

Borders NHS Board



SEAT ANNUAL REPORT 2013/14

Aim

This paper aims to update the Board with the work undertaken through SEAT during 2013/13.4

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 2013/14 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.

There are a wide range of achievements and benefits for patients as a result of Board collaboration across SEAT. Some of the key highlights are presented below.

- Chemo Care, the nationally approved chemotherapy electronic prescribing and administration system, has been implemented in SCAN which will support safer and more effective prescribing
- Improvements in radiotherapy services mean patients will benefit from the latest techniques and services will be more resilient. Modelling work is underway in respect of activity and workforce which will inform the reprovision of the Edinburgh Cancer Centre and inform radiotherapy requirements for the future
- Ongoing training and education for paediatricians in child sexual abuse management, including peer review, means that children and young people are being cared for by appropriately trained teams and capacity and capability is being strengthened for a cohort of specialist staff
- Parents with personal experience of having a child nursed in a Neonatal Unit, have developed a Parent Guide to support other parents through the often difficult period of transition between levels of care
- Education provision for neonatal nursing at specialty and advanced practice levels has been secured for a further 3 years which will support sustainability of this specialist nursing workforce

- Early indications are that the introduction of an early intervention community based model for children and young people with anorexia nervosa is having a positive impact on reducing hospital admission rates
- SEAT Boards, working in partnership with Police Scotland colleagues, have agreed and begun implementing a nurse-led model for the South East of Scotland to provide 24/7 healthcare to people in police custody
- A regional endoscopy unit based in Dunfermline hosted by NHS Fife has been progressed within SEAT. This will provide improved NHS capacity within the region for diagnostic and surveillance procedures as well as provide learning for cross regional capacity generation in the future.
- Positive Behavioural Support education has been commissioned by the regional Learning Disability Managed Care Network through Napier University which will develop essential skills in staff in managing people with challenging behaviour
- Reduced average lengths of stay in the regional CAMHs In-patient Unit continue to be maintained, with improved access to in-patient treatment when required
- The regional MCN for Neonatal Services has developed a successful programme of education events which is widely attended by colleagues from across Scotland
- The development of a medical staff risk assessment tool has provided a systematic risk based methodology for 24/7 services across the region and has enabled Boards to prioritise high risk specialities and to identify risk factors that cut across all or a majority of specialities

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 2013/14.

Policy/Strategy Implications	This is being submitted to the Board to allow members to review the work undertaken by SEAT in 2013/14.
Consultation	This has been presented and approved at 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

Name	Designation	Name	Designation
Calum Campbell	Chief Executive		

Author(s)

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Iris Bishop	Board Secretary		



South East and Tayside Regional Planning Group

Annual Report 2013/14

May 2014

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Chairs Foreword

The 2013/14 SEAT Annual Report reflects the achievements and successes of regional working in the south and east of Scotland. It highlights the benefits for patients across a wide range of services and specialties. Regional planning is a product of its constituent Boards and this report is testimony to the mature collaboration that exists across SEAT (NHS Borders, Fife, Lothian, Tayside and Forth Valley. NHS Dumfries and Galloway is a partner Board for cancer and spinal services).

Regional collaboration brings benefits for our patients, by providing opportunities to plan and deliver services that individual Boards cannot provide on their own. Of particular note during the past year is the range of work undertaken in cancer services including modelling of radiotherapy services for the future; the development of a resilient regional model of care for people in police custody requiring healthcare or forensic services, working in partnership with Police Scotland colleagues; and the development of a regional Endoscopy Unit based in Dunfermline which will support participating Boards in delivering timely, high quality and cost effective endoscopy services.

The forthcoming year will continue to be a challenging one for health services and I will be working with my Chief Executive colleagues and others to ensure we continue to focus the energies of SEAT on areas where we can make a difference for patients and realise the full added value of working collaboratively.



Calum Campbell

Chief Executive, NHS Borders and Chair of SEAT
August 2014

1. Introduction

This Annual Report for 2013/14 presents the wide range of planning and service implementation activity undertaken in the South East and Tayside Region over the last year. 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. SEAT also works closely with Scottish Government and Special Health Boards such as NHS Education Scotland, the Scottish Ambulance Service and NHS24. SEAT benefits from proactive input of partnership representatives.

SEAT's approach is collaborative 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. The principles of subsidiarity and proportionality underpin this collaboration. which include, for example, shared provision of services, deployment of professional staff beyond their Board of employment and financial risk share arrangements.

This is the eighth SEAT Annual Report and spans the year running from April 2013 to March 2014, highlighting the achievements and advances that have been made to deliver better healthcare across the region. In some areas work has been undertaken more widely across Scotland with the other Regional Planning Groups and individual NHS Boards.

2. Some Key Highlights for 2013/14

There are a wide range of achievements and benefits for patients as a result of Board collaboration across SEAT. Some of the key highlights are presented below.

