

Board	Priority Area <i>select from drop down list</i>	Service Area	Reference	Jun'22 status	Key Deliverable - Name and Description	Key milestones	Progress against deliverables end June 22	Lead delivery body	Key Risks	Controls/Actions	Outcome(s)	Major strategies/ programmes the deliverable relates to	Impact of deliverable on health inequalities
NHSGJ	Recovering planned care	National Elective Services	2021-GJ15	Amber	<u>Achieve 100% of pre-Covid activity with progression to 110% by March 2022 in line with National commitment</u> Delivery of core elective specialities	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 during 2021/2022.  In RMP4 the 2021-22 full year target was revised to 4,652 procedures.	<b>As at end of June 2022 1,103 orthopaedic procedures were performed against a plan of 1,124.</b>  <b>YTD activity was ahead of plan for foot &amp; ankle but behind for joints, soft tissue procedures and hand activity.</b>	NHS Golden Jubilee	Staff availability in key clinical areas to run planned and additional lists is continuing to experience high levels of unplanned clinical and non-clinical staff absence due to short, long and Covid related sickness and self-isolation.  Recruitment is ongoing however there continues to be a number of theatre staff vacancies and challenges recruiting. In line with this we have reduced to four orthopaedic theatres Monday to Friday and maintained two theatres on a Saturday  Still unable to replace patients at short notice because of self-isolating rules.  Increasing numbers of revision patients and inability to repatriate while boards are under extremis with number of unscheduled Covid and non Covid presentations.	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.	PC1	Orthopaedic Surgery Strategy  NHS Recovery Plan  Trauma and Orthopaedic Recovery Plan	<b>Deliverable supports delivery of key waiting times targets and will reduce elective backlog in orthopaedics across Scotland. Timely access to surgery for orthopaedic conditions improves health outcomes for patients.</b>
NHSGJ	Recovering planned care	National Elective Services	2021-GJ18	Green	<u>Increase in 4 joint day from 2019 22% Scottish average</u>	To maintain NHS GJ's current position as the top performing large volume arthroplasty centre during 2021/2022.	<b>In April 2022 (NHS Discovery) data showed 56% of lists containing a joint replacement were populated with four joints. The 37 four joint lists performed at NHS GJ equated to 72.5% of all four joint lists performed in Scotland.</b>  <b>Local data indicates that during Quarter 1 of 2022/23 53.8% of joint lists were populated with at least four joints.</b>	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.	PC1	Orthopaedic Surgery Strategy  NHS Recovery Plan  Trauma and Orthopaedic Recovery Plan	
NHSGJ	Recovering planned care	National Elective Services	2021-GJ19	Green	<u>Increase in theatre productivity from 2019 rate</u>	Between January 2019 and December 2019 NHS GJ Orthopaedics 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	<b>In April 2022 (NHS Discovery) data identified NHS GJ Orthopaedics as having:</b> - <b>93.6% of allocated theatre hours utilised (+0.4% to pre-Covid)</b> - <b>10.2% under run hours (+0.7% to pre-Covid)</b> - <b>4.4% over run hours (+1.2% to pre-Covid)</b> - <b>1.7% late start hours (+0.9% to pre-Covid)</b> - <b>3.3% on the day cancellation rate (+0.2% to pre-Covid)</b>	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.	PC1	Orthopaedic Surgery Strategy  NHS Recovery Plan  Trauma and Orthopaedic Recovery Plan	<b>Deliverable supports delivery of key waiting times targets and will reduce elective backlog in orthopaedics across Scotland. Improving theatre productivity supports effective patient flow. Timely access to surgery for orthopaedic conditions improves health outcomes for patients.</b>
NHSGJ	Recovering planned care	National Elective Services	2021-GJ20	Amber	<u>Reduction in length of stay for arthroplasty.</u> Continuing to support discharged day of surgery where appropriate  Criteria led discharge	40% of hip replacement patients 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.	<b>During June 2022:</b> 39% of total hip replacements were discharged by post-op day one. 69% of total hip replacements were discharged by post-op day two. 87% of total hip replacements were discharge by post-op day three.  7% of total knee replacements were discharged by post-op day one. 44% of total knee replacements were discharge by post-op day two. 71% of total knee replacements were discharged by post-op day three.  14% of partial knee replacements were discharged by post-op day one. 67% of partial knee replacements were discharged by post-op day two. 90% of partial knee replacements were discharged by post-op 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.  Ongoing training resource/requirements for new staff which can impact ability to deliver established ERAS programme	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.	PC1	Orthopaedic Surgery Strategy  NHS Recovery Plan  Trauma and Orthopaedic Recovery Plan  ERAS	<b>Deliverable supports delivery of key waiting times targets and will reduce elective backlog in orthopaedics across Scotland. Management of length of stay as part of embedding ERAS principles supports effective patient flow. Timely access to surgery for orthopaedic conditions improves health outcomes for patients.</b>
NHSGJ	Recovering planned care	National Elective Services	2021-GJ21	Amber	<u>Move to day of surgery for all appropriate orthopaedic cases</u> Delivery in line with British Association of Day Surgery (BADS) targets	Procedure level targets exist.	<b>Based on most recent BADS performance data in Discovery, GJ carried out 89% of BADS procedures as day cases against an expected rate of 92%. Main areas of focus will be to increase the percentage of ACL procedures carried out as day cases (currently 40%), albeit these are not referred to GJ in large numbers, and unicompartmental knee replacements. 2% of unicompartmental knee replacements are currently carried out as day cases at GJ against a national target of 40%</b>	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  Ongoing training and education for surgical day unit staff to facilitate day of surgery discharge for appropriate patients	PC1	Orthopaedic Surgery Strategy  Robotic strategy  NHS Recovery Plan  Trauma and Orthopaedic Recovery Plan	<b>Deliverable supports delivery of key waiting times targets and will reduce elective backlog in orthopaedics across Scotland. Improving day case rates will support capacity and flow. Timely access to surgery for orthopaedic conditions improves health outcomes for patients.</b>

NHSGJ	Recovering planned care	National Elective Services	2021-GJ23	Green	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 of June 2022 endoscopy was 393 procedures ahead of plan.	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.	Two Nurse Endoscopists now recruited which will reduce risk of unavailable operators. Trainee nurse endoscopist also now started her training.  Recruited Senior Charge Nurse to lead endoscopy programme now in post  Fortnightly meeting with Boards to discuss operational challenges which impact on delivery of service.  Two Clinical fellows now on site who are now able to carry out some lists independently .	PC1 PC3	NHS Recovery Plan  Recovery and redesign: Cancer Services	Deliverable supports delivery of key waiting times targets and will reduce backlog in access to diagnostic tests. Improving endoscopy activity will support capacity and flow. Timely access to diagnostic endoscopy improves health outcomes for patients.
