and busy agenda for regional planning in the south east of Scotland. The collaboration of NHS Borders, Fife, Lothian, Tayside and Forth Valley, and for Cancer and Spinal Services, NHS Dumfries and Galloway, provides opportunities for the planning and delivery of services across Health Board boundaries where it is in the interest of patients to do so.

I am writing this foreword as I complete my first full year as Chair of SEAT Regional Planning Group. For me, some notable achievements during this year include the SCAN work in Cancer Services; the opening of the regional Eating Disorders Unit; the continued service improvement in Child and Adolescent Mental Health Services; and the implementation of Models of Care in Learning Disability Services.

None of these achievements would have had the same impact, had they not been achieved collaboratively, with local teams sharing the common goal of improving services for patients.

The current financial challenges for the Public Sector also mean that SEAT continually looks to demonstrate the best use of resources, be they facilities or personnel. With this in mind, a key area of work for us in 2013/14 will be to build on the principles of the Rebalancing Orthopaedics initiative and develop resilience and efficiency through Regional Demand and Capacity work.

I commend this report to you.



Calum Campbell

Chief Executive, NHS Borders and Chair of SEAT

What has improved for patients?

- Cancer patient emergency admissions have been reviewed and new models of care tested which aim to improve communications, provide earlier assessment and onward referral and reduce the length of hospital stay
- Implementation of the Detect Cancer Early programme to improve survival rates in breast, bowel and lung cancer by increasing the number of people diagnosed in the earliest stages of their disease
- A regional model of care has been implemented for Child Sexual Abuse services which sees forensic examinations provided locally in each Board during working hours and an out of hours rota managed through NHS Lothian Children's Services during nights and weekends
- There is ongoing audit of all cases of child sexual abuse requiring forensic medical examination, with out of hours cases reviewed to assess whether the timing of the examination was clinically and forensically appropriate and reflected the best interests of the child
- Work led by the regional MCN for Neonatal Services Parent Group is underway to develop 'Transitional Care Information' for parents: a particularly stressful period for parents when their baby moves between levels of care in hospital.
- Ongoing redesign of tier 4 CAMH services, together with the positive impact of community teams working closely with the CAMHS inpatient unit (IPU) has supported improvements by reducing In Patient Unit lengths of stay, reducing admissions to non-specialist beds and improving outcomes for young people
- The Regional Eating Disorders Unit provides a therapeutic environment with multidisciplinary care for people with eating disorders who require hospital admission, working closely with specialist community teams to support early discharge when appropriate
- The Positive Behavioural Support project aims to support development of a critical mass of advanced practitioners in Learning Disability Services in both community and inpatient areas
- The regional Neuromuscular Care Advisor post provides non clinical support and sign posting for adults and children with neuromuscular disease, with an emphasis on anticipatory care

SEAT's approach is collaborative, integrated and built on achieving improvements to patient care, making it quicker, safer, more efficient and effective.

SEAT, the South East and Tayside Regional Planning Group, is the mechanism through which the NHS Boards in the south and east of Scotland plan services which span more than one Health Board area.

SEAT partners are NHS Borders, Fife, Forth Valley, Lothian and Tayside. On occasion regional planning includes collaboration with other Boards too. For example, NHS Dumfries and Galloway participates in regional planning of cancer services and spinal services with SEAT boards.

SEAT's approach is collaborative, integrated and built on achieving improvements to patient care, making it quicker, safer, more efficient and effective. It supports the local delivery of care wherever possible and takes forward work on a regional basis only where the common purpose is to add value, using the principles of subsidiarity and proportionality.

This is the seventh SEAT Annual Report and spans the year running from April 2012 to March 2013, highlighting the achievements that have been made to deliver better healthcare across the region.

SEAT has used the Framework for Priorities and Decision Making to underpin its programme of work for the year, with the Annual Report set out in a format which reflects the main sections in the Framework:

- SEAT Initiated Priorities which have been prioritised by SEAT as key areas of work during 2012/13.
- Regional Liaison Activities where there is a need to use the regional mechanism for collaboration and information sharing.
- Horizon Scanning which identifies topics which SEAT needs to be alert to as they may require regional planning over the coming year.

Cancer Services

SCAN is the regional network for cancer services in which NHS Borders, Fife, Lothian and Dumfries and Galloway are involved.

