Appendix-2011-14

Borders NHS Board

SOUTH EAST & TAYSIDE REGIONAL PLANNING GROUP (SEAT) ANNUAL REPORT 2009/10

Aim

The aim of this report is to update the Board on the collaborative planning that has been carried out through the SEAT Regional Planning Group and to ask members to note the 2009/10 Annual Report.

Background

The SEAT Annual Report is one of the key documents identified in the SEAT governance framework which ensures accountability to Boards for the regional planning activities undertaken through SEAT.

The Report provides an overview of work progressed through financial year 2009/10 with a summary of the key achievements and an indication of the priorities for 2010/11. There is also a summary of collaborative planning costs for 2009/10.

The report was approved by SEAT in November 2010 and will be disseminated through member Boards as well as being distributed to the Scottish Government Health Department, North of Scotland Regional Planning Group and West of Scotland Regional Planning Group.

Summary

The SEAT 2009/10 Annual Report details the benefits of collaborative planning across the SEAT region.

Recommendation

The Board is asked to note the SEAT Annual Report for 2009/10.

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<tr>
<th>Policy/Strategy Implications</th>
<th>NHS Boards have a statutory duty to cooperate for the benefit of the Scottish population. Regional planning forms the basis for this co-operation for healthcare services which span more than one Board area.</th>
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<tr>
<td>Consultation</td>
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<td>Consultation with Professional Committees</td>
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<td>Risk Assessment</td>
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the Board is a requirement of the SEAT Governance Framework

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<th>Compliance with Board Policy requirements on Equality and Diversity</th>
<th>SEAT planning activities are carried out in line with requirements on Equality &amp; Diversity</th>
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<td>Resource/Staffing Implications</td>
<td>The Board contributes to the small planning team that co-ordinates regional planning and participates in individual workstreams and regional planning activities</td>
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### Approved by

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<tr>
<td>Calum Campbell</td>
<td>Chief Executive</td>
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### Author(s)

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<tr>
<td>Susan Yates</td>
<td>Planning and Performance Officer</td>
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South East and Tayside Regional Planning Group

Annual Report 2009/10
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I write this foreword having taken up chairmanship of the South East and Tayside Regional Planning Group in January 2010. Much of the work presented here was done under the chairmanship of John Glennie, former Chief Executive of NHS Borders, who was the previous chair of SEAT and retired in December 2009. I would like to thank John for his stewardship of SEAT during 2009 and his significant contribution to the regional planning agenda over the years.

This Annual Report reflects the many achievements gained through regional collaboration in 2009/10. Some notable examples are highlighted:

• In planning specialist children’s services, a regional approach has been adopted with the appointment of specialist clinical staff who work across the SEAT Board areas, providing care closer to home for children and their families and making the best use of their specialist knowledge and expertise.

• The new regional in-patient unit for adults with learning disabilities requiring low secure care was opened in Dunfermline by the Cabinet Secretary for Health and Wellbeing in early 2010. This is an example of how the SEAT Boards worked together to provide a much needed service which no one Board could have delivered on its own.

• Building on the success of the regional consultant post for eating disorder services, planning is now well underway to establish an in-patient eating disorder unit at St John’s Hospital, Livingston. This regional unit for the South and East of Scotland will reduce the need to use private sector providers for adults with serious eating disorders such as anorexia nervosa.

• The agreement to share staff and equipment in a crisis is reflected through our development of a framework for mutual support in situations such as pandemic flu. This is a testament to the maturity of the working relationships across SEAT Boards.

Over the next year SEAT Regional Planning Group will continue to focus on delivering added value across the South East of Scotland by promoting efficiency and productivity across Health Boards, by sharing best practice and by development of sustainable services for the benefit of the patients and communities we serve.

Professor James Barbour OBE
Chair of SEAT Regional Planning Group
NHS Lothian Chief Executive
Cancer Services (South East Cancer Network)
Improving cancer services remains a priority. During 2009/10 new arrangements were put in place to improve cancer planning, while work has continued to plan implementation of the Chemotherapy Electronic Prescribing and Administration System (CEPAS). A review of surgical gynaecology oncology was complete and a review of non-surgical cancer services was started. Patient and carer engagement continued to be very active with a number of events held throughout the year.