- Chemo Care, the nationally approved chemotherapy electronic prescribing and administration system, has been implemented in SCAN which will support safer and more effective prescribing
- Improvements in radiotherapy services mean patients will benefit from the latest techniques and services will be more resilient. Modelling work is underway in respect of activity and workforce which will inform the re-provision of the Edinburgh Cancer Centre and inform radiotherapy requirements for the future
- Ongoing training and education for paediatricians in child sexual abuse management, including peer review, means that children and young people are being cared for by appropriately trained teams and capacity and capability is being strengthened for a cohort of specialist staff
- Parents with personal experience of having a child nursed in a Neonatal Unit, have developed a Parent Guide to support other parents through the often difficult period of transition between levels of care
- Education provision for neonatal nursing at specialty and advanced practice levels has been secured for a further 3 years which will support sustainability of this specialist nursing workforce
- Early indications are that the introduction of an early intervention community based model for children and young people with anorexia nervosa is having a positive impact on reducing hospital admission rates
- SEAT Boards, working in partnership with Police Scotland colleagues, have agreed and begun implementing a nurse-led model for the South East of Scotland to provide 24/7 healthcare to people in police custody
- A regional endoscopy unit based in Dunfermline hosted by NHS Fife has been progressed within SEAT. This will provide improved NHS capacity within the region for diagnostic and surveillance procedures as well as provide learning for cross regional capacity generation in the future.
- Positive Behavioural Support education has been commissioned by the regional Learning Disability Managed Care Network through Napier University which will develop essential skills in staff in managing people with challenging behaviour

- Reduced average lengths of stay in the regional CAMHs In-patient Unit continue to be maintained, with improved access to in-patient treatment when required
- The regional MCN for Neonatal Services has developed a successful programme of education events which is widely attended by colleagues from across Scotland
- The development of a medical staff risk assessment tool has provided a systematic risk based methodology for 24/7 services across the region and has enabled Boards to prioritise high risk specialities and to identify risk factors that cut across all or a majority of specialities

3. SEAT Initiated Priorities

3.1 Cancer Services

SCAN is the regional network for cancer services in which NHS Borders, Fife, Lothian and Dumfries and Galloway are involved. There was a significant work programme for SCAN during 2013/14

Electronic Prescribing

Implementation of ChemoCare, the nationally approved chemotherapy electronic prescribing and administration system, has now been completed in SCAN. Work is ongoing to develop a bespoke reporting tool to ensure accurate and timely reporting of chemotherapy activity and outcome data. The reports will support service management, planning and improvement and inform local and national audit datasets, eg for Quality Performance Indicators and CEL 30 (2012) Safe Delivery of Systemic Anti Cancer Therapy,

Safe administration of chemotherapy

CEL 30 (2012) [Revised] Guidance for the Safe Delivery of Systemic Anti-Cancer Therapy provides NHS boards with a framework for safe practice in the prescribing, preparation, administration and disposal of Systemic Anti Cancer Therapy (SACT) which will minimise the risks to patients and protect staff from occupational exposure to these hazardous medicines. All SCAN health boards completed a self assessment against the CEL audit tool in September 2013 and have identified action plans to address areas of variance. Three main issues were highlighted for action: identification of a SACT Lead Clinician in each health board, consistency of training for staff and reporting of 30-day mortality. The next stage of the governance framework is for all health boards to participate in a

three-year rolling programme of peer review. The schedule for SCAN regional and inter-regional audits is due to commence in June 2014.

Radiotherapy developments

The Edinburgh Cancer Centre has continued to develop and expand the number of available radiotherapy treatments in order that patients can benefit from the latest techniques. These improvements have been resourced, in part, by cancer modernisation funding from central government, and investment in the training of staff. Key developments have included clinical introduction of a TrueBeam Linear Accelerator in October 2013. This increases the number of machines in the department able to deliver Image Guide Radiotherapy (IGRT) and fast Intensity Modulated Radiotherapy (IMRT) and ensures that the service is more resilient. In addition, the Edinburgh Cancer Centre was asked in the autumn of 2013 to support the North of Scotland Cancer Network by treating patients for adult neuro-oncology, head and neck cancers and breast cancers. The additional workload was extremely challenging but during this phase the cancer centre expanded their capacity and capability so that all patients retained access to their treatment of choice.

The SCAN Radiotherapy Capacity short-life working group, established in January 2013, retained a focus on the medium to long-term capacity planning issues for the region. A position paper was prepared outlining the pressures on the radiotherapy workforce in the South East and, in parallel, activity data and linear accelerator capacity was collated to inform an Edinburgh Cancer Centre (ECC) baseline model of capacity and demand.

The Group commissioned Information Services Division (ISD) to develop a detailed modelling exercise using the Edinburgh Cancer Centre baseline capacity model. The purpose of the project is to understand the potential demand for radiotherapy in South East Scotland in 2020-2025 and enable modelling to ensure appropriate capacity in the optimal configuration.

Radiotherapy Workforce

SEAT undertook a major review of the radiotherapy workforce in 2013. This focused on the medical, medical physics, therapeutic radiographer and cancer nursing workforce. The review was driven by a number of factors including existing workforce pressures, growing demand for radiotherapy services, increasing demand for skilled staff due to the opening of an additional radiotherapy centre in Scotland and increasing international competition for key staff. The report and proposed action plan was supported and agreed by SCAN.

SEAT also co-hosted with the Scottish Government a NHS Scotland wide event on radiotherapy workforce in September 2013. This generated an action plan

which was subsequently adopted by the Scottish Government sponsored National Radiotherapy Working Group. SEAT continues to be active in promoting and supporting the national actions required to deliver a sustainable radiotherapy workforce.