During 2012-13, SCAN received national funding to support a range of cancer modernisation projects and work has been undertaken to:

- review cancer patient emergency admissions and test new models of care which aim to provide more accessible oncology support, improve communications, provide earlier assessment and onward referral and reduce length of stay
- facilitate earlier palliative care interventions
- develop a one-stop breast service at St John's Hospital in Livingston (service expected to start May 2013)
- build on recent service development in the early management of cancer of unknown primary by rolling out the service across NHS Lothian
- purchase equipment to maximise quality and efficiency in surgical oncology
- develop and expand enhanced recovery after surgery redesign cancer pathways.

A one-stop breast service will be developed at St John's Hospital in Livingston

A further allocation of funding from the Scottish Government is expected to be available to support cancer modernisation projects in 2013-14.

SCAN has established an Acute Oncology Short-Life Working Group to agree standards and priorities, share good practice and provide peer support. The priorities for this group in 2013 will be communication, anticipatory care, information sharing, pathway management and developing education and training for GPs and 'front door' clinicians.

As part of the programme of radiotherapy equipment replacement, a business case has been developed to

replace one low-energy and one high-energy linear accelerator at the Edinburgh Cancer Centre. If approved, the region would have six modern machines with the capability to deliver the latest IMRT and IGRT treatments.

SCAN has also been working with the National Radiotherapy Programme Board and other cancer networks to plan for predicted increases in the demand for radiotherapy due to the increased incidence of cancer resulting from our ageing population. Following discussions with the West of Scotland Cancer Network (WOSCAN), it was agreed that WOSCAN should develop a business case to construct a new satellite radiotherapy centre. SCAN is currently working with NHS Tayside and NHS Forth Valley to scope options to meet the anticipated capacity requirements for the East of Scotland from 2016/17.

SCAN Boards have played a key role in the implementation of an important new national initiative to improve survival rates

In addition to developing and enhancing services for cancer patients, the SCAN health boards have played a key role in the implementation of an important new national initiative to improve survival rates in breast, bowel and lung cancer by increasing the number of people diagnosed in the earliest stages of their disease. The Detect Cancer Early programme was launched in February 2012 and commenced with a general social marketing campaign to highlight the importance of seeking medical advice for key cancer symptoms. A specific breast cancer media campaign ran from September to December 2012 and the bowel cancer campaign started in February 2013. The lung cancer campaign is expected to be launched in spring 2013. The Scottish Government has provided national investment in the programme to support an increase in screening and diagnostic capacity.

As part of the National Cancer Quality Programme, SCAN has continued to contribute to the development of tumour-specific and generic standards (QPIs). Data collection has now commenced for renal, breast, upper GI, HPB and prostate cancers, for which QPIs have been finalised, and the first QPI reports will be produced in September 2013. The reporting and review process for QPIs will be tested during Spring 2013.

SCAN has continued its efforts to make high-quality information available to patients, carers and health professionals. Members of the Patient Forum and tumour-

specific groups restructured and redesigned the SCAN website (www.scan.scot.nhs.uk) to make it more attractive and easier to use. In response to patient feedback, and in view of the launch of NHS Inform as a new national source of information for patients, information on local health and support services was expanded and specific resources (eg dietary advice and signposts to sources of advice on money matters) were made more prominent. Informal feedback on the refreshed site has been extremely positive and comparisons of website usage statistics before and after the relaunch of the site in May 2012 show that visitors are now staying longer and viewing more pages.

The SCAN website has been restructured and redesigned to make it more attractive and easier to use

Children and Young People's Services

The Children and Young People's Health Services Planning Group (CYPHSPG) continues to be the agreed mechanism through which regional issues relating to children's services are channelled. During the autumn the Group reassessed its key priorities for regional collaboration, agreeing to add neonatal services and health-related GIRFEC (Getting It Right for Every Child) issues to its remit.

Regional Managed Clinical Network for Child Sexual Abuse

The Managed Clinical Network for Child Sexual Abuse (MCN for CSA) continues to support and facilitate the delivery of consistent, equitable, high quality services to meet the needs of children, young people and their families in South and East Scotland who may have been victims of sexual abuse.

A regional model of care was implemented in September 2012, which sees forensic examinations provided locally in each Board during working hours and an out of hours rota managed through NHS Lothian Children's Services during nights and weekends. Due to difficulties with recruitment and a shortage of appropriately trained paediatricians, there are some gaps in the out of hours rota which are being managed through the provision of morning clinics which allow early examination of a child the following day.