Children and Young People’s Health Services
SEAT Children and Young People’s Health Services Planning Group continued work to implement the national delivery plan for specialist children’s services. This ensures that children across the region have access to a range of specialist services which it would not be feasible for each health board to deliver alone. The SEAT group is using a networked approach and is appointing specialists to work at a regional level. Also in 2009/10, redesign of the most specialist (tier 4 level) Child and Adolescent Mental Health Services began.

Eating Disorder Services
The health boards in SEAT are working together to improve specialist services for people with eating disorders. A business case has been developed for an in-patient eating disorder unit at St John’s Hospital, while care pathways are being developed across the region. A website has been developed for use by patients, carers and health professionals.

Regional Forensic Unit for Adults with Learning Disabilities
A purpose-built regional unit for adults with learning disabilities who need secure care has been developed in Fife. Called Daleview, this was completed in late 2009 and became fully operational in Spring 2010. This provides a level of care not previously available in south east Scotland for this vulnerable group.

Learning Disabilities Managed Care Network
The network has been funded by the Scottish Government to take forward work on models of care for patients with complex care needs. The project involves multi-agency working across health and social care. A range of educational activities and initiatives took place in 2009/10 and continue this year.
Pandemic Influenza Planning

SEAT has developed a Framework for Mutual Aid to support pandemic flu planning across the region. This identifies key areas for collaboration and a set of guiding principles should any health board need additional support of assistance during a pandemic.

Workforce Planning

Workforce planning remains a priority for the SEAT health boards and we are working together to respond to the challenges in a collaborative way. Work in 2009/10 focused on three main areas: medical workforce planning and the challenges of responding to changes in training and European Working Time regulations; collaborative education and development working with key stakeholders in the region and making a contribution to national workforce planning including the National Nursing and Midwifery Workload and Workforce Planning Programme and Allied Health Professional Workload and Workforce Planning Programme.

Perinatal Mental Health Unit

This unit, based at St John’s Hospital, for new mothers with severe mental health problems, was evaluated in 2009/10 and achieved positive feedback from patients, families and peer reviewers. Local areas are now supported by perinatal mental health workers, who provide a valuable point of contact for the unit.

Cardiac Services

The Regional Cardiac Planning Group has continued work to ensure that patients across the region get access to the best and most modern treatments. Throughout 2009/10 the group continued to develop the business case for optimal reperfusion therapy services (different ways of restoring blood supply, for example by opening blocked arteries) and to consider electrophysiology services (looking at the electrical activity of the heart to detect and deal with problems) in the region.

Scottish Pathology Network

A review of cervical cytology laboratory services has been undertaken and will report in 2010. This included evaluation of imaging technology. The network has been heavily involved in the development of a strategy for molecular pathology services and a report has been submitted to Scottish Government for consideration.
SEAT, the South East and Tayside Regional Planning Group, is a way of bringing together the NHS boards in the region to plan services which span more than one health board area. SEAT partners are NHS Borders, Fife, Forth Valley, Lothian and Tayside. Sometimes regional planning includes collaboration with other boards too. For example, NHS Dumfries and Galloway participates in regional planning of cancer services with SEAT boards.

This is the fourth SEAT annual report and spans the period April 2009 to March 2010. It details the priorities agreed in SEAT and the achievements made in improving patient care in that time and takes a look at priorities for the years ahead.

During 2009 SEAT undertook a review of regional planning. Recommendations from the review have been accepted and will be implemented during 2010. They include:

- a more focused work plan that shows the added benefit for patients and sustainability of services by cross board collaboration (see section 7 for details);

- development of criteria against which potential workstreams will be assessed to ensure there is added value in a regional approach;

- better integration of workforce and service planning through a Director of Regional Planning with joint responsibility for service and workforce planning.
SEAT focuses on the planning and delivery of services for populations which span more than one NHS Board area. This might be through shared provision of services, deployment of professional staff beyond their NHS Board of employment or a financial risk share arrangement.

SEAT agrees to commission work where it considers that there will be benefits to patients in working together in the areas of:

- Access to healthcare
- Quality of healthcare
- Investment in healthcare
- Efficiency in healthcare

The following sections detail some of the achievements made in 2009/10.