Cancer modernisation

The Scottish Government continued its programme of cancer modernisation funding in 2013/14 and SCAN Boards were allocated a total of £671,401 to support projects related to surgical oncology, radiotherapy capacity and acute oncology. The funding has been for a wide range of projects such as:-

- Enhanced Recovery After Surgery (ERAS) for Colorectal patients in NHS Borders and Fife and for Gynaecological cancer in Dumfries. Early evaluations indicate ERAS has reduced readmission rates, average length of stay, improved communications with the primary care teams and reduced the numbers of contacts with community nursing teams
- Development of a Model for Acute Oncology. This is defined as patients presenting with complications of cancer, cancer treatment or previously undiagnosed cancer. The evaluation of the pilot models in SCAN Boards has demonstrated that patients are assessed earlier by oncology, have a shorter length of stay on average, fewer admissions and improved communications.
- Radiotherapy funding has enabled the purchase of new radiotherapy equipment, the development of new protocols and ways of working which ensure that patients can benefit from the latest techniques and that the quality of treatments can be monitored effectively and efficiently. One example is the increasing use of Intensity Modulated Radiotherapy Treatment, which can target tumours more accurately and decrease adverse effects on normal adjacent tissue. In addition, the extension of the working day has enabled enhanced capacity, increasing access for patients.

Detect Cancer Early

The Scottish Government launched the Detect Cancer Early (DCE) programme in February 2012 with the aim of improving survival for people with cancer in Scotland by diagnosing and treating the disease at an earlier stage. To date the focus has been on breast, lung and colorectal cancer.

SCAN Health Boards have used DCE funding from the Scottish Government to increase diagnostic and screening capacity and to develop innovative approaches to promoting earlier cancer detection, particularly in relation to increasing screening uptake and targeting 'harder to reach groups.

Transforming Care After Treatment

The Transforming Care After Treatment (TCAT) programme is a partnership between the Scottish Government, Macmillan Cancer Support, NHS Scotland and Local Authorities. The aim is to test new ways of working which will help support people, keep them well and help them manage their own care once they have left active treatment.

In Phase 1, SCAN has had five projects accepted which all plan to go live by Autumn 2014:-

- **Health and wellbeing support programme (NHS Borders)**
- **Breast cancer follow up in primary care (NHS Dumfries & Galloway)**
- **Melanoma skin cancer support and follow up (NHS Fife)**
- **Palliative care for lung cancer patients (NHS Fife)**
- **A recovery-based approach to cancer care (NHS Lothian)**

Quality Performance Indicators

The development of Quality Performance Indicators (QPIs) for all the main adult cancer sites in Scotland has been led by the National Cancer Quality Steering Group (NCQSG). The aim is to promote a culture of continuous quality improvement, driven by measures agreed nationally by cancer specific development groups – made up of clinical specialists, patient representatives and audit staff – and ratified after a period of public engagement.

In 2013 SCAN implemented QPIs for brain & central nervous system, colorectal, lung, lymphoma, epithelial ovarian and upper GI cancers, complementing the breast, renal and prostate QPIs implemented in 2012. The remaining cancers to be implemented in 2014 include acute leukaemia, bladder, cervix & endometrial, head & neck, melanoma, sarcoma and testicular. Patient experience QPIs will also be implemented in 2014 and a QPI for clinical trials is in development.

Regional comparative audit reporting

The SCAN programme of regional comparative audit reporting is adapting to the requirements of QPI reporting. SCAN contributed to the first national QPI report for breast cancer and is working to produce a first renal cancer QPI report. Where QPI datasets have not yet been agreed, SCAN comparative reports have incorporated QPI measures where it has been possible to do so using pre-QPI

datasets.

For the 2012 cohort of over 6,500 newly-diagnosed patients, comparative reports will be available on the SCAN website (www.scan.scot.nhs.uk) by the end of June 2014.

Patient Involvement and Information

During the past year SCAN consolidated much of the patient involvement work and moved it into a position where it is viewed as core business. Working with patients and carers on our tumour-specific groups, helping to keep the website relevant and up-to-date and providing opportunities for patients and carers to contribute to national pieces of work, are now routine.

Many of the SCAN Groups have highlighted the value of having patients sitting around the same table and being part of the discussions. They say that it helps the group focus on why they are meeting and move work on, in particular when trying to change and improve services.

SCAN website

The SCAN website (www.scan.scot.nhs.uk) was commended in the BMA Patient Information Awards 2013, reflecting the efforts made by staff from across the network in keeping the site up-to-date, relevant and forward looking. Recent developments have included the provision of information about members of the skin cancer team and the development of voiceovers for the virtual tours which prepare patients for what to expect when they visit treatment centres across the region.

Further information about SCAN's work will be available on the website in the Summer www.scan.scot.nhs.uk

3.2 Childrens Services

The SEAT Children and Young Peoples Planning Group continues to be the agreed mechanism through which regional issues relating to children's services are dealt with. During 2013/14, the Group has been sighted on a range of topics including paediatric workforce challenges in both acute services and Community Child Health services; changes in specialist transport services with the introduction of ScotSTAR; paediatric high dependency care and the use of telehealth to support delivery of services.

The Children and Young Peoples Health Services Planning Group also has close links with the regional Managed Clinical Networks for Child Sexual Abuse and

Neonatal Services, and the Child and Adolescent Mental Health work stream, allowing issues to be considered in the wider context of children and young peoples services.

Regional Managed Network for Child Sexual Abuse

The work of the MCN has continued to progress with considerable achievements over the 2013/2014 year. Jane Macdonell, Consultant Paediatrician NHS Borders was appointed to the role of lead clinician for the MCN in June 2013.

In 2012, a regional out of hours (OOH) rota with managed gaps was established with a locally managed network service during the day. There have been significant challenges in the region in relation to succession planning and recruitment of specialist CSA consultants. However, in the last year there has been successful recruitment of 3 CSA trained Paediatricians who will fully participate in the regional OOH rota, thereby reducing the gaps.