Processes and data quality have been improved through the year, alongside ongoing audit of all cases requiring

forensic medical examination. Out of hours cases are reviewed, assessing whether the timing of the examination is clinically and forensically appropriate and reflected the best interests of the child.

Patient engagement in this challenging area is being piloted through the Centre of the Vulnerable Child in Fife and through the Child and Adolescent Mental Health Service in NHS Lothian in the form of a questionnaire. The MCN is keen to gain feedback on the experiences of children and their families on the services in the region. The West of Scotland Child Protection Network has agreed to work collaboratively with the SEAT MCN on the provision of information leaflets on forensic medical examination.

Peer Review supported by video conferencing is now well established in the MCN with clinicians presenting and discussing recent cases, ensuring evidence based management.

Education and Training is a key area of work for the MCN and in collaboration with the WOS Child Protection Network will deliver a Clinical Skills course and a Court Skills course. Both of these courses will contribute to the skills and competences of trainee medical staff and Paediatricians in this area of work. Peer Review supported by video conferencing is now well established in the MCN with clinicians presenting and discussing recent cases, ensuring evidence based management.

The MCN continues to explore the challenges of workforce issues including recruitment and retention of staff and the development of specialist paediatric forensic nurses.

Regional Managed Clinical Network for Neonatal Services

The regional MCN for Neonatal Services has continued to make progress on objectives within the MCN Workplan. The work of the Education and Training Sub-group has been focussed on the sustainability of neonatal nurse education and the development of eLearning packages linked to the neonatal nursing competency framework. A Clinical Guidelines Sub-group has been established to promote sharing and learning of practice within the Network, with colleagues from the North of Scotland expressing interest in collaborating in this work. Professional Development Meetings continue to be held on a quarterly basis with a varied range of discussion topics

and input from Health Boards across Scotland. The first Scottish Neonatal MCN Education Day was held in October 2012 with speakers from across the UK speaking on the subject of the care and management of complex pregnancies, palliative and end of life care including the launch of a new Palliative Care framework for SEAT.

Work led by the MCN Parent Group is underway to develop 'Transitional Care Information' for parents: a particularly stressful period for parents when their baby moves between levels of care in hospital.

In anticipation of the publication of the Neonatal Care in Scotland: A Quality Framework, work to develop an online tool has begun which will monitor implementation and support the development of local Action Plans. The MCN audit framework includes plans to collect data regularly using a Clinical Dashboard which has been developed with colleagues in the neonatal units and will be piloted in March 2013. The MCN is also working with units to ensure data collection systems are in place to enable benchmarking and participation in the National Neonatal Audit Programme.

The MCN Clinical Lead and MCN Manager continue to liaise closely with the Director of Workforce Planning in the South East to monitor workforce issues and brief key stakeholders.

Child and Adolescent Mental Health—Tier 4 Services

The regional CAMHS Tier 4 project has been extended until September 2014 through SGHD funding, to build on the existing excellent collaborative working across NHS Borders, Fife and Lothian. The SEAT CAMHS Consortium continues to meet every two months and - as one clinician put it - "has provided a vehicle for constructive relationships to be formed. Regional partners can develop mutually beneficial practice that is ultimately for the good of all the young people that require this level of support".

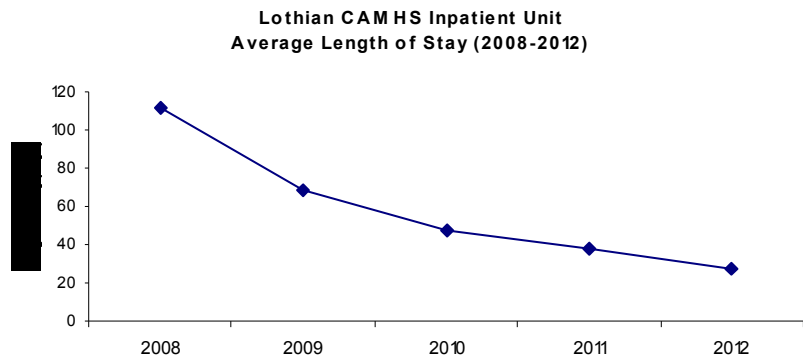
CAMH Intensive Treatment Services are operating in each of the 3 NHS Board areas, supporting young people at home rather than in hospital. 2012 data showed that 78%

Regional partners can develop mutually beneficial practice that is ultimately for the good of all the young people that require this level of support".

