# NHS Golden Jubilee

### **Meeting: NHS Golden Jubilee Board**

### **Meeting date: 29 May 2025**

### **Title:** Operational Update

### **Responsible Executive/Non-Executive: Carolynne O’Connor**, Deputy Chief Executive/ Director of Operations

### **Report Author: Carolynne O’Connor, Deputy Chief Executive/Director of Operations**

## Purpose

### This is presented to NHS GJ Board for:

### Decisioin

### This report relates to:

* Local policy
* Annual Delivery Plan
* National Delivery Plan

### This aligns to the following NHS Scotland quality ambition(s):

* Governance arrangements are aligned to corporate objectives.

## 2 Report summary

Month12 – (March 2025) data reporting in relation to IPR. Summary of current issues and escalations/actions as reported via Confirm and Challenge process.

**Heart, Lung and Diagnostics Division:**

At Month 12 ADP -2% behind plan - Under performance from cardiology – Driven by Diagnostic numbers behind plan whilst PCI ahead (Angio equivalence would demonstrate over performance)

**Successes**

* Efficiency Savings exceeded target (+17%)
* Scan for Safety in CLs – Implementation scheduled May 2025 - progressing well
* Planned care funding – successful delivery against ambitious targets
* Confirmation of recurrent funding for DCD programme
* Palliative care – sustainable model agreed
* Ongoing improvements through Reduction in Doppler requests as part of CQIP
* Significant reduction in long waits
* Improvement in DOSA rates in both Cardiac and Thoracic

**Challenges and Mitigation**

* 2 x 31 Day Breach – remain within 95% threshold
	+ 7th Surgeon will provide increased flexibility
* Labs workforce
	+ Review ongoing – challenges in some areas of workforce.
* CMR waiting list further increase
	+ 5/7 workforce paper supported through Planned Care funding will increase capacity/activity – enable recovery trajectory to deliver.
* SACCS
	+ Surgical outcomes require review - Surgical pause. Significant challenge for service and management team
* Cardiac Theatre staffing – increased cancellations – Recovery plan in place led by nursing team.

**By Department:**

**Cardiac**

* Activity just behind ADP target (-0.4%)- largely due to due to reduced theatre capacity in Q4
* Long waiting patients – reduced over the year to 3 at M12 (SACCS – currently under review)
* DOSA reduced in Q3 – due to capacity challenges

**Thoracic**

* Thoracic surgery activity closed M12 ahead of plan – 3.4%
* DOSA rate – 30%
* 2x Breach to 31-day Cancer target in Q4 (will not impact 95% target), due to short term sickness.

**Cardiology**

* TAVI closed M12 slightly behind plan (12 cases)
	+ 72% reduction in WL since April 24
	+ Average wait = 39 days (from 180 April 24)
* EP – highest activity achieved including Planned Care plan met.

**Radiology**

* Overall activity position is just ahead of SLA target – 1%
* Regional CMR waiting list provides challenge (Demand > capacity)
* CT3 Implementation plan ahead of expected Q3 ‘go live’
* 5/7 funding confirmed from SG/ Planning (Org. Change) and recruitment has commenced

**National Elective Services Division: Month 12 March 2025**

NES ADP finished -3% behind year-end target

TURAS completion rate for NES was 75% in March and has remained consistent through 2024/2025.

Sickness absence 8.0%. Short term 2.9% with long term 5.1% (Down slightly from 8.5% in February). Short term absence has decreased while long term has increased slightly

**Orthopaedics**

* Day of surgery mobilisation has remained at 63% for 2nd month still aiming for 75% in 2025/2026 and the team is encouraged with this sustained improvement.
* PoD1 discharge rate for Total Hip Replacement was maintained at 47% in March 2025, which is encouraging for meeting 50% target for 2025/2026.
* PoD1 discharge rate for Total Knee Replacement (TKR) has been increasing each month to a high of 25% in March. New pain bundles are being introduced with the aim of achieving a target of 30% for 2025/2026.
* Further reduction in AKI rates to 3.8% this is the lowest rate of AKI since July 2024. Difficult to assess why may be due to reduced variance in local anaesthetic delivery.
* 4 joint rate has increased to 61% which is a significant improvement. An increase in complex slots and on the day cancellations is impacting achieving 75% target. A SLWG group is finding solutions to both challenges
* Prehabilitation activity continues for patients with BMI >35 being admitted for TKR with 13 new patients and 18 return patients seen in March. Average length of post op stay is 2.5 days. Comparative group with no prehabilitation had a LOS of 4 days

Rehab team staffing challenges expected over the coming months due to loss of experienced staff. This will be monitored to ensure it has minimal impact on early mobilisation and overall length of stay. Agency and bank are being explored as an interim measure.

 **Ophthalmology**

* + - Ophthalmology finished -4% behind plan at year end. This was mainly due to operator cover
		- New agency locum (10 PA) has started with positive feedback. Contract has been extended for 6 months.
		- Substantive Consultant interviews will take place in May 2025 (3 candidates).
		- New patients’ chairs have been implemented throughout the department with positive patient and staff feedback.
		- March had highest number of double scrub lists at 72%.
		- NHSS Academy business case has been approved, which will support the National Recovery position in 2025/2026.
		- 74% of cancellations were filled from OPD, resulting in a cancellation rate of 1%.

**Endoscopy**

* Endoscopy over performed during March 2025 by 80 cases but despite best efforts to recover, finished -3% overall behind at year end. This was mainly due to the delays to opening of the EDU as part of Phase 2.

**General Surgery/Colorectal**

* General surgery finished 3% ahead of target.
* Colorectal were -20% behind at year end due to challenges throughout the year with NHS Boards providing adequate referrals – referrals reviewed and less complex/day case procedures will be delivered during 2025/2026.
* Improved cancellation rates for General surgery have seen a sustained change and lowered further from 5.9% during February to 1.2% due to the use of ‘in house’ Consultants only and enhanced vetting prior to surgery

Revised ADP for 2024/2025 supported by Scottish Government and ADP for 2025/2026 submitted.

ADP for 2025/2026 is realistic in terms of delivery considering capacity of 8 theatres for Ortho and the challenges with workforce.

## 3 Recommendation

NHS Golden Jubilee Board is asked to approve the Operational Update for Month 12 and current key issues.