

NHS Shetland

Meeting:	Board
Meeting date:	23 June 2022
Agenda Reference:	Board Paper 2022/23/25
Title:	Review of the Enhanced Elective Care Programme
Responsible Executive/Non-Executive:	Kathleen Carolan, Director of Nursing & Acute Services
Report Author:	Kathleen Carolan, Director of Nursing & Acute Services

1 Purpose

Please select one item in each section and delete the others.

This is presented to the Board/Committee for:

- Awareness
- Discussion

This report relates to:

- Annual Operating Plan

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This report provides an overview of the delivery of an enhanced elective care programme during 2021-22 which forms part of our remobilisation plan, recovering from the pandemic. The programme is also a response to the aims set out in the Clinical and Care Strategy 2021-2031 to increase our emphasis on early intervention and prevention.

The Board has received regular updates about the elective care programme during 2021-22 via the Quality Report. This is an outturn report, providing an overview of the governance of the project, the treatments delivered and the perspectives of patients and clinicians who were involved in receiving or providing care.

The provision of the additional elective care programme has helped to reduce waiting times and the backlog of patients requiring treatment and diagnostic tests in Shetland and help with forward planning for remobilisation moving into 2022-23 across the whole system. As of May 2022, NHS Shetland had some of the lowest number of patients waiting more than 12 weeks for either an outpatient appointment or care where a treatment time guarantee applied in Scotland.

In addition to this, the programme has enabled us to access specialist equipment e.g. a mobile MRI scanner and a mobile laminar flow theatre which are supporting ongoing service delivery requirements in Shetland during 2022-23, whilst we refurbish and extend our ambulatory care and Day Surgery Unit (DSU) and procure a permanent MRI scanner and service.

2.2 Background

As we began to remobilise in 2021-22, we became aware of the impact of the pandemic across the whole system, with a rise in the number of people accessing emergency care via GP Practices and the Emergency Department (ED) as well as waiting lists for planned care, particularly for complex treatments that are provided in specialist centres. In response to this, we submitted a plan for planned care service delivery in Shetland to the Scottish Government (SG) in July 2021 to set out a proposal to reduce the number of patients waiting for specialist treatment by developing a model for hosting specialist surgery on the Island, commencing at the beginning of 2022.

This programme has been put in place to reduce the number of people waiting for surgery who have had delays in treatment due to the impact of the pandemic in 2020 and 2021. The programme focussed on creating additional capacity to support visiting services e.g. orthopaedics and ophthalmology with a dedicated, multi-disciplinary team and a laminar flow mobile theatre. As part of winter planning, NHS Shetland worked with Public Health Scotland, Health Intelligence Team to forecast demand for emergency care, local planned care and the proposed additional programme – the modelling demonstrated that by opening an additional ward and reinstating the DSU we would have enough capacity overall to support this work.

As noted in the report, we did not have any issues with patient flow or capacity as a result of undertaking on the additional surgical work during the winter months, but as part of winter planning contingencies we did have step down and escalation arrangements in place.

This report provides an overview of the delivery and outcome of the programme, including the perspectives of patients and clinicians.

2.3 Assessment

The full 12 week programme of enhanced elective care was delivered as planned by 01/04/22. A small number of patients could not attend for surgery and the reasons for cancellation are shown below, but most are related to COVID.

Our initial target was to perform 348 procedures which would have included ENT and Oral Surgery to support patients from NHS Orkney. That plan was revised (to 360) and instead, we agreed with

Scottish Government to increase the number of cataract procedures that we would undertake over the course of the programme.

Managing the schedule efficiently during a period of increased COVID prevalence in the community was very challenging, but our local teams and the contractors worked hard to ensure that we maximised theatre availability and brought forward other patients, when some could not attend due to COVID. By the end of the programme, the visiting clinical teams had performed 334 procedures. This included 14 patients who travelled from Orkney to receive treatment.

This is the equivalent workload that would be completed in 12 months for orthopaedic procedures and cataract treatments.

By the end of the programme, the visiting ophthalmology team had revised the clinical pathway enabling 16 patients to receive treatment each day for lens replacement (cataract removal). This is a significant quality improvement which now means that in the future, visiting Ophthalmologists will treat more patients per visit on a permanent basis. Pre-pandemic, the maximum number of patients treated per day was 10. We will now be able to provide quicker access for cataract surgery for those patients needing treatment in the future as a result of changing our practice across the multi-disciplinary team.