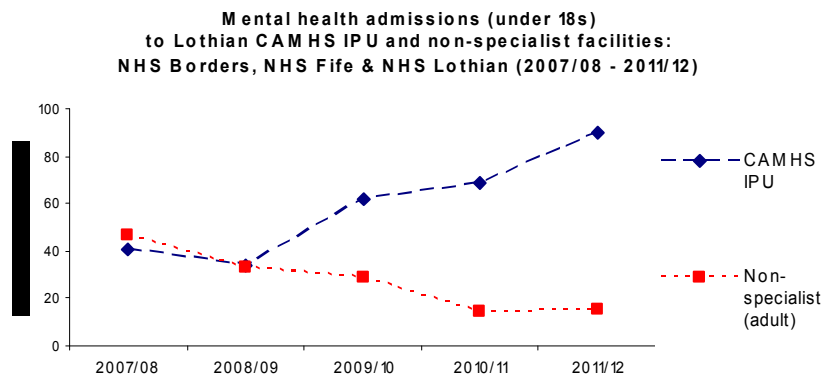
of young people who were referred to the Intensive Treatment Services did not need a hospital admission during their intervention. A parent of one young person said “this was an absolutely essential part of our daughter’s treatment – we could not have overcome the issues as quickly or smoothly without the Intensive Treatment Service”.

Ongoing redesign of tier 4 CAMHS, together with the positive impact of community teams working closely with the CAMHS inpatient unit (IPU) has supported improvements in key indicators, including further reductions in IPU lengths of stay, as shown below.

The model of care that has been implemented means that young people with severe mental health problems are more frequently seen in community settings, have shorter inpatient admissions and are less likely to be admitted to non-specialist beds.



Freeing up capacity by reducing lengths of stay has enabled a planned increase in admissions to the CAMHS IPU and decrease in admissions to non-specialist beds...



Rebalancing Orthopaedic Services

Autumn 2012 saw the implementation of a model for orthopaedic services between NHS Borders and Lothian which supports sustainability of services in NHS Borders while providing additional out patient and surgical capacity for NHS Lothian. Following agreement on case mix and pathways, patients from NHS Lothian are offered treatment in NHS Borders to reduce waiting times and the reliance on private sector providers. Regular meetings between the services are monitoring progress and outcomes. This model aims to provide treatment for over 200 patients a year.

It has been agreed that a regional capacity plan will be developed for orthopaedic services, maximising the potential capacity and resources within the region. This model is to be used as an exemplar for other services in the region, with future areas for consideration including Ophthalmology and Ear, Nose and Throat services.

Regional Demand and Capacity

Building on the experience and principles of the Rebalancing Orthopaedic work, SEAT has agreed to look at other areas where Boards can support each other in managing demand and capacity and meeting waiting time guarantees. Work started in the Spring of 2013 to crystallise ideas on how this might be achieved, with work ongoing in planning an Event for Summer 2013 at which key stakeholders will discuss and agree how proposals might be further developed.

Eating Disorder Services

The Regional Eating Disorder Inpatient Unit is a 12-bedded facility at St John's Hospital in Livingston, developed through collaboration between SEAT Boards including NHS Forth Valley. It was officially opened by the Minister for Public Health, Michael Mathieson in January 2012.

The unit provides a therapeutic environment with

The Unit works closely with specialist teams who work in the community, facilitating early discharge when appropriate with ongoing support.

There is an anticipated increase in quality of care for patients as well as providing a more cost-effective alternative to the current inpatient care. provision provided by the private sector

multidisciplinary care for people with eating disorders who require hospital admission. Due to the close proximity of acute medical and psychiatric services on the site, the unit is able to manage patients who have severe physical and mental ill health, with a consultant physician at St John's Hospital providing sessional input to the Regional Eating Disorders Unit.

During the Unit's first year in operation, 40 patients were admitted involving all four of the partnership Health Boards. The Unit works closely with specialist teams who work in the community, facilitating early discharge when appropriate, with ongoing support. The median length of stay is just over two months.

Around a quarter of the patients have been treated under compulsory measures of the Mental Health (Scotland) Act 2003, with one patient cared for briefly in the Intensive Psychiatric Care Unit on the St John's site. Levels of physical illness have varied from very underweight but stable patients through to extremely ill patients with malnutrition and metabolic abnormalities secondary to eating disordered behaviours. The multidisciplinary team continues to grow in confidence as they manage the psychiatric and physical problems associated with this patient group.