4.1 Cancer Services - SCAN (South East Scotland Cancer Network)

SCAN is the regional network for cancer services in the south east of Scotland, with involvement from NHS Borders, Fife, Lothian and Dumfries and Galloway. During 2009, SEAT approved revised arrangements for the planning of cancer services designed to improve decision making and better inform the planning of cancer services.

As part of ongoing improvements to patient care, SCAN is implementing a Chemotherapy Electronic Prescribing and Administration System (CEPAS) which can offer improved patient safety and support sustaining care closer to home. It will also allow staff to manage increasing numbers of patients efficiently and effectively. By the end of 2010, both the Edinburgh Cancer Centre and St John’s Hospital will have implemented the system with full regional implementation scheduled for autumn 2011.

During 2009, SCAN began several service reviews. These include non-surgical cancer
services and specialist surgical services for gynaecological cancer. The aim of the reviews was to identify areas for improvement and efficiency. It has been agreed that there will be a redesign of non-surgical cancer services over the forthcoming year supported by a modernisation manager. It has also been agreed that surgical gynaecological services will be augmented with additional resources from within boards.

Improving access to high-quality patient information has been integral to SCAN’s work since the network’s inception. The Roadmap to Recovery project aims to use the new clinical record system, which is being piloted in the region’s breast cancer services, to assist staff in delivering the right information to patients at the right time. After a year of development work, the Roadmap to Recovery project started in the Edinburgh Breast Unit in August 2009. The system will be implemented in Borders and Dumfries & Galloway in 2010, with NHS Fife keen to embed the Roadmap within its intranet site. The Breast Roadmap will be evaluated by the University of Stirling’s Cancer Care Research Centre.

SCAN continues to engage patients and carers in the planning and delivery of cancer services. Patients and health professionals have collaborated to develop terms of reference for patient involvement and review of patient literature.

Macmillan Cancer Support is currently working with SCAN through funding a two-year project to pilot a model of decision-support for newly-diagnosed patients. Patients in the intervention group are accompanied to their clinic appointment by a decision navigator who writes a concise summary of the consultation which is given to the patient, the hospital consultant and the patient’s GP. The patient also receives a CD recording of the consultation, to supplement the written summary. The project is supported for two years and will report its findings in October 2010.

The Cancer Information Network website continues to evolve and develop and receives over 100,000 hits per month on average. The pages on specific types of cancer and practical support are particularly popular.

SCAN is actively involved in the Scottish Cancer Taskforce (SCT) and its sub-groups. SCAN’s Network Manager and Clinical Lead are members of the SCT and the National Cancer Quality Steering Group.

Further information on SCAN project work can be found at www.scan.scot.nhs.uk.
4.2 Cardiac Services

A refreshed cardiac plan was approved by SEAT in June 2009 and throughout the year the Regional Cardiac Planning Group (RCPG) and its sub groups continued to make progress on the areas of work previously agreed. In addition, the following developments further influenced the direction of travel within the cardiac work plan:

- Better Heart Disease and Stroke Care Action Plan (2009)
- NHS Quality Improvement Scotland Standards for Cardiac Services (2009)
- the milestones and developments within the 18 weeks Referral To Treatment (RTT) programme

The main areas of attention during the year include Optimal Reperfusion Therapy (ORT) services and Transcatheter Aortic Valve Implantation (TAVI).

With ORT, a regional business case is being concluded which will see this treatment available to patients within the south and east of Scotland in line with SIGN Guideline 93 (Scottish Intercollegiate Guideline Network) and the Better Heart Disease and Stroke Care Action Plan.

TAVI is an emerging technology which may be an alternative treatment option for some patients for whom conventional surgery is not appropriate. SEAT have requested that a national discussion is brokered on the potential of TAVI, and this will now be taken forward through the National Planning Forum, with the leads from the SEAT Cardiac Planning Group playing a key role in these discussions.

The Protocols and Pathways Group has produced a number of documents including referral guidelines and clinical pathways for patients being admitted into the tertiary centre for cardiac surgery or cardiac interventions. These will be subject of wider consultation in 2010 before launch in the same year.