The Education and Training sub group of the MCN has been re-established and has developed a training and education strategy which is currently being consulted on. Training activities have included an Introduction to Court Skills in December 2013 and a 2 day Clinical Skills Evaluation course for CSA in March 2014. Both of these courses contribute to the skills and competences of trainees and Paediatricians in this area of work and have evaluated well amongst those attending. Further courses are being planned for next year.

Peer Review is now established with clinicians presenting and discussing individual cases examined the previous month. In addition, educational topics have been introduced together with a learning library and a more detailed audit of cases. In recognition of the difficult nature of this type of work, consideration is being given as to how best to support clinicians on an ongoing basis, with work in this area continuing into next year. The availability of Peer Review, training and education as detailed above, is an important part of ensuring the capability and competency of the current and future workforce and supporting future recruitment in this field.

The MCN is working collaboratively with the other regional Child Protection networks in Scotland to plan tertiary support at a national level given the current limited availability of expertise at a very senior level. The MCN initiated an Inter-regional Child Protection Forum to regularly bring together senior Paediatricians with a specialist interest in child protection. The Forum provides members with the opportunity to discuss current complex cases and receive support and advice from peers. The Forum is also supported by an experienced clinician, who provides mentorship and support and leads on audit.

The MCN continues to work with colleagues from external agencies including Children 1st, and are jointly looking at what support and information is available for children and their families.

Regional Managed Clinical Network for Neonatal Services

The Managed Clinical Network for Neonatal Services continues to support and facilitate the delivery of consistent, equitable, high quality services to meet the needs of neonates and their families.

Neonatal Care in Scotland: A Quality Framework was published in March 2013 and has been the focus of much work for the MCN over the last year. In late 2013, SEAT provided a progress report to Scottish Government outlining the progress made in the region against the standards. The report highlighted the significant progress which has already been made by all the units in the South East, with many of the standards fully implemented. Many of the remaining quality statements will be fully implemented or have actions in place to achieve them, within the next 12 months. For some Boards there are more significant issues which require action over the medium to longer term, with action plans in place within Boards and regionally to address these. Feedback from this initial report to Scottish Government was very positive. Despite delays in the development of an online reporting tool, work is progressing with NSS colleagues to have this ready for testing in neonatal units during 2014/15.

The MCN Parent Group has used their experiences of time spent on a neonatal unit to develop a booklet providing advice and information for parents. This aims to support parents during times of transition as their baby moves through the neonatal unit. An evaluation of the booklet was undertaken with parents and staff which praised the booklet for its design and content. This booklet will be available to parents in neonatal units across Scotland with plans to have this translated in to other languages.

It is anticipated that by the end of 2014 all neonatal units in SEAT will have a Clinical Management System which will facilitate data collection and audit both regionally and nationally. The SEAT MCN has developed and piloted a Clinical Dashboard which includes activity data as well as key performance indicators. All the neonatal units in SEAT are now regularly collecting and submitting data using the Dashboard. This information will be used to inform service improvement activity and demonstrate improved outcomes for babies and families. Benchmarking against all neonatal units in Scotland will be possible following the expected adoption of the Dashboard by the other neonatal MCNs.

Education and training remains an important priority for the MCN. Sustainability of specialist training courses for neonatal nurses, Qualified in Speciality (QIS) and MSc Advanced Practice programmes has been a key concern. However

following lengthy discussions between all key stakeholders, Edinburgh Napier University and University of the West of Scotland offered NHS Education Scotland funded places from September 2013. However, funding has only been secured for the next 3 years and the MCN will continue to work collaboratively with colleagues to ensure the sustainability of neonatal nurse education. The programme of MCN Professional Development Meetings continues to be popular and well attended by neonatal colleagues from across Scotland joining via video conference.

Neonatal Units in Ninewells Hospital, Dundee and the Victoria Hospital, Kirkcaldy have undertaken an innovative Role Redesign project supported by Skills for Health with the aim of increasing skill mix within their teams. Gaps in skills and competencies and the potential added value these new roles could bring to the team were identified. This project will be fully evaluated and the outcomes shared.

The MCN plans to hold its first Regional Network Event in September 2014 which will review guidance on elements of safe neonatal services, explore the role of safety processes and look at approaches to sharing and learning from adverse events.

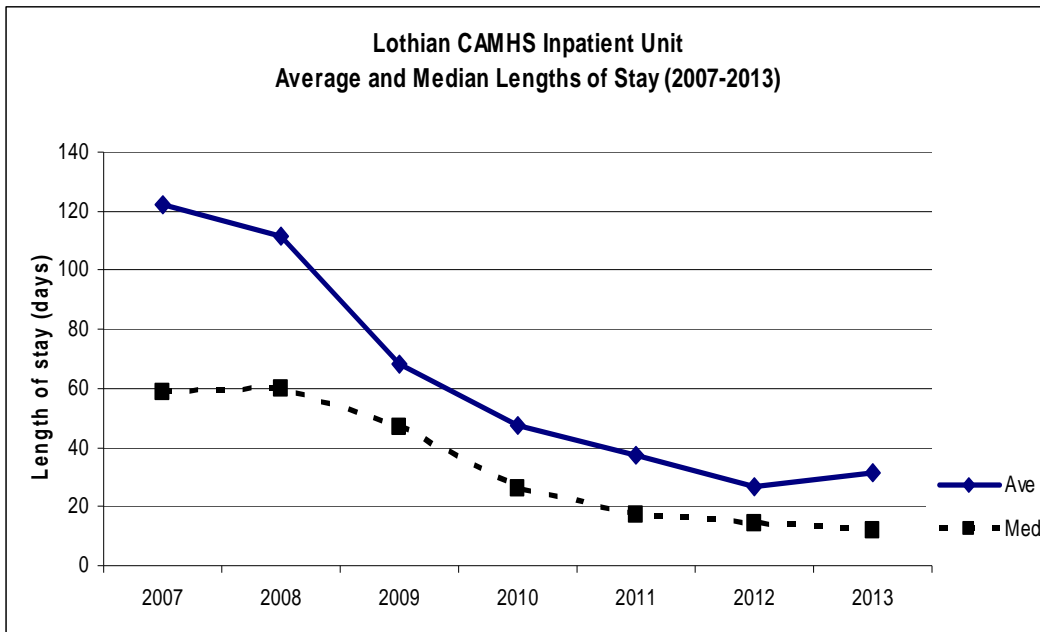
Child and Adolescent Mental Health Services—Tier 4 Services