Elective Care Programme January 2022 to March 2022

Week	Initial planned procedures	Revised planned procedures	Initial Planned patient activity	Revised planned patient activity	Actual patient activity
1	Cataracts		80	70	68
2	Cataracts		80	71	63
3	Orthopaedic		17	16	15
4	Orthopaedic		16	15	15
5	Orthopaedic		16	15	15
6	Orthopaedic		16	15	15
7	Orthopaedic		16	15	13
8	Orthopaedic		15	16	14
9	Orthopaedic		15	16	14
10	Orthopaedic		15	16	12
11	Orthopaedic		15	16	13
12	NHSO ENT, Oral Surgery and Maxillofacial Surgery	Cataracts	47	80	75
Total (Ortho)			141	140	126
Total (Cataracts)			207	221	206
Total (All)			348	360	334

Cancellations

Number of cancellations (overall)	15
COVID related	11
Equipment	1
Other	3

2.3.1 Quality/ Patient Care

Patient feedback was an important part of the enhanced elective care programme, particularly as we were providing major orthopaedic surgery in Shetland for the first time. The feedback was very positive and the attached report and media materials describe people's experiences of having surgery in Shetland in the mobile theatre unit.

2.3.2 Workforce

The project has been delivered by a wide range of professionals including many members of our local team. However, in order to ensure that the enhanced elective care programme did not impact on emergency care or planned care capacity across the Hospital, the staffing of the theatre and inpatient ward was provided by separate, specialist multi-disciplinary teams.

It cannot be over emphasised how much effort our local teams provided to ensure the programme ran smoothly – the visiting clinicians have commended our staff for their expertise, co-operation, professionalism and friendliness. It represents a whole system approach including: finance, procurement, CDU, estates and facilities, AHPs, primary care, infection control, health records, theatre teams, ward teams/OPD, medical imaging, labs, IT/informatics, communications, cardiac physiology and clinical managers who led the project.

2.3.3 Financial

NHS Shetland received a specific allocation from Scottish Government (£2.3M) to provide an enhanced elective care programme as part of a collaboration with NHS Grampian, NHS Waiting Times Hospital (Golden Jubilee) and NHS Orkney. The notional saving (cost avoidance) for patient travel is £45,000 assuming that patients would have only travelled for the procedure itself and all other episodes of care were tele-health enabled (if more travel was required the notional cost avoidance would have been greater).

2.3.4 Risk Assessment/Management

The project included a well-defined risk management and governance structure with a programme board and individual project teams as well as links to the Access Support Team and all participating Health Boards.

As with all specialities, the visiting teams participated in clinical governance meetings to discuss any patients with post-operative complications. The number of patients with complications was small and within predicted, national complication rates. We did not have any patients with significant complications which meant that they needed an escalation of their care to specialist services on the mainland. NHS Grampian had agreed as part of the governance arrangements for the elective programme that they would support the transfer and care requirements who did require additional specialist input, but this pathway was not enacted.

2.3.5 Equality and Diversity, including health inequalities

To avoid creating further backlogs and/or compound the existing health inequalities which are a consequence of the pandemic and other factors. This programme of enhanced elective care was commissioned to ensure that we reduce the number of people who are living with a likely worsening long term condition, thus promoting early recovery, reduction in pain, improved mobility and improved vision for people via evidence based surgical interventions. The programme is an example of a secondary prevention and is aligned to the principles we have set out in the Clinical and Care Strategy (2021-2031) for early intervention and prevention.

2.3.6 Other impacts

Through this established network of Boards we have demonstrated that we can effectively collaborate in the North of Scotland and with specialist Boards. NHS Shetland remains committed to working in partnership and supporting the wider remobilisation of elective care services through the regional planning groups and is actively contributing to the development of intra-Board models for planned care that improve outcomes for patients locally, but also more widely across the region.

2.3.7 Communication, involvement, engagement and consultation

The programme formed part of the remobilisation plan for 2021-22 which was approved by the Board. The programme had a clear governance structure, reporting from the work stream groups to the Clinical Pathways Group and the Programme Board. A communication plan was put in place to support internal and external communications concerning the programme delivery. A patient information film was produced to ensure that patients could see the pathway through the Hospital, including the mobile theatre suite.

2.3.8 Route to the Meeting

The data in this report has been shared with the Access Support Team (AST) at SG and forms part of the outturn report on the NHS Shetland remobilisation plan for 2021-22.

2.4 Recommendation

The Board is asked to consider the summary and in particular, note the feedback from patients in respect of their experiences.