The non-invasive cardiac imaging techniques, Cardiac CT Angiography and MRI Angiography are emerging as new technologies in the treatment of cardiac conditions. The Cardiac Planning Group will give early consideration to these as part of an overall imaging strategy within the region.
4.3 Children and Young People’s Health Services

The main focus of activity for the SEAT Children and Young People’s Health Services Planning Group has been the planning of specialist children’s services. This includes development of a regional Implementation Plan for 2010/11 to take forward the National Delivery Plan for Specialist Children’s Services. The 2010/11 Implementation Plan builds on investments made in the two previous years and seeks to ensure sustainable and equitable specialist services for children in the south east of Scotland. This will be achieved through a networked approach and regional appointments.

Investments in services in 2009 included:

- Children’s Cancer
- Gastroenterology
- Cystic Fibrosis
- Psychology
- Lead Clinician and Network Manager for Regional Managed Clinical Network for Child Sexual Abuse
- Supporting specialist children’s services in District General Hospitals

SEAT isn’t about centralising services – where possible, it encourages treating people as close to home as appropriate. For example, 2009, saw the start of repatriation of non-complex paediatric day surgery from the Royal Hospital for Sick Children, Edinburgh, to NHS Borders and NHS Fife. Funded through the National Delivery Plan, investment in additional medical and nursing staff, has meant more children receive treatment closer to home and frees up valuable resources at the specialist children’s hospital.

A Managed Clinical Network for Child Sexual Abuse has been established in the region with both Lead Clinician and Network Manager appointed. The focus of work will be on ensuring a sustainable and equitable service throughout the region.

4.4 Child and Adolescent Mental Health Services

Regional work on Child and Adolescent Mental Health Services (CAMHS) has focused on developing a shared vision and strategy for specialist Tier 4 CAMHS services, driven by an intensive community treatment model of care. This is in line with priorities for CAMHS as set out
in Better Health, Better Care Action Plan. The model of care has been developed as an alternative to investing in additional beds in the regional Tier 4 adolescent inpatient unit in Edinburgh.

The model of care aims to:

- meet the needs of young people with severe mental health problems more effectively through intensive community treatment and support;
- support the inpatient unit as a part of the pathway through treatment to recovery for a minority of seriously ill patients;
- reduce the length of stay of potentially longer-stay inpatients and increase the number of admissions and discharges through the existing 12 inpatient beds;
- reduce the number of young people under 18 with mental health disorders being admitted to adult psychiatric beds and other inappropriate inpatient accommodation;
- increase access to the inpatient unit for CAMHS in Fife and Borders;
- support the additional needs arising from the increase in the upper age limit for CAMHS from 16 to 18 years.

Scottish Government recurrent funding, which has been matched by the SEAT boards of NHS Borders, Fife and Lothian, has supported recruitment of specialist CAMHS clinicians including psychiatrists, clinical psychologists, child psychotherapists, community psychiatric nurses, occupational therapists and dieticians across the region. The emerging model of care is the product of joint work between CAMHS clinicians, managers and planners from Borders, Fife and Lothian to develop a coherent approach to young people with serious mental health problems, tailored to the differing circumstances and needs of the three areas.

Alongside this, redesign work has been ongoing in the inpatient unit, which has seen a reduction in average lengths of stay from 119 days in 2007 to 67 days in 2009. A regional project manager has been in post since September and is working across the Tier 4 services to support this collaborative approach to redesigning CAMHS. In addition, work is underway to support a network of CAMHS clinicians and managers in the region.
Mental Health Services

4.5 Services for People with Eating Disorders

NHS Borders, Fife, Forth Valley and Lothian have worked collaboratively to develop an integrated model of care for patients with eating disorders. This includes enhanced community services with the development of intensive treatment teams in Lothian and Fife to support patients and families close to their own homes.

There is clear recognition that people who require admission to a specialist unit for these disorders will be both seriously and mentally unwell. Hence the agreement to develop a new unit providing NHS specialist inpatient beds within St John’s Hospital in Livingston is extremely welcome. It will allow close proximity for psychiatric and acute medical care and transferability of clinical skills across these settings. An additional benefit is the 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.

