**NHS Golden Jubilee – National Elective Services Division - Delivery Plan Progress Report Apr-Sep 2021**

Key for status:

*Proposal – New Proposal/no funding yet agreed*

*Red - Unlikely to complete on time/meet target*

*Amber - At risk - requires action  
Green - On Track  
Blue - Complete/ Target met*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **RAG Status (mandatory)** | **Deliverables (mandatory)** *these can be qualitative or quantitative* | **Lead Delivery Body** | **Risks (mandatory)** *list key risks to delivery and the required controls/mitigating actions* | **Outcomes (optional)** *include outcomes if possible – repeat for each applicable deliverable/ add multiple outcomes if required* | **Strategies, plans & programmes**  *repeat for each applicable deliverable/add multiple programmes if required* |

| Sept 21 Status | Key Deliverable Description | Summary of activities etc. | Milestones/Target | Progress against deliverables end Sept 21  *(NB: for new deliverables, just indicate ‘New’)* | Lead delivery body | Key Risks | Controls/Actions | Outcome(s) | List any major strategies/ programmes that the deliverable relates to |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Achieve 100% of pre Covid activity with progression to 110% by March 2022 in line with National commitment. |  | Our 2019-20 activity adjusted for Covid was 5,521. A 10% increase on this position would be 6,073 orthopaedic procedures. Planned activity from RMP3 was for 5,706 procedures. | As at the end of August 2021 joint activity was behind the RMP3 target trajectory by 232 joints but ahead in foot and ankle by 76 and hand surgery by 41 procedures.  MSK Oncology surgery has continued in the orthopaedic theatres and since April 2021, 82 procedures have been carried out. | NHS Golden Jubilee | Staff availability in key clinical areas to run planned and additional lists. Currently experiencing high levels of unplanned clinical and non-clinical staff absence due to short, long and covid related sickness and self-isolation.  High number of theatre staff vacancies and challenges recruiting.  No longer able to replace patients at short notice because of self-isolating rules.  One theatre day minimum per week allocated to MSK Oncology service.  Decreased ward bed capacity as now supporting boards by not repatriating cardiology patients.  Increasing numbers of revision patients and inability to repatriate while boards are under extremis with number of unscheduled covid and non covid presentations.  Challenges with suppliers fulfilling consumable orders. | Twice weekly theatre recovery meetings and regular SLA management calls with referring boards to discuss operational concerns with regards referral management and patient pathways and agree actions to minimise risk of not delivering targets.  Protected green pathways in place.  48 hour calls to reduce avoidable cancellations and promote attendance.  Enhanced transport service with additional vehicles and drivers.  Seven-day transport administration cover to help provide equitable patient access to attend NHS GJ appointments and admissions.  Working closely with procurement, medical and theatres teams to ensure sufficient stock levels and early identification of any consumable shortages. | Delivery of elective capacity to support orthopaedic recovery and enable future readiness for GJ Phase 2 expansion | Orthopaedic Surgery Strategy  NHS Recovery Plan  Trauma and Orthopaedic Recovery Plan |
|  | Full implementation of ACRT |  |  | Active Clinical Referral Triage (ACRT) is only possible when patients are referred to NHS GJ as part of a see and treat pathway. A planned pilot of ACRT was curtailed due to the treat only patient cohort currently being seen by NHS GJ.  ACRT if fully initiated at referring boards has the potential to alter onward referrals to NHS GJ and change the current NHS GJ orthopaedic outpatient model by significantly increasing conversion rates for theatres. | NHS Golden Jubilee | The current NHS GJ orthopaedic model receives patients who have already been assessed by their base hospital thus bypassing the possibility of NHS GJ ACRT. | Currently not possible at NHS GJ | N/A | NHS Recovery Plan  Trauma and Orthopaedic Recovery Plan |
|  | Full implementation of PIR |  | Complete | All arthroplasty patients currently receive a virtual post-op review appointment following their hip or knee surgery.  Patient Initiated Review (PIR) is fully embedded following the initial post-operative review. Patients can contact the service via a helpline number where they can be triaged and reviewed by the relevant health professional within an appropriate timescale. | NHS Golden Jubilee | PIR is working well and considered to be embedded within the service. |  | Patient led reviews designed around the needs of our patients | Orthopaedic Surgery Strategy  NHS Recovery Plan  Trauma and Orthopaedic Recovery Plan |
