

PS/Cabinet Secretary for Health and Social Care

## **NATIONAL TREATMENT CENTRES PROGRAMME - UPDATE**

### **PRIORITY AND PURPOSE**

1. This is a routine submission to provide the Cabinet Secretary with an update on the National Treatment Centres (NTC) Programme.

### **RECOMMENDATION**

2. Recommends that the Cabinet Secretary:
- notes the update on the NTCs opening in 2023;
  - work undertaken nationally to allocate NTC capacity to support the reduction in long waits; and
  - notes the governance arrangements under the new Programme SRO and the outcome of the independent assurance review from August 2022.

### **CONTEXT AND ISSUES**

3. [Redacted s.29(1)(a)]
4. [Redacted s.29(1)(a)]

#### **National Treatment Centres**

5. The NTCs are central to the creation of additional planned care capacity to tackling the pandemic related treatment backlogs, meeting the increasing demand linked to our ageing population and putting the NHS on a sustainable path for the future. It is therefore essential that the additional capacity delivered by the NTCs is managed efficiently and effectively in order to maximise throughput for the benefit of patients and ensure best value. In doing so, the NTCs will make a fundamental contribution to delivering enhanced activity to help to bring waiting times back within target.

6. In 2023, there are four NTCs due to open across Scotland. These new centres, located in NHS Fife, NHS Forth Valley, NHS Highland, and the second phase expansion of the NHS Golden Jubilee University National Hospital, will provide significant additional protected capacity for orthopaedic, ophthalmic and diagnostic capacity. [Redacted s.29(1)(a)] This target is dependent upon the recruitment of the additional staffing required.

7. The four centres opening in 2023 will provide capacity of ten additional orthopaedic theatres; an additional 117 inpatient/daycase beds; three additional endoscopy rooms plus two general theatres. This is in addition to the NHS Golden

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Jubilee Eye Centre, which opened in November 2020, with six ophthalmology theatres, integrated outpatients and diagnostic facilities. A summary of the current project status and timescales for the NTCs opening next year is provided below.

### ***NTC – Fife (Victoria Hospital)***

8. NTC - Fife is currently projected to open in March 2023. The previously reported opening date was January, but this has been delayed due to supply chain issues in delivery of theatre equipment, which has now been delivered. The NTC will house an orthopaedic outpatients department; three theatre surgical complex (one additional theatre, two re-provision of existing theatres); a ward and short stay unit providing 33 patient bed spaces and imaging facilities, initially providing 542 additional joint procedures, increasing to maximum capacity of 736 by 2024/25. The total capital costs are currently projected at £33 million and, [Redacted s.29(1)(a)].

9. With regards to the NTC - Fife workforce, 57.84 of the 78.52 WTE staff (74%) required have been recruited. NHS Fife report that they are confident in their ability to fill all posts required for the NTC to become operational in advance of their go-live date.

10. The key outstanding issue with regards to operational readiness potentially impacting on NTC – Fife opening to plan, relates to the new NHSScotland Assure Key Stage Assurance Review (KSAR) process status and agreeing the clinical pathway with NHS Lothian. The Construction Phase review, which is near completion, is likely to confirm an 'unsupported' NHS Assure status, based on a lack of evidence provided around fire safety. Officials have been assured that this is being worked through and good progress is being made to address concerns.

11. The Commissioning Phase KSAR and engagement at handover are also currently being arranged. The commissioning, by its nature, comes at the very end of the construction programme and any non-conformance during testing and validation can potentially have a delaying effect if it is within a critical system. These reviews will check that the systems installed are working as designed and that all relevant testing and documentation is in place. The risk of an 'unsupported' status at the commissioning stage are greatly reduced by achieving 'supported' status in the earlier stages. Capital Finance will continue to engage closely with NHS Assure and NHS Fife to ensure supported status is secured and mitigate against any potential delays.

12. The majority of the activity that will be delivered within NTC-Fife in 2023/24 will be directed towards 'long waiting' patients resident in NHS Lothian. The NTC-Programme Board has approved the clinical pathway model recommended by a clinically led short life working group. Agreement between NHS Fife and NHS Lothian will require to be reached in the early part of 2023, to enable the patient pathway to be implemented.

### ***NTC Highland (Raigmore)***

13. NTC - Highland is currently projected to open in April 2023. The centre, situated at the heart of the Inverness campus, will host NHS Highland's entire eye care service, including surgical and outpatient facilities. The NTC will also deliver a range of elective

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orthopaedic care, offering uncomplicated hip and knee replacements, foot, ankle and hand surgery. The new facility will have five operating theatres, 24 beds, 13 consultation rooms, clinics and outpatient departments, initially projected to deliver over 3,000 surgeries and procedures each year, including an additional 1,500 joints. The total capital costs are currently projected at £44 million and, [Redacted s.29(1)(a)]

14. With regards to workforce, 208 WTE staff are required for NTC - Highland, of which 143.11 WTE (69%) have been recruited as of 1 December 2022. Support services make up 19% (36.17 WTE) of NTC - Highland's total required workforce, with recruitment of this group now underway as they approach the opening date.