Discussion – Examine and consider the implications of a matter.

3 List of appendices

The following appendices are included with this report:

Appendix 1 – Mobile Theatre, Patient Satisfaction Survey January – March 2022



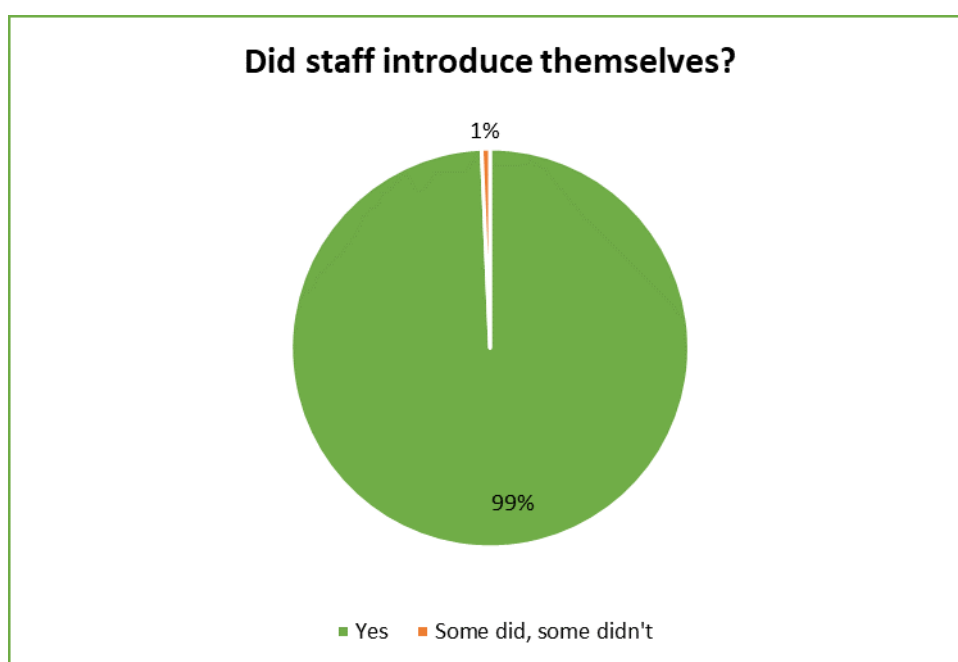
*Vanguard Mobile Theatre
Patient Satisfaction Survey*

January – March 2022

Results

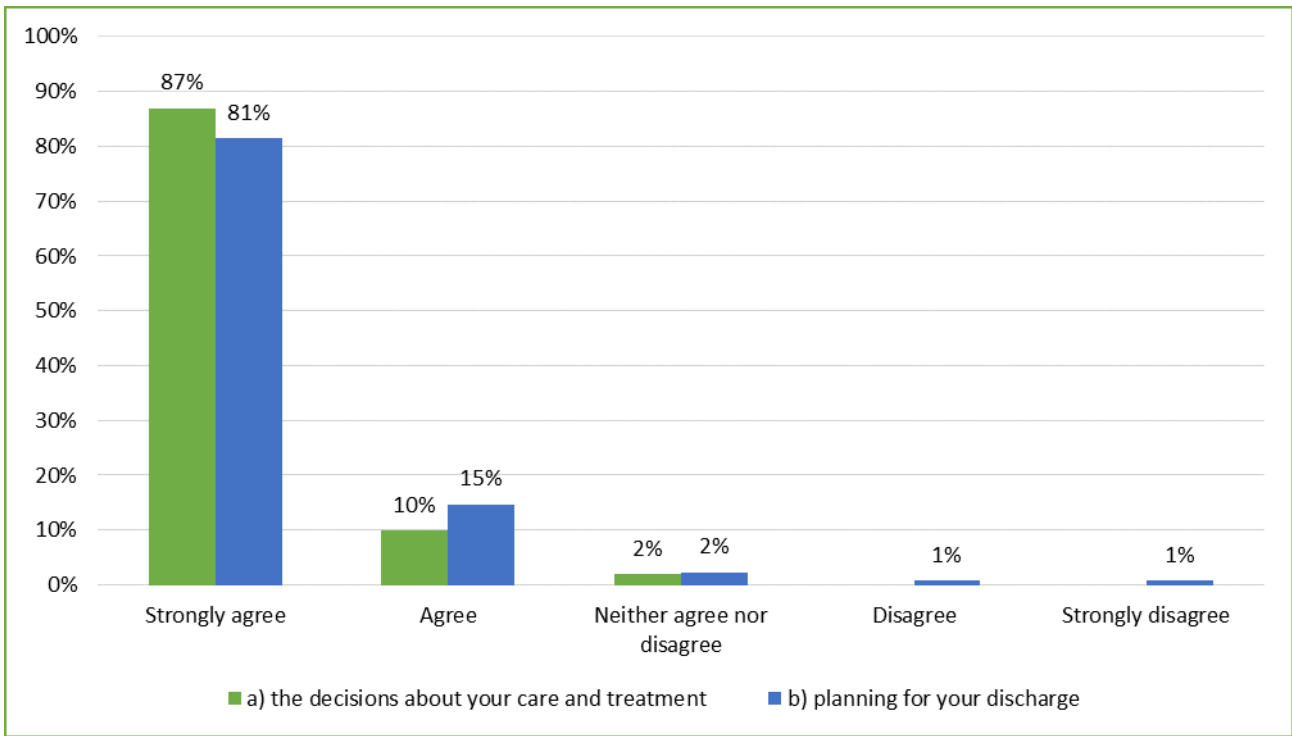
1. Did staff involved in your care introduce themselves?