|  | Increase in 4 joint day from 2019 22% Scottish average |  | To maintain NHS GJ’s current position as the top performing large volume arthroplasty centre during 2021/2022. | Between April 2021 and July 2021 NHS GJ performed 158 four joint lists. This is equivalent to 51% of all day sessions containing a primary or revision arthroplasty procedure. This also equates to 55% of all 4 joint lists performed in Scotland during this period | NHS Golden Jubilee | Staff availability, sickness, Covid related absence and vacancies in key clinical areas will impact on the ability to perform 4 joint lists.  Inability to fill lists when patients cancel at short notice. | Weekly monitoring of all lists to ensure fully populated with 4 joints.  4 joint list data outcomes shared with medical team monthly  Monthly monitoring of local and national position. | To maintain NHS GJ’s current position as the top performing large volume arthroplasty centre. | Orthopaedic Surgery Strategy  NHS Recovery Plan  Trauma and Orthopaedic Recovery Plan |
|  | Increase in theatre productivity from 2019 rate |  | Between January 2019 and December 2019 NHS GJ reported:  - 93.2% of theatre sessions were utilised  - 9.5% of sessions under ran  - 3.2% of sessions over ran  - 0.8% of sessions started late.  - 3.1% on the day cancellation rate | Maintaining pre-Covid position  Between April 2021 and July 2021 NHS GJ reported:  - 97.7% of theatre sessions were utilised (+4.5%)  - 7.8% of sessions under ran (-1.7%)  - 5.4% of sessions over ran (+2.2%)  - 1.4% of sessions started late (+0.6%)  - 3.4% on the day cancellation rate (+0.3%) | NHS Golden Jubilee | Staff availability in key clinical areas, sickness, self-isolation and difficulty recruiting to vacancies will result in an increased number of theatre cancellations, and more overruns.  Last minute cancellations that are unable to be filled with current isolation rules. | The Theatre users group has been set up and part of the remit of this group is to review productivity data and implement improvements.  Use of NTIG reports to review local activity and areas for improvement. | Increased theatre productivity maximising safe throughput | Orthopaedic Surgery Strategy  NHS Recovery Plan  Trauma and Orthopaedic Recovery Plan |
|  | Reduction in length of stay for arthroplasty | Continuing to support discharged day of surgery where appropriate.    Criteria led discharge. | 40% of hip replacement patents to be discharged on post op day one, 80% by day two and 90% by day three.  55% of total knee replacement patients to be discharged by post op day two and 85% by day three.  40% of partial knee replacements to be discharged by post op day one, 80% by day two and 90% by day three. | Only small increase needed to achieve pre-Covid length of stay trajectories  Between 1 April and 31 August 2021:  34% of hip patients were discharged on post-op day one, 72% by day two and 89% by day three.  50% of total knee replacement patients were discharged by post-op day two with 78% discharged by day three.  35% of partial knee replacement patients were discharged by post-op day one, 78% by day two and 91% by day three. | NHS Golden Jubilee | NHS GJ currently accepting ‘treat only’ patients who have been waiting longer than usual for surgery. This is likely to result in increased frailty, complexity and subsequent increase in length of stay.  Deterioration in staffing availability due to Covid related sickness/isolation.  Cohort of newly recruited staff who are not yet fully skilled in delivering an enhanced recovery fast flow model of care.  Resource to facilitate day of surgery discharge. DoSA trajectories decreases which will have a negative impact on overall length of stay. | The use of criteria led discharge is ensuring that patients go home when they are fit to do so. This includes a cohort of hip patients following the ‘discharge on day of surgery’ pathway.  Daily ‘rumble’ meeting with MPT to facilitate timely discharge.  Staff education sessions to increase awareness and understanding of Enhanced Recover pathway.  Reviewing capacity within the wider MDT to increase day of surgery discharges.  ARiSE data reviewed monthly and action taken where data falls out with current control limits.  CALEDonian forum meeting monthly to review data and any operational challenges.  Weekly review of DoSA activity to identify reasons why patients are not admitted on the day of surgery. | Patients spend the minimum amount of time in hospital post procedure (safely discharged) | Orthopaedic Surgery Strategy  NHS Recovery Plan  Trauma and Orthopaedic Recovery Plan  ERAS |