The model of care for Tier 4 Child and Adolescent Mental Health Services (CAMHS), which has been successfully implemented in the region, is based on intensive community treatment services working alongside a redesigned inpatient service, driven by a collaborative working approach across 3 SEAT Boards.

This has led to more streamlined CAMHS; increased community activity; shorter, more focussed hospital stays with earlier appropriate transition to community services; reduced admissions to adult psychiatry beds and improved joint working and service planning across NHS Board boundaries.

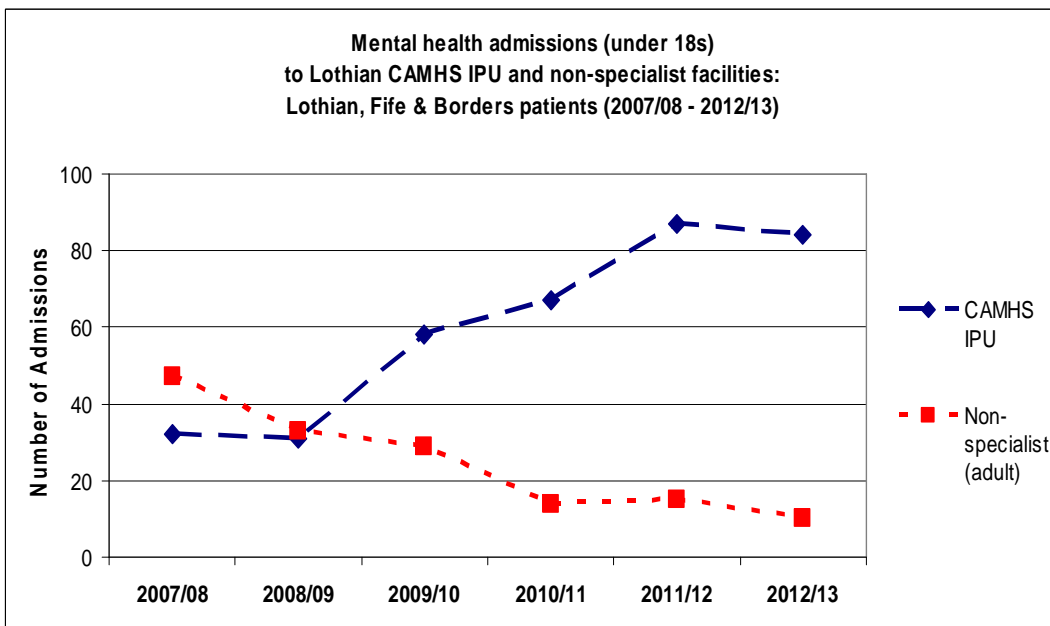
The table below details the significant reduction in the average and median length of stay in the In-patient Unit since 2007. This reduction can be attributed to the redesign of the way the In-patient Unit functions, with improved care planning and closer working relationships with regional teams. The introduction of Intensive Community Treatment teams has also meant that children and young people can be managed safely and effectively at home as an alternative to hospital admission.

Table 1.



Admissions of children and young people to non-specialist beds (predominantly adult psychiatry beds) has continued to reduce with Mental Welfare Commission data in Table 2, demonstrating that there are now significantly fewer children admitted to facilities which are non-specialist.

Table 2.



Source: Mental Welfare Commission & NHS Lothian PIMS

Following a successful training event in 2011, *Family-Based Treatment* for young people with anorexia nervosa has been rolled out across much of the region. This early intervention outpatient model supports young people and engages with parents and families in a highly positive and empowering way, viewing the family as the key resource behind a young person's successful recovery. Although further evaluation will be undertaken, early indications suggest that the model is proving to be effective, with good outcomes for young people and fewer inpatient admissions, despite an increase in outpatient referral rates. Further training is planned in September 2014 to increase the skills base and embed the model across the region.

This year, a challenge for the regional project has been to manage the significant increase in admissions of young people from out-of-region, which accounted for one third of admissions to the Lothian CAMHS Inpatient Unit in 2013. Whilst this remains an issue, progress has been made in reducing admissions and lengths of stay by working closely with colleagues in other regions, sharing good practice in the development of Tier 4 models of care and reinforcing processes for timely transition of young people to services closer to home. Work in this area will continue into 2014/15.

3.3 Mental Health Services

Learning Disability Managed Care Network

The Learning Disability Managed Care Network continues to build on its successes and support service development and improvement across the network.

Key successes in 2013/14 have included:

The continued delivery and expansion of the learning and development programme with seminars focussing upon:

- o Personality Disorder within Learning Disability
- o The needs of people with profound and multiple disabilities
- o Contemporary Learning and Key Practice Issues – delivered by the Mental Welfare Commission
- o Epilepsy and Learning Disability – Key Knowledge and Skills

In total this range of learning opportunities reached 125 people. This included people from government, local authorities, health boards, education departments and third sector agencies.