ANSWER CHOICES	NUMBER OF RESPONSES
Yes	145
Some did, some didn't	1
TOTAL RESPONSES	146
Adjusted denominator (removing Not applicable/Not answered)	146



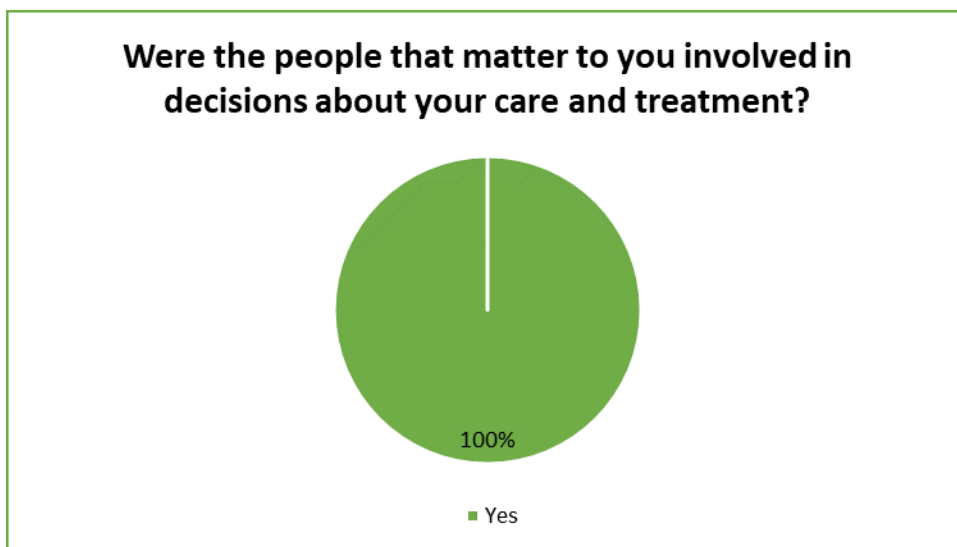
2. Please indicate how much you agree or disagree with each of the following statements by ticking in the appropriate box:

You were involved as much as you wanted to be in:	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
a) the decisions about your care and treatment (N=143)	125	15	3	0	0
b) planning for your discharge (N=129)	105	19	3	1	1



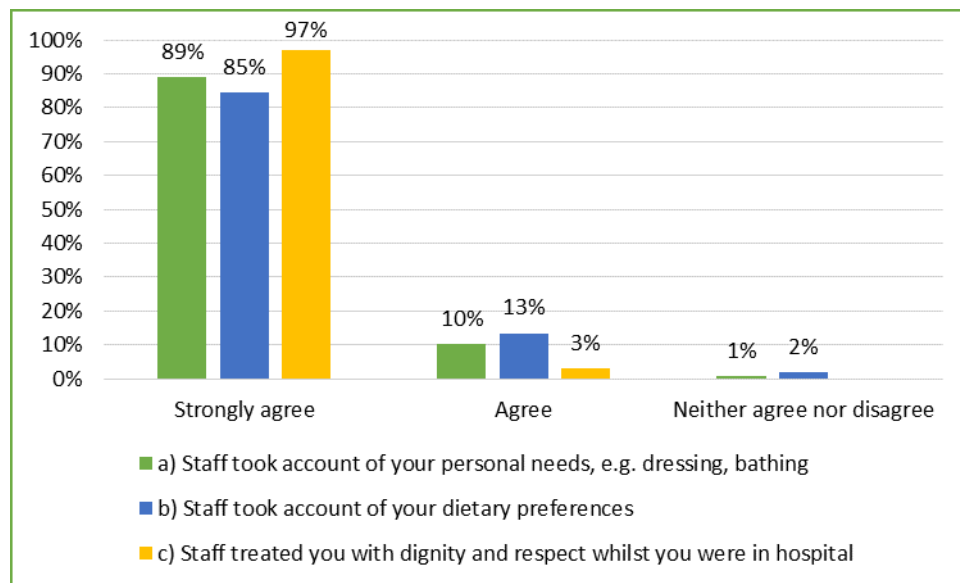
3. Were the people that matter to you (e.g. family/friends) involved in decisions about your care and treatment as much as you wanted them to be?