NHSGJ	Recovering planned care	National Elective Services	2021-GJ24	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	Screening lists have now stopped as of 1 July 2022. There has been no further progress with this potential development	NHS Golden Jubilee  Other Health Boards	Increasing numbers of training lists from October will reduce activity on list 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	PC1 PC3	NHS Recovery Plan  Recovery and redesign: Cancer Services	If progressed, deliverable could support delivery of key waiting times targets and will reduce backlog in access to diagnostic tests. Timely access to diagnostic tests is a vital element of cancer pathways and improves health outcomes for patients.
NHSGJ	Recovering planned care	National Elective Services	2021-GJ25	Green	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.	As at the end of June 2022 General Surgery was 47 procedures ahead of plan whilst Colorectal was 10 behind plan. Capacity is flexibly deployed across endoscopy, general and colorectal surgery, depending on surgeon and patient availability. This means that case mix in these specialties is flexed to meet service and referring board requirements. Work is underway to ensure that colorectal procedural reporting reflects complexity in reporting capacity utilisation.	NHS Golden Jubilee  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  Clinical fellows also started to triage referrals to reduce likelihood of failed pre operative assessment	PC1	NHS Recovery Plan  Recovery and redesign: Cancer Services	Deliverable supports delivery of key waiting times targets and will reduce elective backlog in general surgery across Scotland. Timely access to surgery for general surgery conditions improves health outcomes for patients.
NHSGJ	Recovering planned care	National Elective Services	2021-GJ26	Green	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	All training for Lanarkshire surgeons is complete. We are now training one surgeon from NHS Forth Valley and from August, will extend this to GJ consultants.	NHS Golden Jubilee  NHS Lanarkshire	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.	PC1	NHS Recovery Plan  Robotics Strategy	Robot Assisted Surgery supports a quicker return to normal function in many cases when compared to open surgical procedures. RAS supports quality and person-centred care
NHSGJ	Recovering planned care	National Elective Services	2021-GJ27	Amber	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.	As at the end of June 2022 2,416 cataract procedures had been performed against a target of 2,612. The activity position was augmented by 190 procedures performed through collaboration with other NHS Scotland Health Boards to staff lists at NHS Golden Jubilee. Including collaboration lists there was a shortfall of six cases from plan at the end on June 2022.	NHS Golden Jubilee  Other Health Boards	Reliant on availability of visiting consultants.  Ability to recruit substantive Ophthalmologists continues to be challenging.  Short, long term and Covid related sickness absence.  Loss of consultants and nurses to Independent providers.  Not all staff yet trained to a level where they can rotate through clinic and theatre providing cover as needed  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 continues 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.	PC1	NHS Recovery Plan  National Treatment Centres	Deliverable supports delivery of key waiting times targets and will reduce elective backlog in ophthalmology across Scotland. Timely access to surgery for eye conditions improves health outcomes for patients.
NHSGJ	Recovering planned care	National Elective Services	2021-GJ28	Amber	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	As at the end of June 2022 256 procedures had been performed by Synaptik against a planned 280. This is a short fall of 24 cases. Since early June, a new contract has been operating which provides 2 theatres running on Saturdays for a duration of 33 weeks.	NHS Golden Jubilee  Scottish Government  External 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.	PC1	NHS Recovery Plan	Deliverable supports delivery of key waiting times targets and will reduce elective backlog in ophthalmology across Scotland. Timely access to surgery for eye conditions improves health outcomes for patients.
NHSGJ	Recovering planned care	National Elective Services	2021-GJ29	Amber	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	As at the end of June 2022 74 procedures had been performed as part of the cancer programme. This is 12 cases behind the target of 86 for this point in 2022/23. From 1 July, all Lanarkshire cancer work has been repatriated, leaving only 1.5 days of breast cancer surgery lists being carried out at GJ for NHS A&A until the end of the financial year	NHS Golden Jubilee  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  Additional nursing teams from an external provider in place from 10 January 2022 following tender process to support additional cancer work	PC1 UC1	NHS Recovery Plan  Winter Preparedness	Deliverable supports delivery of key waiting times targets and will reduce backlog in access to breast cancer surgery. Timely access to surgery for cancer improves health outcomes for patients.