The new unit will be a 12-bedded facility for males and females over 18, with 16 to 18 year olds being assessed on a case by case basis. The ethos of the unit is to provide a therapeutic, safe and creative environment within which the person with eating disorders can work alongside the multi-professional team to allow medical and psychiatric stabilisation, weight stabilisation or partial restoration, working on practical and emotional and inter-personal skills to aid progress towards recovery.

A recent development within SEAT, in recognition of the need for more public information for patients and carers of people with eating disorders, is the introduction of a new website www.ednses.com. It also provides a forum for professional discussion and dissemination of guidelines for staff involved in caring for these patients.

A working party has been set up between NHS Forth Valley and NHS Lothian to review and update the existing Care Pathway for Anorexia Nervosa and to develop a consistent Care Pathway for Eating Disorders across the region which will support delivery of high quality, equitable services.

The post of regional consultant psychiatrist continues to be funded by SEAT and provides a role in supporting people with complex care needs and updating the region on new research, development and guidelines.

All staff are supported through the South East Scotland Eating Disorders Clinical Network which continues to meet bi-monthly, providing education, supervision and support for cross cover working across the four NHS Boards.
During 2009, the network delivered training on eating disorders to staff working in general hospital settings to raise awareness of care needs and ensure specialist intervention if required. The network also received training on psychotherapy methods and SEDIG (Certificate in Eating Disorders).

### 4.6 Perinatal Mental Health In-patient Unit

The Perinatal Mental Health Mother and Baby Unit based at St John’s Hospital in Livingston, opened in February 2007. It gives women living in NHS Borders, Fife, Lothian, Tayside and Highland access to specialist in-patient care for mental health issues following childbirth, such as severe post-natal depression and post partum psychosis. The service was set up to enable women to keep their babies with them in a safe and supportive environment while they undergo treatment.

During 2009 two separate evaluations of the unit were carried out by different organisations, with a focus on the quality of care and on mothers’ experiences of using the mother and baby unit:

- The Scottish Development Centre for Mental Health assessed the extent to which the Perinatal Mental Health Service’s Mother and Baby Unit is meeting its objectives from the perspectives of service users and their significant others.

- The national Quality Network for Perinatal Mental Health Services peer reviews Perinatal Units across the UK, applying a clinical audit methodology against agreed standards of care.

Both evaluations provided very positive feedback with demonstrable progress and improvements recognised since the unit opened. Women and their families who have used the unit, reported favourably on the experience of being admitted to, and cared for at the unit.

Staff from the Perinatal Mental Health Unit meet regularly with Perinatal Mental Health Link Workers from partner boards to improve communication and support good practice. A formal event was held at St John’s Hospital in March 2010 with the aim of developing greater awareness of women at risk of developing mental illness or those who are suffering a mental illness in the perinatal period. The service expects these link workers to cascade this information to local colleagues and become a point of contact in their area for both staff and the Perinatal Mental Health Unit.
Forensic Services

4.7 Regional Forensic Unit for Adults with Learning Disabilities

A new state of the art regional unit for adults with learning disabilities became operational in February 2010. Situated on the Lynebank Hospital site in Dunfermline, the unit, now named “Daleview”, provides a level of secure care not previously available in the south and east of Scotland.

The unit will care for up to 10 male patients from across four health board areas of NHS Fife, Lothian, Borders and Forth Valley, who have been assessed by healthcare staff as requiring high quality specialist forensic learning disability care within a setting that affords an appropriate level of security.

As the number of patients who require this type of specialist care is small, this is an example of where regional planning demonstrates clear economic and clinical benefit as it would not have been practicable for boards to establish individual units.

The unit is managed by Dunfermline and West Fife Community Health Partnership on behalf of the Regional Learning Disabilities Managed Care Network.

4.8 SEAT Small Forensic Team

The SEAT Forensic Small Team was established in December 2006 to support the work of the ministerial Forensic Way Forward Group and to facilitate regional service development and delivery of forensic mental health services where appropriate.

During the calendar year 2009, the team worked co-operatively with the other two Forensic Regional Planning Groups in the North and West of Scotland.