ANSWER CHOICES	NUMBER OF RESPONSES
Yes	110
Not applicable	32
Not answered	4
TOTAL RESPONSES	146
Adjusted denominator (removing Not applicable/Not answered)	110



4. Please indicate how much you agree or disagree with each of the following statements by ticking in the appropriate box:

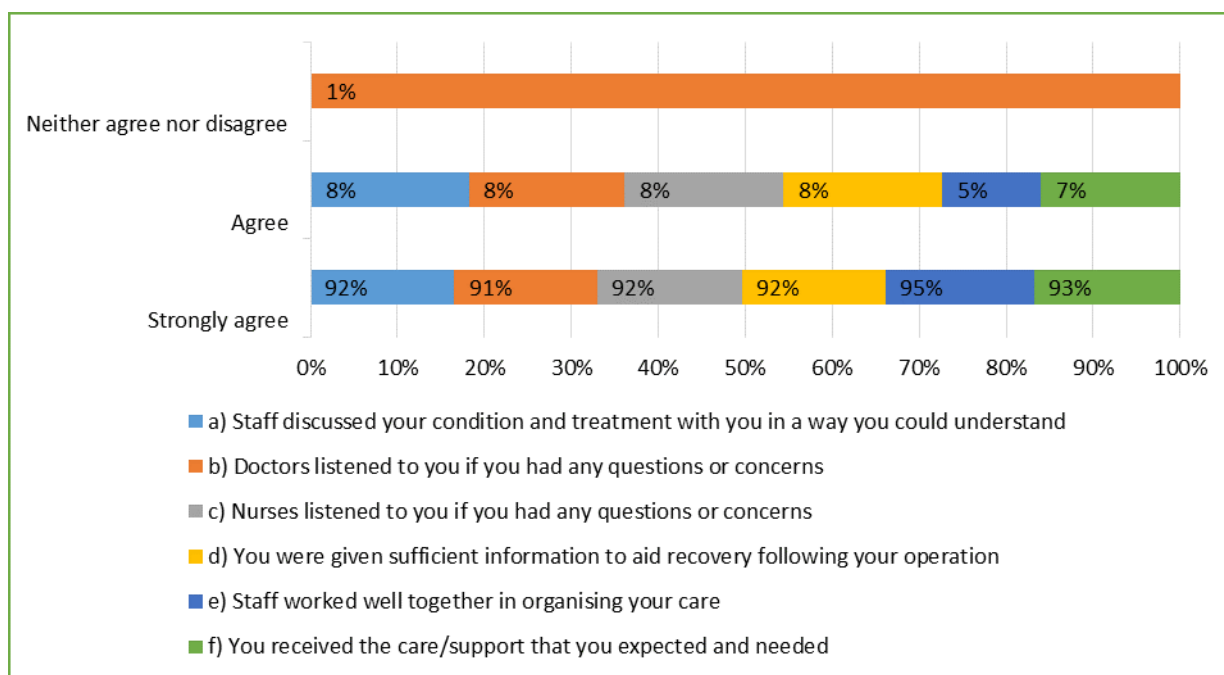
Staff awareness of your personal needs and preferences	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
a) Staff took account of your personal needs, e.g. dressing, bathing (N=119)	106	12	1	0	0
b) Staff took account of your dietary preferences (N=104)	88	14	2	0	0
c) Staff treated you with dignity and respect whilst you were in hospital (N=104)	139	5	0	0	0



5. Please indicate how much you agree or disagree with each of the following statements by ticking in the appropriate box:

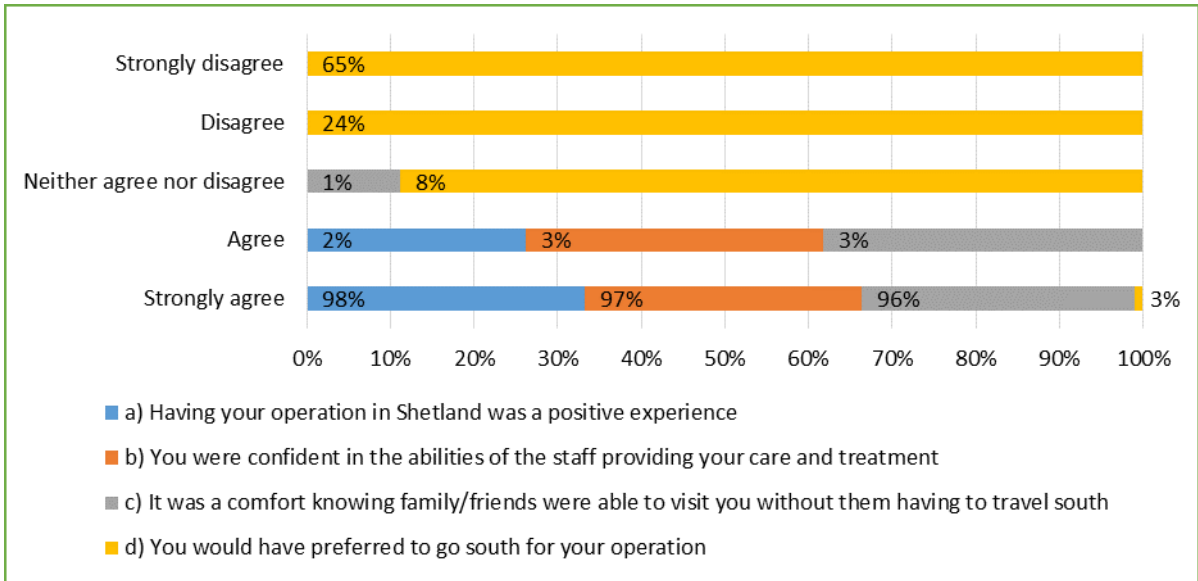
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
a) Staff discussed your condition and treatment with you in a way you could understand (N=146)	134	12	0	0	0
b) Doctors listened to you if you had any questions or concerns (N=140)	128	11	1	0	0
c) Nurses listened to you if you had any questions or concerns (N=142)	131	11	0	0	0

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
d) You were given sufficient information to aid recovery following your operation (N=144)	133	11	0	0	0
e) Staff worked well together in organising your care (N=146)	139	7	0	0	0
f) You received the care/support that you expected and needed (N=145)	135	10	0	0	0



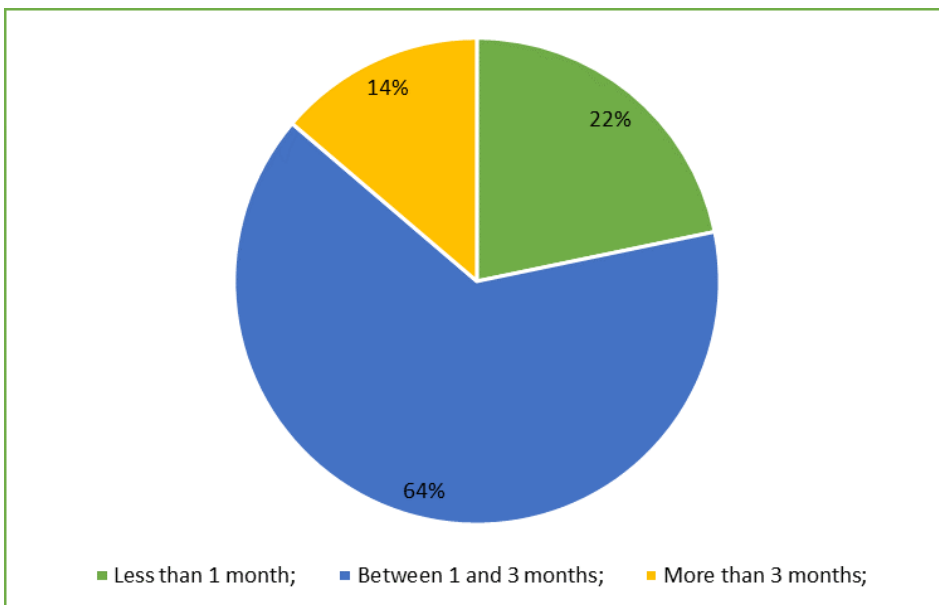
6. Please indicate how much you agree or disagree with each of the following statements by ticking in the appropriate box:

Experience of having your operation in Shetland	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
a) Having your operation in Shetland was a positive experience (N=146)	143	3	0	0	0
b) You were confident in the abilities of the staff providing your care and treatment (N=144)	140	4	0	0	0
c) It was a comfort knowing family/friends were able to visit you without them having to travel south (N=109)	105	3	1	0	0
d) You would have preferred to go south for your operation (N=136)	4	0	11	32	89



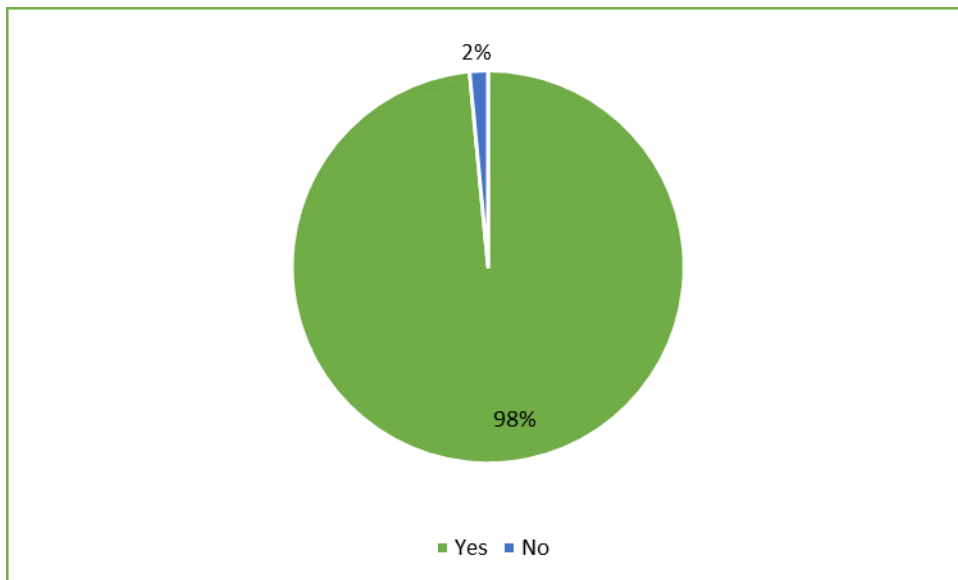
7. How long did you wait from your Pre-operative Assessment appointment until your operation?

ANSWER CHOICES	NUMBER OF RESPONSES
Less than 1 month	30
Between 1 and 3 months	89
More than 3 months	19
Not answered	8
TOTAL RESPONSES	146
Adjusted denominator (removing Not applicable/Not answered)	138



8. Did the hospital staff tell you who/where to contact if you were worried about your condition or treatment after you left hospital?

ANSWER CHOICES	NUMBER OF RESPONSES
Yes	130
No	2
Not applicable	1
Not answered	13
TOTAL RESPONSES	146
Adjusted denominator (removing Not applicable/Not answered)	132

