**NHS Golden Jubilee – Heart, Lung, Diagnostic - 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*

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| **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 |
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|  | Cardiac Surgery |  | No patients waiting over 12 weeks for adult cardiac and congenital surgery | 12 week TTG delivered with exception of adult congenital patients (~5 patients over 12 weeks)  **Progress against target (to 31/7/21) delivering 417 against target of 407** | NHS GJ | Adult congenital over 12 weeks  Workforce - absence - vacancy/  sickness | Weekly waiting list meeting  Prioritise urgent first  Understand emergency activity | No patients over 12 weeks  Reduced cancellations | 12 week TTG |
|  | Thoracic Surgery |  | No patients waiting over 12 weeks for adult cardiac and congenital surgery | 12 week TTG delivered  31-day cancer target delivered  **Activity - Progress against target (to 31/7/21) delivering 387 against target of 400** | NHS GJ | Demand driven  Workforce absence - vacancy/  sickness | Weekly waiting list meeting  Prioritise urgent first  Understand emergency activity | No patients over 12 weeks  100% achievement of 31-day cancer target | 12 week TTG  31 day cancer target |
|  | SNAHFS |  | Continued delivery of cardiac transplants | **Activity - 16 cardiac transplants delivered to 24th September (target 18 per year)**  Able to deliver national retrieval service (NORS) | NHS GJ / NSD / NHSBT | i. Pandemic affecting organs available  ii. Sufficient capacity to safely manage the increased transplant activity | Development of Strategic Plan for transplant service to deliver a safe and high quality service delivering 25-30 transplants per annum | Delivery of increased number of cardiac transplants, in line with target. | Cardiac Transplantation and Organ Donation Strategy |
|  | Cardiology – Elective/ Urgent Activity | Includes all non-emergency Coronary angiography and PCI procedures. Also include a small number of non-TAVI valve procedures and congenital diagnostic and interventional procedures. | No routine cases waiting over 12 weeks for Coronary angiography +/- PCI  Urgent Inpatient referrals treated within 72 hours. | As at 31/07/2021 – 135 patients waiting over 12 weeks for Coronary angiography +/- PCI  1,640 cases delivered against target of 1,814. Shortfall of 174 cases as a result of low uptake of weekend working, lost capacity due to lab breakdowns and higher proportion of urgent referrals than expected. These cases often require longer procedure time. | NHS GJ | Sustained high demand for urgent inpatient angiography.  Increase in routine and urgent waiting times. | Weekly scheduling and waiting list management meetings. Referrals prioritised based on clinical urgency. | No patients over 12 weeks.  Effective utilisation of Cath lab sessions | 12 week TTG |
|  | Cardiology – TAVI Activity |  | No routine referrals waiting over 12 weeks for TAVI | As at 31/07/2021 – 3 patients waiting over 12 weeks for TAVI.  53 cases delivered against target of 45. | NHS GJ | Growing demand and waiting time for procedure.  Financial pressure of over delivery against target. | Weekly scheduling and waiting list management meetings. Referrals prioritised based on clinical urgency. | No patients over 12 weeks. | 12 week TTG |
|  | Cardiology – STEMI Activity |  | All referrals treated within 24 hours of referral. | Emergency service. All accepted referrals admitted and treated with 24hrs.  As at 31/07/2021 – 262 cases delivered against target of 252. | NHS GJ | Impact of winter pressure on SAS and bed capacity. | Provision of 24/7 service. | No patients waiting more than 24 hours for treatment | NHS GJ Cardiology Strategy |
|  | Cardiology – EP Activity |  | No routine referrals waiting over 12 weeks for EP | As at 31/07/2021 – 261 patients waiting over 12 weeks for EP procedure. 35 of these patients have waited more than 52 weeks.  201 cases delivered against target of 207. | NHS GJ | Long waiting times. Limited options to increase capacity in order to clear backlog.  Availability of Anaesthetic support. | Weekly scheduling and waiting list management meetings. Referrals prioritised based on clinical urgency. | No patients over 12 weeks.  Effective utilisation of Cath lab sessions | 12 week TTG |
|  | Cardiology – Devices Activity | Includes all device and lead extraction procedures. | No routine referrals waiting over 12 weeks for EP | As at 31/07/2021 – 5 patients waiting over 12 weeks for Device or Lead Extraction procedure. 1 of these patients has waited more than 52 weeks.  145 cases delivered against target of 142. | NHS GJ | Impact of winter pressure on SAS and bed capacity. | Weekly scheduling and waiting list management meetings. Referrals prioritised based on clinical urgency. | No patients over 12 weeks.  Effective utilisation of Cath lab sessions | 12 week TTG |