Learning Disability Managed Care Network

2012/13 has been a year of some change for the MCN with changes in both personnel and governance arrangements. The MCN has moved from the original hosting arrangements with NHS Forth Valley to be hosted by NHS Borders and the Network Manager is now managed by the SEAT Director of Regional Planning.

During 2012, the team co-hosted a national conference in partnership with the Scottish Government Health Directorate. The conference considered the needs of people with learning disability and complex needs, and informed the consultation of the "Same as You?" whilst also informing the forthcoming national learning disability policy

currently being developed by SGHD.

The main framework within which all the work of the MCN sits is the Model of Care and implementation of a number of work streams has begun. These include the development of a Dashboard to support strategic planning and financial analysis of proposed and actual change across the tiers of service. Introductory sessions have been held with each Health Board area. A Dashboard Support Group is currently being convened with key personnel from Health Boards and local authorities to facilitate the application of this tool and develop a shared data set across the MCN.

It is expected that the Department of Health report in the wake of events at the Winterbourne residential care facility in England, together with the changing shape of service provision to people across England, will have an impact on the Scottish landscape, with the MCN maintaining a watching brief on developments.

Where this does immediately impact, is on the development of a set of quality standards that will, in time, relate to each tier of service within the Model of Care and enable the services within the umbrella of the MCN to demonstrate and evidence best practice and quality outcomes of patients.

The Positive Behavioural Support project is taking shape with recruitment of a Project Lead underway. The initial ambition is to support development of a critical mass of advanced practitioners across pilots sites in both community and inpatient areas, yet to be identified, within the MCN.

Regional Cardiac Planning

During 2012, SEAT reviewed the need for cardiac planning focus in the region. The emerging consensus from SEAT Boards is that this would be productive in taking forward areas such as Congenital Cardiac services, Electrophysiology, Optimal Reperfusion Therapy and Advanced Heart Failure. SEAT will consider the best way of achieving this in the forthcoming year.

Quality standards will relate to each tier of the Model of Care and enable services to demonstrate and evidence best practice and quality outcomes for patients.

Neuromuscular Care Advisor Post

During the autumn 2012, the regional Neuromuscular Care Advisor took up post in the south east with a remit to offer non-clinical support to adult and paediatric patients with a range of neuromuscular conditions. This post, funded for 2 years by the Scottish Government, will be evaluated alongside the other 2 regional posts in Scotland.

The post is hosted within NHS Lothian but will be integrated into the multidisciplinary teams across the south east, with an emphasis on anticipatory care and sign posting to appropriate services.

National Priorities Managed Through Regional Planning

During 2012/13, SEAT took forward several areas of work which had originated from national workstreams. In order to progress with the recommendations from these national initiatives, SEAT established regional Short Life Working Groups with both clinical and managerial expertise.

Existing links between NHS Borders and Lothian and between NHS Fife and NHS Tayside will continue and be strengthened to support vascular services.

Vascular Services

Following the development of a Quality Framework for Vascular Services in Scotland, regions were charged with ensuring that the key elements of the Framework are in place to support modern and sustainable services in Scotland. For SEAT there is no service reconfiguration required, rather a continuation and strengthening of existing links between NHS Borders and Lothian and between NHS Fife and Tayside. Early discussions involved NHS Forth Valley, however, latterly they agreed to collaborate with Boards from the West of Scotland in seeking a sustainable service solution.

A robust arrangement is already in place between NHS Borders and Lothian, ensuring that patients requiring specialist treatment have access to specialists and services appropriate to their needs. Work is ongoing between NHS Fife and Tayside to balance specialist activity across the Boards with the most complex activity being managed in

NHS Tayside. It is anticipated that the work of this Short Life Working Group will be concluded early in 2013/14.

Spinal Services

Following a national review of spinal services in Scotland, Regional Planning Groups undertook to co-ordinate the review's recommendations which will support improved efficiency and effectiveness of services. A key issue for spinal services is the need to meet the Treatment Time Guarantee by October 2013. The SEAT Short Life Working Group for Spinal Services has included NHS Dumfries and Galloway in addition to the 5 SEAT Boards.