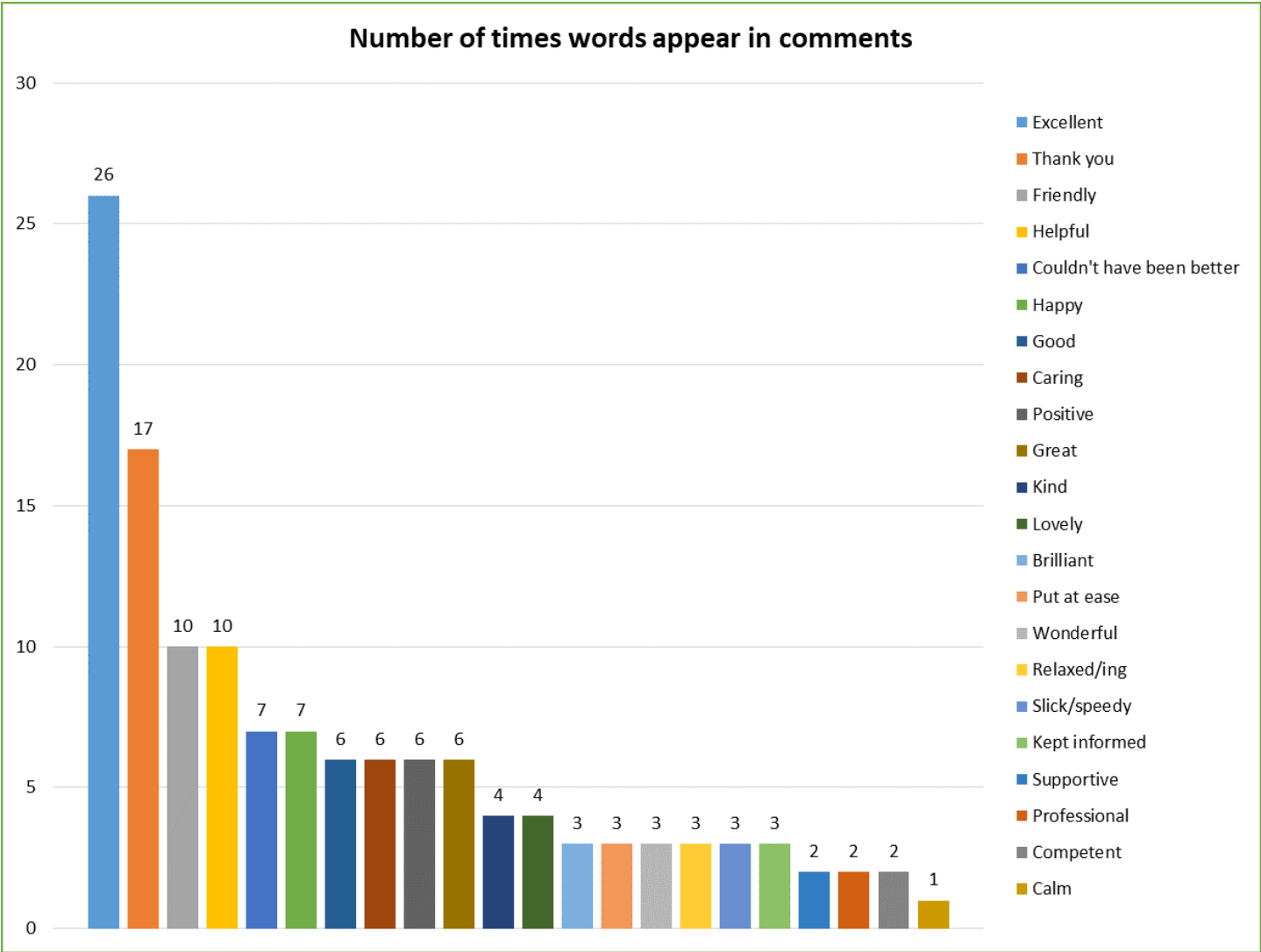


9. Overall, how would you rate your hospital experience?

ANSWER CHOICES	NUMBER OF RESPONSES
Excellent	135
Good	4
Not answered	7
TOTAL RESPONSES	146
Adjusted denominator (removing Not applicable/Not answered)	139



Out of the 146 responses, 79 people left comments at the end of the questionnaire.



One patient mentioned that it was difficult to fill in the form following eye surgery – (something to bear in mind in future?).

One slightly negative comment below:

"I was told that I could home earlier than expected, I still had 4 hours before a friend was to pick me up. The nurse dealing with my discharge - medicine & replacing dressing. This particular nurse sat down 5 times to redo my dressing and spoke to me a few times about getting my medication but nothing happened. After several reminders she then told me that she had to go and collect another patient from the operating unit. My friend arrived to collect me and eventually the nurse did change my dressing and gave me my meds, reminded me I had to take the blood things and told me I could go. When I got home I had been given some extra co-codamol (which I take daily anyway and sometimes the max dose of 8), I had been given no other pain killers - I mention this because every other member of the team was excellent and my care was impeccable, but this one team member did not quite give me a good experience and let the team down. I want to say thank you to all other staff. "

Comment about a communication mix up below:

Mix up about where I was going, had 2 pre-operative assessments within 1 week (one for GBH and one for Golden Jubilee. No one at that time knew what was happening and I only got told 1 week in advance - still have left knee to be done?
All the staff went above and beyond, could not be more helpful, especially the nurses, who were always cheerful and happy and put you at ease. Thank you.

All other comments were overwhelmingly positive, complimentary and very thankful.

There were a few people who were glad to have their operation in Shetland and commended a variety of different staff; physios, pre-op assessment, domestics, healthcare support workers as well as the surgical doctors and nurses.

Some mentioned that they would like this service to be available again in the future.