|  | Radiology- Achieve SLA agreed levels of activity for all modalities | Collaborate with boards to ensure referrals are received    Implement extended working day / weekend working  Review covid restrictions when possible | As per annual plan for SLA activity. Increase CT projections for remainder of 2021/2022 | **CT** Scanning – 48% increase in planned activity due to ad hoc weekend working and implementing extended day.  **MRI** – 8% decrease in planned activity due to change in types of examinations and reduction in board referrals for first couple of months of 21/22. Projection to meet the planned target by March 2022. There has been a submission to the National Infrastructure Board for funding to replace an MRI scanner. Should this be agreed we wold hope to secure a mobile scanner to ensure activity is not affected.  **U/S** – 15% increase in planned activity to date. Activity is linked to the peaks and troughs associated with sonographer leave. Extra sessions planned for the coming months to mitigate.  **Dexa** – 2% decrease in planned activity due to single reporter for these exams. 2nd reporter coming on board in October 21. Plan to achieve planned 21/22 target. | NHS GJ | Workforce | MRI – Alter types of exams performed to meet health board needs  U/S - secure backfill for sonographer leave  Dexa – Employ 2nd Dexa reporter | Delivery of diagnostic tests within national wait times.  Support for early diagnosis. | Develop NHS GJ Imaging Strategy to inform 22/23 activity |
|  | Flexible use of GJ Imaging resource for health boards | Liaising with SG & boards to alter allocations to boards depending upon their pressures (agreed April 21)   * Accept Non Medical Referrer (NMR) requests * Perform specialist MRI Liver / Prostate exams * Host liver/renal ablation service for GG&C Jan – Jun 21 | Achieve planned imaging targets | * New allocation agreed for Highland. * NMR Request agreed Aug 21 to be implemented. * MRI Liver / Prostate protocols established and exams performed. * Ablation service returned to GG&C Jul 21 after successful 6 month transfer | S Gov / Health boards / NHS GJ | Completed |  | Completed | SLA meetings with all boards every 6 weeks.  Regular SG meeting to adapt to current pressures.  Scope additional requests from boards throughout the year. |
|  | Agree with SG to convert SLA waiting times activity to regional cardiac activity for CT / MRI | * SBAR produced for CT / MRI to demonstrate additional cardiac activity that could be performed. * Recruit additional cardiac imaging reporters. | * Achieve a reduction in regional CTCA waiting time / regional MRI waiting times * Establish target for remainder of 21/22 and prediction for 22/23 activity | * Discussion with SG around converting waiting times activity to cardiac. Agreement given. * MRI reporters recruited to the radiologists bank for ad-hoc additional cardiac MRI sessions. * Proposal to recruit joint appointments for 2 cardiac radiologists and 1 cardiologist for CTCA reporting, to deliver guaranteed activity. * Alter job plan for GJ cardiologist to perform additional CTCA sessions | NHS GJ / Health boards | Reliance on bank radiologists  Delay in recruitment to cardiac reporting posts | Recruit to joint appointments or job planned activity where possible  Explore training / recruitment opportunities for radiologists/cardiologists | Robust cardiac imaging service able to meet the needs of the regional population  Delivers unmet need for cardiac imaging across the WoS Region | Cardiac Imaging strategy developing the future potential of the GJ imaging department for years to come. |
|  | SNRRS Business as usual model agreed by NHS GJ | * Business Case sign off. * Recruit SNRRS team to GJ. * Maintain service from pilot to BAU. * Increase number of reporters, capacity, health board access | * Agreement from GJ Adopt BAU service Aug 21. Recruitment underway. * 30 additional workstations to be deployed during 21/22. * 3 more health boards to connect to SNRRS by March 22 | * BAU agreed. * Recruitment of SNRRS team in progress. * Working with health boards to deploy additional workstations. * 2 of 3 outstanding boards to be connected by Dec 22. | SNRRS Team/ NHS GJ/ Health boards | RIS/PACS upgrades within boards impacting on SNRRS ability to progress.  GK e-health ability to provide access for SNRRS team to necessary systems | Dates in place with boards for necessary activities e-health for SNRRS. | SNRRS increase capacity and accessibility for all boards.  Addresses radiologist shortage by enabling remote reporting | NHS GJ working with Scottish Radiology Transformation Programme (SRTP) to explore further uses for SNRRS. |
| PROPOSAL | Provide colorectal imaging to support surgery / bowel screening | Business case still to be agreed for bowel screening pilot.  Colorectal expansion agreed, pathways in development | NHS GJ ability to offer CT colonography CT drainage | Plan to establish equipment, staffing, training needs to support. Approx. numbers defined.  Agree timescale for CT colonography service implementation (4-6 months).  Discussion with SG about converting some waiting times activity to CT colonography agreed. | SG / NHS GJ / Health boards/ | Workforce – radiographers / radiologists to support development | Discussions with other health boards to enable joint training opportunities / joint radiologists support | Sustainable CT colon service within GJ | NHS Recovery Plan  Recovery and redesign: Cancer Services |
| PROPOSAL | Establish Plain Film imaging department within redesigned orthopaedic outpatient facility | Agreement required from GJ board to proceed with this development.  Scoping exercise to determine potential benefits to patients and service. | Plain Film room due for replacement in 22/23, implement this within the new orthopaedic department.  Procure an additional plain film x-ray room for OP department | SBAR in development for agreement.  Patient and service advantages scoped.  Potential activity explored.  Staffing requirements outlined.  Review of current and projected activity | NHS GJ | Funding for equipment and staff | SBAR to be agreed | OP plain film imaging department, to support increased access to plain film imaging.  Supports GJ imaging department expansion.  Enables separation of IP/OP pathways. | This initiative will feed into the GJ Imaging Strategy. |