15. While Highland are reporting a red RAG status in relation to their required workforce, with peri-operative and ward nursing roles being some of the hardest to recruit, the Board is making good progress and has implemented mitigating actions for a number of challenging areas of recruitment, including exploring Military Honorary Contracts and reviewing skill mix, with a view to better utilising non-registrant perioperative support staff. A number of Support Service appointments also have been made and the remaining posts have been re-advertised. All remaining Ophthalmology Outpatient posts will be advertised at the beginning of January.

16. Activity within NTC-Highland will be prioritised for long waiting patients resident in Highland and Grampian and the respective clinical and operational teams are meeting to agree how the national pathway will be implemented. In light of the workforce position ongoing discussions remain regarding the level of activity that NHS Highland will be in a position to deliver in 2023/24.

17. With regards to Operational Readiness, in addition to workforce challenges, similar to NTC - Fife, NTC - Highland's construction phase NHSScotland Assure KSAR status is currently 'unsupported'. Issues identified relate to ventilation, fire and electrical installation. Officials have been given assurance that the NHS Highland project team are working closely with NHS Assure to ensure supported status is achieved before opening. The latest meeting took place on Thursday 14 December to agree a routemap to move from 'unsupported' to 'supported'.

18. The Commissioning phase KSAR has been arranged for end January and liaison between the Project team and the KSAR team are ongoing. NHS Highland do not anticipate any issues that will delay opening and for the first patient to be treated, as planned, on 3 April.

### ***NTC – Forth Valley (Forth Valley Royal Hospital)***

19. Theatre 15 and 16 of NTC Forth Valley have been open since 2019 and 2020 respectively, delivering activity on a day surgery and 23 hour bed basis during this period. NHS Forth Valley had been reporting on opening date of April for the NTC – Forth Valley modular ward unit, which will support the delivery of inpatient treatment. However recent discussions with the project team indicate that this is likely to slip by two months to allow for the commissioning of the ward, to address the actions required to achieve a supported NHS Scotland Assure status, [Redacted s.30(b)(i)].

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20. The new 30 bedded ward is part of a £17 million national investment which has also funded the opening of the two additional elective orthopaedic operating theatres and the installation of a second state-of-the-art MRI scanner, which has also been operational since 2019. From April, NTC – Forth Valley will initially support an additional 1,086 joint procedures, increasing to 1,500 maximum capacity by 2024/25. In addition, we are working with NHS Forth Valley to ensure delivery of 8,000 MRI exams per annum. [Redacted s.29(1)(a)] This increased surgical and diagnostic capacity will create more flexibility for managing both planned and emergency surgery.

21. In terms of staffing, 103.96 WTE of a total 109.34 WTE (95%) have already been recruited. NHS Forth Valley are confident in their ability to fill all posts required for the NTC to become operational in advance of their go-live date. For 2023/24, all the activity projected to be delivered in NTC - Forth Valley will be used to treat patients resident in NHS Greater Glasgow and Clyde.

22. NHS Assure is working closely with the Board to keep the programme on track. The board will be notified about the outcome of the Construction Phase NHSScotland Assure KSAR in the coming weeks. Any issues will be worked through with NHSScotland Assure to ensure 'supported' status is achieved before opening. As a result of the matters raised by NHSScotland Assure more time will be needed for construction and commissioning activities to be completed, with an anticipated two month delay as noted above. Discussions with the NHS Forth Valley Project SRO and the senior project team are planned to ensure all mitigating actions can be implemented as soon as possible. NTC - Forth Valley continues to treat patients who do not need an inpatient stay.

### ***NHS Golden Jubilee – Phase 2 Expansion***

23. The second phase expansion of the NHS Golden Jubilee University National Hospital is currently due to open in September 2023. The new facilities will include a new surgical admissions and recovery unit; Central Sterile Processing Department; Day Case / Day Surgery admission unit; Additional Post Anaesthetic Care Unit (PACU) spaces; extra outpatient and pre-operative assessment area and diagnostic space and a large theatre recovery area. In total this will provide capacity for over 16,204 pre-operative assessment, surgeries and procedures in Orthopaedics; General Surgery and Endoscopy. This additional capacity is however highly dependent on workforce; NHS Golden Jubilee will continue to refine activity projections as recruitment progress in 2023. The total capital costs are currently projected at £80.9 million [Redacted s.29(1)(a)].