|  | Move to day of surgery for all appropriate orthopaedic cases | British Association of Day Surgery (BADS) | Procedure level targets exist. | The BADS targets for a number of procedures are being met.  Currently, unicompartmental knee procedures are not commonly undertaken at NHS GJ as day cases. It is anticipated that the increase in robotic assisted surgery may have a positive impact and allow some unicompartmental knee patients to be discharged on the day of surgery. | NHS Golden Jubilee | Staff availability in key clinical areas, sickness, self-isolation and difficulty recruiting to vacancies will result in an inability to discharge patients on the day of surgery. | Developing a day of surgery unicompartmental knee pathway | Patients spend the minimum amount of time in hospital post procedure (safely discharged) | Orthopaedic Surgery Strategy  Robotic strategy  NHS Recovery Plan  Trauma and Orthopaedic Recovery Plan |
|  | Virtual appointments for first post-operative arthroplasty review |  | Complete | Virtual appointments using Near Me are standard for all post-operative arthroplasty reviews. Face to face follow up appointments are available where a clinical need has been identified. | NHS Golden Jubilee | Process well established |  | Complete | Orthopaedic Surgery Strategy  NHS Recovery Plan  Trauma and Orthopaedic Recovery Plan  Digital Health and Social Care Strategy |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Endoscopy | Increased capacity for endoscopy procedures includes 1 Endoscopy room, 1 theatre converted for scope activity and onsite mobile unit. | As per plan 5440 procedures between April 21 and March 2022 | As at end August 2021 Scopes are 62 procedures ahead of target ( 2228 against a target of 2166) | NHS Golden Jubilee | Workforce: theatre nursing staff and Endoscopists. Majority of Endoscopists are external so covering rota is reliant on their availability.  Temporary mobile unit delayed coming onsite by 1 month.  Unpredictable sickness absence and self-isolation during periods of high Covid transmission impacting on cover available from staff and operators.    Other temporary mobile facilities being rolled out across the WoS which may impact on NHS GJ ability to secure operator cover.  Inability to replace patients for short notice cancellations due to self-isolation period.  Host board challenges filling the lists.  Increasing numbers of training lists from October will reduce activity on list. | Nurse Endoscopists currently being recruited to support the service and reduce risk of unavailable operators.  Fortnightly meeting with Boards to discuss operational challenges which impact on delivery of service.  Two Clinical fellows now on site. One will be ready to begin independent scoping by November for uppers and lowers by beg Jan 2022. Second fellow not until new financial year. | Increased endoscopy capacity to benefit patients across Scotland | NHS Recovery Plan  Recovery and redesign: Cancer Services |
| PROPOSAL | Pilot Regional Bowel Screening Programme |  | In discussion with NHS A&A to develop bowel screening programme to support NHS A&A.  Develop Business Case and seek approval for introduction of Bowel Screening programme within NHS GJ to support WoS Boards | NEW | NHS GJ/Scot Gov/ Other Health Boards | Insufficient patients referred | Process currently being worked through to provide a person centred expedited pathway for patient post bowel screening to enable them to return to their base hospital for bowel surgery.  Facilitating rapid access to radiological tests and imaging to inform NHS A&A MDT discussion and treatment plan | Increased diagnostic screening capacity to benefit patients in West of Scotland | NHS Recovery Plan  Recovery and redesign: Cancer Services |