The Positive Behavioural Support (PBS) project has also progressed significantly in the past 12 months. With the support of the Scottish Government, the MCN commissioned Edinburgh Napier University to develop a master's level module in

PBS, for 20 participants in the first instance. Participants are from a number of pilot sites, as detailed below

Pilot Sites	No. of Edinburgh Napier Participants at January 2014	Agencies Involved
Borders	4	Scottish Borders Council NHS Borders
Fife	5	NHS Fife
Lochview, Larbert	3	NHS Forth Valley
Edinburgh, Gilmerton	2	NHS Lothian
Midlothian	5	ELCAP, Midlothian Council

The impact of implementing PBS will be monitored and reported with a Project Lead identified to support data collection and reporting.

The MCN has also been successful in securing further project funding from the Scottish Government to facilitate Learning Disability Nurses with the implementation of the Health Equalities Framework. The aim of this project is to train staff in the use of this assessment tool, and to enable practitioners to accurately identify health inequalities faced by people with learning disability. This will then allow practitioners to target agreed interventions and support accordingly. The project is currently at an early stage.

During 2013 the MCN has developed quality standards which have been entitled "The 12 Pillars of Support". The MCN will take forward the implementation of these across Assessment and Treatment services in the first instance.

The "Keys to Life", the national policy supporting services and people with learning disability across Scotland was launched in June 2013. Whilst early days, the MCN is involved with a range of work streams and national groups, ensuring that the network continues to influence and shape practice, and also learn from the practice of others.

Medium Secure Forensic Services

During 2013, members of the SEAT Small Forensic Team have been engaged in discussions on medium secure forensic estate both at a national and regional level. Nationally, it has been agreed that there is sufficient medium secure estate in Scotland although there is a need to look at its current configuration. NHS Lothian has begun to set out plans for the development of medium secure accommodation for the region at the Orchard Clinic in Edinburgh which would create capacity for females to be accommodated in appropriate facilities, separate from male accommodation. Development plans also include provision

of low secure and step-down accommodation which would prepare patients for community based living. SEAT Boards have agreed to work with NHS Lothian to consider the plans and understand the service and financial implications.

3.4 Regional Demand and Capacity

In the autumn of 2013, SEAT held an event to explore the opportunities for regional collaboration in managing demand and capacity across a range of specialties. The event was well attended by a range of senior managers and clinicians from across the region, who contributed to the development of a number of proposals for further work. The process for taking forward these proposals is being discussed with Boards to ensure appropriate engagement and support.

Regional Endoscopy Service

As part of wider regional demand and capacity work, SEAT Boards agreed in 2013 to progress with the establishment of a regional endoscopy service hosted by NHS Fife in Queen Margaret Hospital, Dunfermline. This followed capital investment from SGHSCD for the purchase of equipment which was provided in 2012/13.

Over the last few years, demand for endoscopy services has increased significantly, with acknowledgment that demand will continue to increase. All SEAT Boards, with the exception of NHS Borders, are experiencing challenges in meeting waiting times targets for endoscopy, therefore NHS Fife, Forth Valley and Lothian have agreed to utilise the capacity of a regional facility for diagnostic and surveillance endoscopies. NHS Lothian has identified a requirement for 8 sessions per week, while Forth Valley has indicated they will utilise 2 sessions per week.

Through a Project Group, which has clinical and managerial representation from each of the participating Boards, work has progressed on detailing the capacity required by each Board and identifying the staffing and training requirements. The unit will be staffed by medical and nurse endoscopists on a sessional basis, although it is recognised that recruitment in this specialty area presents challenges. Initially, it is envisaged that locum consultants will provide cover for the unit with recruitment processes underway. Clinical leadership has been identified for the Project, with clinical teams agreeing pathways and protocols for the management of patients at each stage. Detailed work has commenced on the arrangements for booking patients, working within current national guidance on access and waiting times management.

The regional unit is expected to open to patients in summer 2014, with Boards Communications Teams engaged in developing a communications plan to

ensure that patients and staff are aware of the benefits and opportunities of a regional unit. Further work will be undertaken during 2014 on more strategic planning for endoscopy services, which will take account of changes in screening and consideration of workforce opportunities.

Spinal Services

Following the national review of spinal services in Scotland, SEAT has continued to work towards implementation of the review's recommendations through the Regional Short Life Working Group for Spinal Services. The Group includes representation from each of the SEAT Boards and also involves NHS Dumfries and Galloway. There are two spinal surgery centres in the South East of Scotland, one in NHS Lothian and one in NHS Tayside, with NHS Borders, Forth Valley and Dumfries and Galloway referring to Lothian and NHS Fife referring approximately two thirds of patients to Tayside and the remainder to Lothian.

NHS Lothian and NHS Tayside undertook capacity planning work during 2013, to plan for the introduction of the Treatment Time Guarantee for Spinal Surgery in April 2014. Some challenges have been identified with theatre capacity and workforce respectively, with management teams working to manage these pressures.

Implementation of the national Low Back Pain Pathway is key to ensuring that patients are managed appropriately and effectively, utilising the skills of the multidisciplinary team. Most Boards have implemented the Pathway fully, although progress has been slower in some areas. Boards have been asked to self-assess against progress with implementation and these assessments will be used to identify areas for improvement moving into 2014/15.

A key piece of work for the forthcoming year will be to consider the shape of the proposed combined spinal service in NHS Lothian. With the move of the Department of Clinical Neuroscience to the Royal Infirmary of Edinburgh in 2017, a combined orthopaedic and neurosurgery spinal service will be developed which will pool expertise and ensure that patients are managed efficiently by the most appropriate clinician.