24. NHS Golden Jubilee will require an additional 480.28 WTE staff to fully open the phase two expansion. To date, recruited 80 WTE (17%) have been recruited, with a further 73.2 WTE in active recruitment (undergoing pre-employment checks or awaiting a start date). Availability of workforce is key constraint to opening to full capacity, and similar to NHS Highland, peri-operative roles are proving most challenging. A number of recruitment events have been held with further sessions planned over the coming months. It should be noted that in the FBC, recruitment of the full staffing complement was originally planned to be a phased process aligned to the opening of the theatres to cope with the demographic changes through to 2035.

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Discussions are ongoing with NHS Golden Jubilee to agree the workforce and activity position at the point the new Centre is opened in 2023.

25. With construction progressing as per programme, workforce will be the key rate limiting step with regards to operational readiness. Wider refurbishment works planned for the Golden Jubilee mean it may be possible for some existing staff to be temporarily transferred in to the National Treatment Centre for a 6-9 month period following opening. Accordingly, it may not be necessary for the Board to conclude all recruitment activity by the scheduled go-live date in summer 2023. As well as reducing risks linked to recruitment activity, this approach may also deliver a small amount of resource savings in relation to this centre for 2023-24. We therefore intend to explore this option with the Board in detail in the coming weeks.

26. We are working with the four NHS Boards above to identify comms opportunities and media visits for you aligned to the opening of each centre. We will be in touch with your office in early 2023 to make arrangements. Additionally we have created a web presence for the NTCs on the SG website and NHS Inform, and we are working with HIS to undertake patient engagement to develop FAQs which will include questions that patients are likely to have on being offered treatment in an NTC.

### **NTC Programme 2023-24 onwards**

27. In relation to those Centres not yet in construction, a meeting will be organised in the New Year to discuss the future capital programme for the Portfolio with yourself and the DFM, following the budget announcement and in the context of the capital spending review. This will provide the opportunity to review the next stage of the NTC programme and the associated revenue and capital requirements, together with the wider programme of capital projects that are in development at this point. In the meantime we continue to work closely with the project teams responsible for NTC - Tayside, NTC - Grampian, NTC - Ayrshire and Arran, NTC - Lanarkshire and NTC - Lothian (including the replacement Lothian Eye Pavilion).

## **OPTIONS CONSIDERED AND ADVICE**

### **NTC Capacity Management**

28. The NHS Recovery Plan makes a commitment to deliver at least 40,000 additional elective surgeries and procedures through the National Treatment Centres by 2026. It has been agreed, following discussions with Public Health Scotland (PHS), that PHS will publish National Treatment Centre activity data in time for these data to be included in the NHS Recovery Plan: annual progress update which will next be published in Autumn 2023. This will allow Scottish Ministers to publicly comment on the contribution of the National Treatment Centres to planned care recovery.

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29. As outlined in the table below, based on the current projected opening dates and using activity delivered as a proxy for additionality [Redacted s.29(1)(a)] ; NTC - Fife, NTC – Highland and NTC - Ayrshire and Arran.

Additional inpatient and day case activity	2022/23	2023/24	2024/25	2025/26
National Treatment Centres (NHS Recovery Plan commitment)	[Redacted s.29(1)(a)]	[Redacted s.29(1)(a)]	[Redacted s.29(1)(a)]	[Redacted s.29(1)(a)]
Current projected position as @ 01/12/2022	[Redacted s.29(1)(a)]	[Redacted s.29(1)(a)]	[Redacted s.29(1)(a)]	[Redacted s.29(1)(a)]

[Redacted s.29(1)(a)]

30. It is important to note that because of data recording constraints it is not possible to accurately separate out ‘additionality’ from reprovisioned activity within the National Treatment Centres. For example, NTC - Highland will be a mixture of new Orthopaedic activity plus the transfer of existing Ophthalmology services at Raigmore Hospital. The ‘additionality’ delivered through NTC - Highland will be the Orthopaedic activity plus whatever new activity is being delivered in the space freed-up at Raigmore Hospital. After extensive discussions with NHS Boards, Public Health Scotland and the NTC Programme Board have concluded that is not possible to capture this with any degree of accuracy. There is a note of caution therefore in relation to the use of any headline statistics relating to NTC additionality. Public Health Scotland will publish statistics on NTC activity prior to the next annual NHS Recovery Plan progress update in Autumn 2023 to allow Ministers to publicly report against the 40,000 commitment.