|  | General surgery and Colorectal | Restarted general surgery programme at the end of June 2021. | Majority of day case general surgery for NHS GGC. NHS Lothian and Grampian requested that their general allocation be converted to colorectal surgery to help with their current pressures. | Target 168 actual 108 at end of August 2021 | NHS GJ/Scot Gov/ Other Health Boards | Reliance on external consultants’ availability.  Staff availability, sickness, covid related absence and vacancies in key clinical areas will impact on the ability to deliver the service.  Last minute cancellations for patients awaiting MDT outcomes for cancer resulting in an inability to fill the slot.  Increasing numbers cancelled on the day as unsuitable for day surgery or symptoms resolved and no longer requiring surgery  Availability for critical care beds for colorectal patients.  General surgery programme now being replaced with cancer services to support boards through recent Covid surge. | Substantive part time consultants on site to provide colorectal service  Working closely with boards to ensure appropriate triage of patients suitable for NHS GJ  Change to process going forward with NHS GJ holding the waiting list.  NHS GJ now provide pre assessment for patients which will reduce the likelihood of on the day cancellation | Provision of general surgery and colorectal surgery to support NHS Scotland | NHS Recovery Plan  Recovery and redesign: Cancer Services |
|  | Da Vinci Colorectal programme | Currently supporting NHS Lanarkshire surgeons x 2 through robotic training for colorectal surgery | To have 6 surgeons trained, 3 from NHS Lan and 3 from NHS GJ by the end of financial year 2022 | Theatre capacity available each week to support 2 days of surgery. This will increase to 4 days once the second cohort of training begins | NHS GJ  NHS Lan | Training opportunities limited by covid travel restriction and available wet labs.  Theatre staffing and availability of critical care beds | Meetings weekly during introduction of new service. Now fortnightly meetings with MDT and Intuitive (external company) to discuss operational challenges and the robotic pathway. | Support expansion of minimally invasive surgery in West of Scotland | NHS Recovery Plan  Robotics Strategy |
|  | Ophthalmology | Running circa 1.4 clinics per day and 3.4 theatres per week ( medical and nursing staffing permitted) | Activity in RMP 3 based on 4 theatres and 2 clinics running each day. | 1014 procedures behind plan at end of August 2021 | NHS GJ/Scot Gov/ Other Health Boards | Reliant on availability of visiting consultants.  Ability to recruit substantive Ophthalmologists.  Short, long term and Covid related sickness absence.  Loss of consultants and nurses to Independent providers.  Large numbers of newly trained nurses and optometrists appointed who still need to complete training before being independent practitioners.  Physical distancing impacting on ability to run full clinics.  Introduction of EPR will result in initial reduction in clinic and theatre lists.  Training lists impacting on productivity. | Accelerated training programme now underway for nursing theatre and clinic teams.  Regular recruitment drives and use of social media/ linked in to increase awareness.  Improvement programme to maximise clinic capacity while distancing restrictions remain in place.  Introduction of ‘prepping and draping’ and review of ‘double scrub’ model to improve efficiency in theatre. | Delivery of ophthalmology capacity in support of NHS Scotland | NHS Recovery Plan  National Treatment Centres |
|  | Synaptik | 1 clinic and 3 theatres running each Saturday and Sunday | To staff 1 clinic and 3 theatres every Saturday and Sunday until end of financial year | 89 cataract procedures behind at the end of July 2021 ( 343 procedures carried out against a plan of 432) | NHS GJ/Scot Gov/Ext contractor | Inability to fill lists with Synaptik patients that convert from clinic.  Increased percentage of second eyes which will impact on agreed yearly target for new patients.  Inability from synaptik to cover all theatre and clinics with nursing / medical staff | Using NHS GJ patients to fill lists where insufficient numbers of Synaptik patients available.  Weekly meetings with Synaptik and GJNH team to discuss performance and operational challenges. | Increased cataract capacity | NHS Recovery Plan |
|  | Cancers | Cancer programme was planned to repatriate back to host boards in a phased way from the end of June 2021 | Continued beyond end of June 2021 to support other Boards with Cancer surgery | New requests from Boards to support through recent surge in covid | NHS GJ/Scot Gov/ Other Health Boards | Impact on delivery of core NHS GJ services.  Maintaining relevant skill set within nursing teams to support the different services requested during period of high turnaround of staff.  Availability of staffed critical care beds due to short/long term sickness absence and covid related absence.  Availability of nursing/anaesthetic team | Working daily with wider MDT to ensure prioritisation of patients  Ongoing meetings with boards  Scoping additional nursing teams from an external provider to support additional cancer work | Supporting surgery for urgent cancer patients in Scotland | NHS Recovery Plan  Winter Preparedness |