The team has taken forward work both regionally and nationally in developing a regional system to manage and monitor the flow of patients from the State Hospital to less secure forensic settings. The SEAT Small Forensic Team has a robust process in place and the regional forensic leads across Scotland meet on a quarterly basis to ensure that the flow of patient through forensic settings is equitable across Scotland. This process enabled the ministerial Forensic Way Forward Group to be disbanded.
The team has worked collaboratively with regional leads across Scotland to develop a national approach to the provision of medium secure learning disability services. A national approach has been agreed and will be taken forward in 2010 with discussion on the establishment of a national unit.

The Small Forensic Team has led on work to develop a more formalised regional in-patient unit at the Orchard Clinic in Edinburgh where currently patients are referred to on an ad hoc basis. This work will now be taken forward through the directors of finance.

Both NHS Lothian and NHS Fife are considering options for the development of a low secure service. NHS Forth Valley currently has a service and will use its experience in developing any local processes.

### 4.9 Learning Disabilities Managed Care Network

During 2009 the Managed Care Network for Learning Disabilities developed a number of training and education initiatives including:

- Development of a training package for use by all disciplines that is being used in each health board area to support the use of the MCN guidelines Making Information Easier to Understand.

- Development of resources for the new Learning Disability Managed Care Network website which includes training materials for primary care. Links and other information are posted on the site to support all services seeking to improve their work with those who have a learning disability ([http://www.nhsforthvalley.com/LDMCN/LDMCN_homehtml](http://www.nhsforthvalley.com/LDMCN/LDMCN_homehtml))

- Hosting a seminar to present and share good practice in the involvement of users in the planning and delivery of services. The information and material presented by staff and users is being used to produce a publication in 2010 that will enable the sharing of this good practice more widely.

The network developed an outline plan for a two-year project (2010 / 2012) to develop models of care for people with a learning disability who have complex care needs. Based on work already in progress in many local partnerships, the project aims to bring together work on needs assessment, development of a spectrum of care and identification of workforce issues including staff skill sets, and education and training. Funded by the Scottish Government, the project will provide a basis for long term service planning. It will involve partnership working with the Scottish Government Joint Improvement Team and Co-
morbidity Group and NHS Education Scotland, as well as the four SEAT NHS Boards and nine councils involved in the MCN.

The network has been involved in active discussion with partners on the most appropriate way to approach the development of accommodation for women offenders who have a learning disability. This will result in recommendations to SEAT in 2010.

The MCN provided a lead role in developing the Care Pathway for ‘Daleview’, the low secure forensic unit for adults with learning disabilities based in NHS Fife, which involved discussions with all the boards and councils in the catchment area.

4.10 Pandemic Influenza Planning

As part of pandemic influenza preparations NHS Boards are required to have robust individual plans in place to manage activity and the impact of a pandemic. In 2009, after extensive efforts to develop local Plans, SEAT Boards agreed to further develop planning arrangements through a regional Framework of Mutual Aid. This identified potential areas for co-operation during a pandemic, such as sharing of workforce, transfer of equipment and support with key services. The framework assumes that each of the boards will have in place the necessary arrangements for meeting the demands of a pandemic, but sets out a range of guiding principles in the event that additional support is required. The Framework for Mutual Aid was developed and agreed by all SEAT constituent Boards and adopted as a basis for ensuring equitable healthcare provision during a pandemic.

4.11 Scottish Pathology Network

During 2009 SPAN, the national pathology network hosted by SEAT, has worked to ensure appropriate delivery and sharing of information to inform improved patient care.

The network has instigated a review of Cervical Cytology Laboratory Services. This links directly with Better Health, Better Care in reviewing the provision of laboratory services. It looks at novel ways of delivery, the potential of new technology and collaborative working across boards to benefit patients and achieve value for money.

The drivers for change are the impact of the Human Papilloma Virus vaccination programme, fears that fewer women are coming forward for screening and the effects of new imaging technology.
The outcome and recommendations will be available in 2010 after the completion of the options appraisal but are likely to recommend network models of laboratory delivery across a number of boards and the adoption of image-directed screening where it can prove cost effective. It is highly likely that the recommendations will provide cost benefits and improved quality of service to women within the screening programme which would have been difficult for boards, in particular the smaller boards, to achieve individually.