Obesity Treatment Services

Following the national review of Obesity Treatment services in Scotland, SEAT established a Short Life Working Group to consider services in the south east and to gauge performance against the Best Practice Guidance. SEAT Boards have reviewed their obesity treatment services in light of the recommendations and will see all SEAT Boards with a Specialist Weight Management service in place by Spring 2014. Boards have also looked at the number of surgical cases

performed per year by individual surgeons to ensure that they meet the recommended minimum number of cases.

Following development of a bariatric surgical service in NHS Fife, arrangements have been put in place for NHS Borders patients to access surgery in Fife rather than travel to the North of England. Specialist Weight Management services will still be provided locally in the Borders, with the Fife surgeon also providing clinics in the Borders to reduce patient travel.

The National Planning Forum has announced that there will be a review of progress with Obesity Treatment services in the autumn of 2014 which will provide an opportunity to assess the impact of clinical priority criteria on services.

4. Scottish Government Initiated Work Streams

NHS Responsibility for Healthcare for People in Police Custody

During 2013, SEAT was asked to provide leadership to work underway to establish a regional model for the NHS provision of healthcare to people in police custody. A Regional Collaborative was established under the chairmanship of the Director of Regional Planning, which brought together the participating Boards and Police Scotland representatives. Each region was tasked by Scottish Government to put in place a model which provided safe, responsive and resilient healthcare to people in police custody suites, including forensic services. SEAT agreed to extend the existing nurse-led model already in place in NHS Lothian, creating a regional service which includes NHS Forth Valley, NHS Fife and NHS Borders. SEAT is the only region to develop a regional model as requested by Scottish Government and will see people in police custody provided with 24/7 healthcare and forensic services responsive to individual needs. A cohort of appropriately trained nurses will provide a nurse-led service to custody suites across the region, supported by a team of Forensic Medical Examiners who will provide specialist input when required.

The transfer of responsibility for healthcare services from Police Scotland will take place in the South East on the 1st of August 2014 which will allow a fully trained workforce to be in place and facilities to be appropriately upgraded and fitted out.

Significant work has been undertaken to recruit and train staff, and, working together with Police Scotland, ensure that custody suite healthcare facilities meet required standards. Through the SEAT Directors of Finance, there has been agreement on how initial set-up costs and recurring costs will be apportioned across Boards. A SEAT Director of Finance has also led the national finance discussions on behalf of the NHS.

Major Trauma Services

Following a review of major trauma services across Scotland in 2013 carried out by a sub-group of the National Planning Forum, Board Chief Executives agreed to the enhancement of existing services through the creation of 4 Major Trauma Centres in Scotland. A Quality Framework has been published and endorsed by Scottish Government, detailing a number of recommendations for Regional Planning Groups to take forward. Major Trauma Centres have been identified in Glasgow, Edinburgh, Aberdeen and Dundee with further work to be undertaken over the next 2 years to establish the requisite pathways for patients during all phases of their treatment.

SEAT will establish a regional Project Group to oversee implementation of the regional recommendations and support NHS Lothian in developing a Major Trauma Centre at the Royal Infirmary. A Clinical Lead has been appointed and it is likely that NHS Forth Valley and NHS Tayside will be part of the SEAT Project Group as there are close links between Fife and Tayside and many parts of Forth Valley are within the recommended transfer time to definitive trauma care.

Early work has commenced on scoping the implications of developing a Major Trauma Centre in the region including the impact on existing services and resources, and the current rehabilitation pathways. This is expected to be a significant area of work during 2014/15.

5. Workforce Planning

A key tenet of the work of SEAT is sustainability of services across the region. SEAT Boards recognise the crucial role of good workforce planning and development in this.. SEAT continued to support Boards on the wider workforce planning agenda and also provided leadership and input to a range of national workforce planning priorities including:

- Supporting the National Workforce Planning forum
- Working with NHS Information Services Division in the reporting of national workforce statistics
- Working with the Scottish Government in the recording and reporting of workforce information on community nursing
- 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.

Reshaping the Medical Workforce

The medical reshaping programme continued to be a priority for SEAT with the South East Deanery disestablishing 8 posts in August 2013; Medical Oncology, Palliative Medicine, Trauma and Orthopaedics (2) Learning Disability, Child and Adolescent Psychiatry and O&G (2). For those posts funded by NHS Education Scotland the funding was returned to the region and distributed by the Regional Medical Workforce Group (RMWG) to the Boards affected in order to fund alternative workforce solutions. This funding was invested in a range of additional posts (consultants, speciality doctors, advanced nurse practitioners) in the above specialties to sustain existing services.

The Scottish Government decided to 'pause' the planned reductions for August 2013 in trainee numbers across a number of 24/7 specialties, including emergency medicine, anaesthetics, medical specialties (such as general internal medicine, endocrinology and geriatrics) and paediatrics. The pause enabled a wide review of the reshaping planning assumptions. This concluded that the majority of the planned trainee reductions have now been achieved. Indeed the review also identified that, due to the high levels of attrition in some training programmes and growth in the demand for trained doctors in 24/7 specialties, there needed to be expansion in specific core and higher specialty programmes. As a result the South East Deanery will recruit an additional 18 trainees across core programmes for emergency medicine, medicine, anaesthetics and psychiatry as well as a higher specialty training post in Intensive Care Medicine.