Both NHS Lothian and NHS Tayside provide spinal surgery services in the south east of Scotland. NHS Lothian has completed an outline Capacity Plan for meeting the Treatment Time Guarantee in October, although further work is required in assessing possible risks with its implementation. NHS Tayside is working with NHS Fife to assess the level of activity which NHS Fife expects to refer, given a preference for working with the Tayside team.

Underpinning the improvements to services is the introduction of the Low Back Pain Pathway, which most Boards have now implemented and is key to ensuring appropriate management of patients and maximising the skills of the multidisciplinary workforce. In an effort to improve communications between Boards, the Group has also facilitated the development of a telehealth pilot between NHS Dumfries and Galloway and NHS Lothian which will see a regular clinical discussion on patient referrals, ensuring that referrals are appropriate and timeous. The pilot is due to commence during summer 2013 once new appointments are in place

Going forward into 2013/14, the Short Life Working Group will continue to monitor the improvements to referral pathways and the impact of the introduction of the Low Back Pain Pathway. NHS Lothian will also continue work with surgical teams in both neurosurgery and orthopaedics to ensure the most effective and efficient management of patients.

A telehealth pilot will be run between NHS Dumfries and Galloway and NHS Lothian to support appropriate and timeous referrals

Obesity Treatment Services

SEAT established a regional Short Life Working Group during 2012 to consider the recommendations and Best Practice Guidance issued from a national review of Obesity Treatment Services. Membership includes NHS Forth Valley in addition to the 3 core SEAT Boards.

Regional Planning Groups were asked to review services, ensuring they were underpinned by Specialist Weight Management Services (Tier 3 services) with robust pathways in and out of weight management services. During 2013 all SEAT Boards will have in place these services which can be accessed locally by Board residents.

During 2013 Boards will have in place Specialist Weight Management Services which can be accessed locally by Board residents

Boards are expected to increase the rates of surgery to 9 per 100,000 population, adopting nationally specified criteria to ensure patients with Type II Diabetes are prioritised for weight management services. The application and impact of these criteria will be reviewed in 2014.

NHS Fife plans to develop a surgical service during 2013 which could offer NHS Borders capacity, while access to specialist weight management remains locally provided.

Workforce Planning

Workforce planning and development continued to be a key issue for SEAT and is an integral component of SEAT workstreams. SEAT continues to support Boards on the wider workforce planning agenda and also provides leadership and input to a range of national workforce planning priorities.

Reshaping the Medical Workforce

The Medical Reshaping Programme continued to be a priority for SEAT. The South East Deanery disestablished 18 posts in August 2012. For those posts funded by NHS Education Scotland the funding was returned to the region and distributed by the Regional Medical Workforce Group to

the Boards affected in order to support sustainable workforce solutions.

A further 22 posts are being disestablished across NHS Scotland in August 2013, with an expected 8-10 of these in the South East Deanery. Planning is already underway to facilitate the disestablishment of these posts, with SEAT Boards working collaboratively to manage the impact across the region.

SEAT continues to play an active role in the national Medical Reshaping Programme. Following a review of the national programme the Scottish Government has decided to 'pause' the planned reductions for August 2013 in trainee numbers across a number of 24/7 specialties, including emergency medicine, anaesthetics, medical specialities such as general internal medicine, endocrinology and geriatrics and paediatrics. The pause is required in order to review the planning assumptions upon which previous reductions had been based. The review of the national Medical Reshaping Programme is now underway with the expectation that the majority of the planned trainee reductions have now been achieved.

SEAT Boards are working collaboratively to manage the impact of further disestablished posts across the region

Paediatrics

SEAT has experienced significant difficulties since 2008 in sustaining existing paediatric and neonatal services across the region due to significant gaps emerging in the paediatric trainee medical workforce. This has been most acutely felt at middle grade trainee level as it is this component of the workforce which has traditionally staffed the out of hours rotas across the region. The gaps have been due to increasingly high levels of maternity leave, less than full time working and trainees going 'out of programme' for research or to gain experience. The level of gaps worsened in 2012 requiring SEAT Boards to work together to agree to cohort trainees in order to sustain safe services across the region. During the summer of 2012 the staffing issues deteriorated further, requiring the temporary closure of in patient paediatric services at St John's Hospital. Following this the SEAT Boards, with support from the Scottish Government, have embarked upon a major international campaign to recruit paediatric and neonatal medical staff for both St John's Hospital and Borders General Hospital. This campaign will run into 2013. Early indications suggest this will secure the staffing required.