SPAN has been integrally involved in the development of the strategy for molecular pathology in Scotland. The Molecular Pathology Review Group has recently submitted a consensus report involving representation from NHS Boards delivering molecular services, Government Health Directorate, NSD, academia, haematology, pathology and genetics. The main recommendations are:

- Molecular pathology should be organised and commissioned as a National Service, forming a molecular pathology consortium model similar to the Scottish Genetics Laboratory Consortium.
- A formally constituted national management structure to include both users and providers of the Service should be established as a priority.

The view of the group was that this would bring more coordinated national strategic planning, reduced risk, prioritisation and standardisation of testing to provide high quality services with equity of access for all patients in Scotland.

In addition, SPAN has been involved in:

- Support of coordinated clinical responses to developing scenarios in gastrointestinal, respiratory and sarcoma pathology
- Benchmarking and statistical analysis.
- Coordinated development of new imaging technologies including (in conjunction with SANON) remote brain tumour diagnosis between NHS Lothian and NHS Tayside

## 4.12 Regional Workforce Planning

SEAT continues to support the workforce planning and development agenda across the region. This includes providing workforce planning support and expertise to SEAT service planning activity and providing leadership and a focus for nationally-driven workforce planning projects. Examples of both are found below.
Medical Workforce Planning

A major focus for 2009 was the ongoing implementation of Modernising Medical Careers – the new way of training junior doctors – which has now been subsumed within the wider Reshaping the Medical Workforce Programme. At the same time, SEAT ensured that health boards were supported in meeting European Working Time Regulations (EWTR), which came into force on 1st August 2009. SEAT facilitated and supported collaborative working across all the boards, the Deanery and the SGHD. Although there have been difficult issues to resolve, key stakeholders across the region have worked together in ensuring that services across the regional are sustainable and that EWTR requirements are met.

Work within paediatrics across the region, under the auspices of the SEAT Children’s and Young People Services Planning Group, has been a good example of where a collaborative approach to workforce issues has sustained services for patients across the region.

Towards the end of 2009, SEAT agreed to formalise new regional arrangements for the Reshaping the Medical Workforce Programme. The SEAT Regional Medical Workforce Group, chaired by an Associate Medical Director from NHS Lothian has been established and this group, via a number of Short Life Working Groups, will ensure there is a collaborative approach to implementing the changes within the medical and wider workforce.

Collaborative Education and Development

Boards and other key stakeholders across the region, such as NHS Education Scotland and Scottish Funding Council, continue to meet to identify and work together on a range of education and development issues within the SEAT Workforce Education and Development Advisory Group. The issues addressed by this group include:

- Collaborative approaches to the development and implementation of ongoing workforce development activities such as the Healthcare Support Worker Programmes

- Leading the SEAT Strategic Education Forum which brings together NHS, further and higher education and social care partners to identify and explore common agendas and how these can be taken forward. The forum hosts regular development workshops for stakeholders across the region.

- Supporting regional research programmes including the: SEAT Educational Solutions for Long Term Conditions and the SEAT Age as an Asset projects. Both these projects, which conclude in early 2010, gained national recognition for the work they have achieved and the contribution they have made to developments in these areas, as well as supporting SEAT boards in the development of planning and service delivery. Findings from both projects have been presented at regional events.
Contribution to National Workforce Planning

SEAT continues to represent regional interests across a range of national workforce planning initiatives and makes a major contribution to a number of key NHS Scotland developments, including:

- SEAT and board workforce planners have led the national SGHD-funded Developing Workforce Planning Capability Project. This has included the provision of development workshops, supporting guidance materials and the development of a dedicated website for the workforce planning community. SEAT Boards have been well represented throughout the programme and the materials and resources have been rolled out within all SEAT Boards over 2009/2010.

- SEAT and board colleagues have continued to drive the national Nursing and Midwifery Workload and Workforce Planning Programme which has been key in supporting boards to driving down nurse agency costs and also develop and implement a range of nationally-recognised nursing workload tools. The project has helped SEAT boards reduce agency costs and improve nursing workload and workforce planning and thus led to greater workforce efficiency and effectiveness.