SEAT continued to play an active role in the national medical reshaping programme. However the review of the programme concluded that the 'reshaping' was now complete and that there should be no further significant changes in the medical training numbers across Scotland. The publication of the Greenaway Review into the shape of medical training in late 2013 proposed significant changes to post graduate medical education and the implementation of these will become the focus for future regional, national and UK work.

Medical Workforce Risk Assessment

SEAT completed the design and implementation of the Medical Workforce Risk Assessment tool in 2013. An analysis of the medical workforce risks, broken down into trainee, trained and non-medical risks, was carried out by each SEAT Board and collated to provide a regional analysis. The output of the risk assessment has enabled Boards to prioritise high risk specialties and to identify risk factors that cut across all or a majority of specialties. SEAT Boards have integrated the risk assessment tool into their existing workforce planning and reporting processes. For example the NHS Lothian now provides their Board with a regular Medical Workforce Risk Assessment Report.

The risk assessment also provided evidence of 'good practice' where SEAT Boards have invested in workforce solutions in order to mitigate risks. A clear example of this was the investment made by NHS Lothian in the development of a team of advanced nurse practitioners in Critical Care which enabled this service to report minimal workforce risks unlike other related service areas. Another example was the ongoing investment in Advanced Neonatal and Paediatric Nurse Practitioners in NHS Borders thus reducing reliance upon medical trainees.

Medical Workforce

SEAT boards continue to monitor and address service specific workforce issues through the previous regional medical workforce group which has now been revised to reflect more fully the wider workforce agenda. These have primarily revolved around the medical workforce in the 'high risk' 24/7 specialities such as emergency medicine, paediatrics, Obstetrics & Gynaecology and neonates. SEAT has experienced challenges in these services across the region due to difficulties in recruitment and due to gaps emerging in the trainee medical workforce.

An analysis of trained medical staff recruitment was carried out on behalf of the SEAT HR Directors and reported in October 2013. It analysed all posts advertised by SEAT Boards from August 2012 to June 2013, 182 posts (129 consultant and 53 speciality doctor) in total. The report split the posts advertised by specialty and analysed number of applicants, source country of applicants, appointments made, etc. It also matched vacancies against CCT output from the South East Deanery. The research found that the largest number of vacancies were in the 'high risk' specialties (Anaesthetics 17, Paediatrics 17, Emergency Medicine 15, Geriatric Medicine 13, Clinical Radiology 11 and Obstetrics & Gynaecology 10), that over 40% of applicants were from outside the UK and that 49 posts were unfilled at the time of reporting, mainly those posts in the 'high risk' services. The recruitment of trained medical staff continues to be an issue and the SEAT RMWG have asked SEAT to continue to monitor and update the analysis on a regular basis.

Trainee gaps have been due to a combination of high levels of maternity leave, less than full time working and trainees going 'out of programme' for research or to gain experience outside Scotland. There are also emerging difficulties in recruiting to specific higher specialty training programmes such as emergency medicine acute medicine and geriatrics.

In response to the service and training difficulties resulting from less than full time working the SEAT RMWG have drafted a policy around Less Than Full Time working to ensure service and individual requirements are better addressed. This is being adopted by NHS Education Scotland to form the basis for a national

policy.

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 to support the integration agenda, mandatory and statutory training and long term conditions. Members of SWEDAG also represent SEAT on number of national groups such as Scottish Colleges.

6. Regional Liaison Activities

The following areas of work include individual Board issues which require collaboration across the region:

- Reprovision of Royal Hospital for Sick Children , Edinburgh and the Department of Clinical Neurosciences - SEAT has supported regional engagement in reviewing workforce models for the new build and ensuring a programme of detailed discussions on the Full Business Case.
- Reprovision of Edinburgh Cancer Centre – SEAT Boards have been engaged in the planning for the proposed redevelopment of cancer services on the Western General Hospital site in Edinburgh. The Edinburgh Cancer Centre provides a range of tertiary and specialist cancer services for the South East and Dumfries and Galloway and during 2013/14 has provided support to the North of Scotland.
- Reprovision of Royal Edinburgh Hospital, Edinburgh – SEAT Boards have been involved in the planning for redevelopment of the Royal Edinburgh Hospital site which provides a number of regional services including brain injury and specialist mental health facilities.

7. SEAT Membership

The following are members of SEAT

Calum Campbell (Chair)	Chief Executive, NHS Borders
Tim Davison	Chief Executive, NHS Lothian
John Wilson	Chief Executive, NHS Fife
Gordon Birnie	Medical Director, Acute Division, NHS Fife (until December 2013)
Alan Boyter	HR Director, NHS Lothian on behalf of SEAT HR Directors
Wilma Brown	Partnership Representative, Employee Director, NHS Fife
Chris Bowring	Finance Director, NHS Fife on behalf of SEAT Finance Directors
Deirdre Evans	Director, NSD
David Farquharson	Medical Director, NHS Lothian
Evelyn Fleck	Nurse Director, NHS Borders on behalf of SEAT Nurse Directors
Janette Fraser	Planning Manager, NHS Forth Valley (until October 2013)
Mary Harper	Planning Manager, NHS Dumfries and Galloway
Alex Joyce	Partnership Representative, NHS Lothian (from June 2013)
Heather Kenney	Head of Planning, Scottish Ambulance Service
Sheena MacDonald	Medical Director, NHS Borders
Alison McCallum	Director of Public Health, NHS Lothian on behalf of SEAT Directors of Public Health
Jan McClean	Regional Healthcare Planner, SEAT
Irene McGonnigle	Planning Manager, NHS Fife
Alex McMahon	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
William Reid	Dean of Postgraduate Medicine, NES
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