The Royal College of Paediatrics and Child Health recognised the high quality of training at all sites in the South East, placing it in the top 3 locations in the UK

In early 2012 the Royal College of Paediatrics and Child Health, following an invitation from the Post Dean, reported on their review of training within the SE Deanery. Their report recognised the high quality of training at all the sites within the SE, placing it in the top three programmes in the UK, but concluded that the level of out of hours activity at both St John’s Hospital and Borders General Hospital sites was insufficient to sustain training out of hours. SEAT has been working closely with the Post Graduate Dean to plan for the withdrawal of trainees from out of hours work on these sites in 2013.

SEAT has been working closely with NHS Education Scotland in developing a sustainable solution for neonatal and paediatric nurse education. SEAT presented at the event co-hosted by the Scottish Government and NHS Education Scotland in October 2012 and has been actively supporting NES in developing the solution. The education provision will be available across Scotland from September 2013.

Medical Workforce Risk Assessment

The changes in the medical workforce due to the reshaping agenda plus the increased demand for trained medical staff to address waiting times and access pressures, has put increased importance on the recruitment, retention and utilisation of the medical workforce. In response to the growing demands on the medical workforce, SEAT developed a Medical Workforce Risk Assessment Tool in order to identify and prioritise the full range of risks associated with the medical workforce and the non-medical workforce that could be utilised as a substitute. The Risk Matrix below has been used to capture information on each specialty.

| Likelihood | Consequences / Impact | | | | |
|----------------|-----------------------|--------|----------|--------|---------|
| | Negligible | Minor | Moderate | Major | Extreme |
| Almost Certain | Medium | High | High | V High | V High |
| Likely | Medium | Medium | High | High | V High |
| Possible | Low | Medium | Medium | High | High |
| Unlikely | Low | Medium | Medium | Medium | High |
| Rare | Low | Low | Low | Medium | Medium |

The risk assessment process is underway and has been split into two phases; phase one focuses upon the 24/7 specialities such as A&E, paediatrics and O&G and phase two will cover the remaining services. The risk assessment methodology has also been shared with the other regions and Scottish Government.

Regional Service and Workforce Planning

SEAT continued to provide expert workforce planning input to a range of regional planning priorities including for example paediatrics, neonates, obstetrics and gynaecology.

Workforce Education and Development

The SEAT Workforce Education and Development Advisory Group (SWEDAG) continued to meet and ensured collaboration and cooperation on key workforce education and development issues, including Health Care Support Worker development, education and training across health and social care, mandatory and statutory training and long term conditions.

Contribution to National Workforce Planning

SEAT made a key contribution to a range of national workforce planning and development priorities including:

- Supporting the establishment of the National Workforce Planning forum
- Working with NHS Information Services Division in the national workforce reporting and monitoring arrangements
- Working with the SG in improving the recording and reporting health of workforce information on community nursing
- Supporting the national Medical Workforce Reshaping Programme
- Providing expert workforce planning advice to a range of national workforce priorities including for example, National Healthcare Science Advisory Committee and the NHS Scotland Dental Workforce Data Implementation Group.

SEAT continues to provide expert workforce planning input to a range of regional planning priorities including paediatrics, neonatology and obstetrics and gynaecology

Maximising the Use of Technology

Based on the detailed analysis carried out in 2011 SEAT boards identified that there is capacity within radiographer workforce across the region to increase the use of radiographer reporting. Boards agreed to use available opportunities to increase radiographer reporting within their own Boards. For example NHS Lothian have used the funding returned from a disestablished NES funded radiology trainee post to recruit an additional sonographer to increase their reporting capacity.

SEAT boards also commissioned NSS to examine the feasibility of reporting across IT systems currently in Tayside and Lothian to test the remote reporting of images on a regional basis. The exercise encountered a number of technical issues which are still being investigated by the national PACS/RIS team.

Regional Liaison Activities

The following areas of work have not been initiated by SEAT but still require regional collaboration or contribution across the region:

- Re provision of Royal Hospital for Sick Children, Edinburgh – due to a change in the funding arrangements for the new Sick Childrens Hospital, the new hospital is not expected to be built until 2017. SEAT receives regular updates on progress with the project.
- Re provision of Clinical Neurosciences, Edinburgh – the new Department of Clinical Neurosciences will be incorporated into the new build for the Sick Childrens Hospital on the Royal Infirmary Edinburgh site.