- SEAT and board colleagues have been instrumental in the successful Allied Health Professionals (AHP) Workload and Workforce Planning Programme which provided boards with a number of AHP workforce planning resources. Following a successful national training programme for lead AHPs the SEAT boards are currently rolling out the training and the workforce planning resources to all AHPs. As well as improving workforce efficiency and effectiveness this process will also provide a clear framework for skill mix reviews.
5.1 Involving Patients and the Public in Regional Planning

SEAT continues to use NHS boards’ Patient Focus, Public Involvement arrangements to support regional activities. SEAT will update its Framework for Informing, Engaging and Consulting with patients and the public in regional planning following new guidance on developing health and community care services from the Scottish Government in the spring of 2010.

5.2 SEAT Patient Focus, Public Involvement Group (PFPI)

The SEAT Patient Focus, Public Involvement (PFPI) Group continues to meet every three months and provides 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 uses its expertise to inform engagement and informing issues and during 2009 reviewed a number of workstreams in relation to engagement and communication. These included South East Cancer Network, Regional Cardiac Planning and Learning Disabilities MCN.

5.3 Accountability

SEAT is accountable to its boards for its work through the Framework of Governance. This is supported through a number of publications, including a work plan, annual report, six-month work plan progress report, and framework for priorities and decision making.

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 work plan is linked to the SEAT Framework for Priorities and Decision Making, which is a summary of the areas of SEAT work, progress achieved and financial commitments or decisions made. This document is updated twice jointly 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.
## Summary of Collaborative Funding 2009/10

<table>
<thead>
<tr>
<th>Service</th>
<th>Investment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer</td>
<td></td>
</tr>
<tr>
<td>CEPAS</td>
<td>£250,000 from SCAN</td>
</tr>
<tr>
<td>Oncology Review</td>
<td>£368,291 from Boards over 2 years</td>
</tr>
<tr>
<td>Radiotherapy and Physics</td>
<td>£52,500</td>
</tr>
<tr>
<td>Cardiac</td>
<td>£887,664</td>
</tr>
<tr>
<td>ORT service</td>
<td>£1,388,303 (in addition to existing consortium arrangements)</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td></td>
</tr>
<tr>
<td>Eating Disorders In-patient Unit</td>
<td>£918,5000</td>
</tr>
</tbody>
</table>

### SGHD funding for regional initiatives

<table>
<thead>
<tr>
<th>Service</th>
<th>Recurring funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialist Children’s Services</td>
<td>£2,091,457 plus £277k national top slice for children’s cancer services</td>
</tr>
<tr>
<td>CAMHs Tier 4 Redesign</td>
<td>£459,944</td>
</tr>
</tbody>
</table>
Following a review of regional planning in SEAT during 2009, SEAT Regional Planning Group has agreed to streamline its work plan and focus on essential priorities for the forthcoming year, recognising the financial and workforce challenges that the NHS in Scotland will face over the next few years.

The work plan for 2010/11 comprises three elements:

- **SEAT-initiated priorities** – these are the essential priorities that SEAT has agreed will be taken forward in the next year.

- **Regional Liaison Activities** – these areas may require regional collaboration or contribution across the region to ensure their delivery.

- **Horizon Scanning** – these are potential areas for SEAT to consider over the next year, acknowledging, however that there is no commitment to take them forward.

**SEAT-Initiated Priorities include:**

- Cancer Services
- Cardiac Services
- Children and Young Peoples Services
- Mental Health Services
- Neonatal Services
- Workforce Planning

**Regional Liaison Activities include:**

- Reprovision of Royal Hospital for Sick Children, Edinburgh
- Reprovision of Clinical Neurosciences, Edinburgh
- Reprovision of Edinburgh Cancer Centre
Horizon Scanning includes:

- Transcatheter Aortic Valve Implantation
- Adult Congenital Cardiac and Inherited Cardiac Condition services
- Hyper acute stroke thrombolysis
- Chemo Planning Online Resource Tool
- Medium Secure Services for Men with Learning Disabilities
- Interventional Neuroradiology
- Renal Transplant Co-ordination
- Patient Safety in relation to chemotherapy treatment
- Cardiac Electrophysiology