The PFPI group uses its expertise to inform engagement and informing issues.

Engagement

SEAT continues to use NHS Boards' Patient Focus, Public Involvement arrangements to support regional activities.

The SEAT Patient Focus, Public Involvement (PFPI) Group has provided a forum for discussing and addressing engagement issues. The group includes each board's PFPI Lead, the Scottish Health Council and SEAT team members. The group has used its expertise to inform engagement and informing issues and during 2012 reviewed a number of workstreams in relation to engagement and communication. A review of this approach is underway in light of the Person Centred agenda and changes in Boards arrangements.

Accountability

SEAT is accountable to its Boards for its work through the Framework of Governance. This is supported through a number of publications, including an annual report and its annual plan. SEAT is chaired by a Chief Executive from one of the collaborating boards.

SEAT's planning and prioritisation cycle is aligned with other board and regional planning activities to achieve a more integrated approach to service, workforce and financial planning. The SEAT Framework for Priorities and Decision Making is a summary of the areas of SEAT work, progress achieved and financial commitments or decisions made. This document is updated regularly by the SEAT Directors of Finance and Directors of Planning.

SEAT uses a standard methodology for its work ensuring that appropriate areas are considered, e.g. equality and diversity, health inequalities, financial and workforce aspects and risk management.

Other Activities

SEAT takes the opportunity to consider the most appropriate level for planning issues, for example, at board level, regionally or nationally. SEAT members have worked with Scottish Government and other colleagues to support the work of the National Planning Forum.

Collaborative Funding

7

The following tables summarise areas where SEAT has worked collaboratively during 2012/13 to fund services and where national funding has been made available for regional initiatives.

Table 1: SEAT Collaborative Funded Schemes

| Service | Investment |
|--|------------------|
| Cancer | |
| Radiotherapy and Oncology Physics | £199,867 revenue |
| CEPAS | £189,205 revenue |
| Radiotherapy replacement Phase 7 and 8 | £203,232 revenue |
| Regional Eating Disorders Unit | £663,700 revenue |

Table 2: Scottish Government Health Directorate Funding for Regional Initiatives

| Service | Investment |
|---|------------|
| Child and Adolescent Mental Health Services | £35,000 |
| Specialist Children's Services | £3,894,650 |
| MCN for Neonatal Services | £131,304 |
| Neuromuscular Care Advisor | £28,890 |

The following topics have been recognised by SEAT as requiring further work before agreement for regional prioritisation:

- Interventional Radiology
- Cardiac Electrophysiology
- Secure Forensic Mental Health

The following are members of SEAT

Calum Campbell (Chair)

Tim Davison

John Wilson

| | |
|-------------------|---|
| Gordon Birnie | Medical Director, Acute Division, NHS Fife |
| Alan Boyter | HR Director, NHS Lothian |
| Wilma Brown | Partnership Representative, Employee Director, NHS Fife |
| Chris Bowring | Finance Director, NHS Fife |
| Edwina Cameron | Partnership Director, Employee Director, NHS Borders |
| Deirdre Evans | Director, NSD |
| David Farquharson | Medical Director, NHS Lothian |
| Janette Fraser | Senior Planning Manager, NHS Forth Valley |
| Mary Harper | Planning Manager, NHS Dumfries and Galloway |
| Melanie Hornett | Nurse Director, NHS Lothian |
| Heather Kenney | Head of Planning, Scottish Ambulance Service |
| Sheena MacDonald | Medical Director, NHS Borders |
| Alison McCallum | Director of Public Health, NHS Lothian |
| Jan McClean | Regional Healthcare Planner, SEAT |
| Irene McGonnigle | Senior Planning Manager, NHS Fife |
| Alex McMahan | Director of Planning and Modernisation, NHS Lothian |
| Brian Montgomery | Medical Director, NHS Fife |
| Mark O'Donnell | Head of Planning and Quality Division, SGHD |
| Derek Phillips | Director of Regional Workforce Planning, SEAT |
| Caroline Selkirk | Deputy Chief Executive, NHS Tayside |
| Jacqui Simpson | Director of Regional Planning, SEAT |
| June Smyth | Director of Workforce and Planning, NHS Borders |
| Yvonne Summers | Performance Management, SGHD |
| John Turner | Chief Executive, NHS24 |
| Justine Westwood | Head of Planning and Performance, NHS24 |

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