31. Since April 2022, work has progressed at pace to develop the financial, capacity and performance model underpinning the NTCs. This work has involved close collaboration and co-production with over 70 colleagues across NHS Scotland. Headline outputs delivered include:

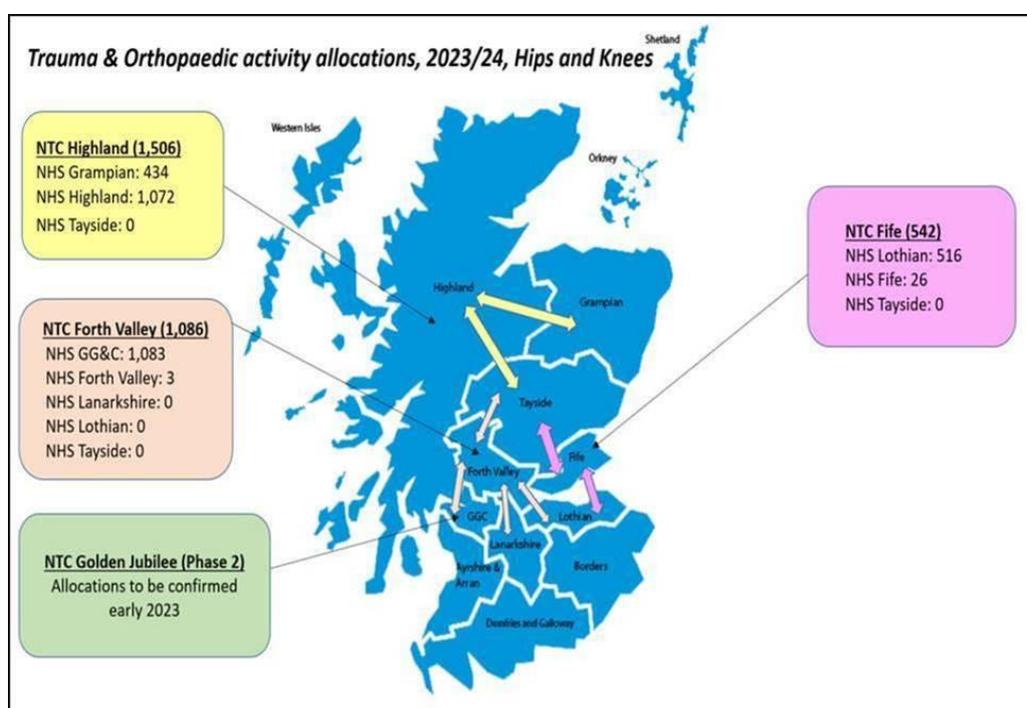
- communication of agreed minimum standard for capacity utilisation to all National Treatment Centres based on an agreed suite of capacity utilisation metrics.
- finalised 2023/24 activity allocations for each Board hosting a National Treatment Centre to enable boards to plan towards opening with National Treatment Centre partner boards.
- Standard Operating Procedure (SOP) documents to underpin the use of the National Treatment Centres including an overarching SOP setting out the principles for National Treatment Centre and partner Health Boards.
- National Treatment Centre Financial Charging Model with associated SOP and Service Level Agreement.
- establishment of a weekly data collection to monitor activity going through the National Eye Centre at NHS Golden Jubilee.

***NTC 2023/24 activity allocations***

32. NTC activity is a national resource as part of an NHS Scotland approach to clearing the backlog in care. Where possible, a regional approach to activity allocation to minimise patient flow (and administrative requirements) between boards, patient travel time and support treatment as close to home as possible

33. Significant work has been undertaken over recent months in partnership with NHS Boards to develop allocation principles and an allocation methodology to support the Scottish Government in agreeing activity allocations underpinning the use of the National Treatment Centres. Relevant Boards have been written to outlining the activity allocations for next year.

34. Initial NTC activity allocations developed with NHS Boards through a Short Life Working Group and communicated in September 2022 are presented in the visual below:



35. While the allocation methodology itself is focussed initially to support tackling the longest waits, it is important that the allocation methodology itself is responsive and flexible and in that regard, the underpinning metric may shift in future years as long waits disappear over time. The Scottish Government Planned Care Team will allocate activity annually for the first year (with an initial review in March 2023), moving towards a process of allocating activity every three years thereafter to support NHS Board planning.

### **Patient Pathways**

36. An agreed clinical model which describes the safe and effective transfer of long waiting patients between health boards is essential to ensure patient safety and a consistent patient experience, whilst aiming to reduce waiting times for long waiting patients.

37. To support this, a short life working group was formed with the aim of agreeing an optimal, safe and efficient care pathway, for the transfer of patients across NHS Scotland. This work has initially focused on orthopaedic patients (hip and knee arthroplasty) requiring treatment in a National Treatment Centre. The group, chaired by Consultant Surgeon Juliette Murray, met on three occasions at the end of which, consensus was reached on an agreed clinical pathway for the safe transfer of patients between Boards for treatment at the NTCs.

38. In addition to defined clinical pathways, information systems also need to support the transfer of patients across Board boundaries. To facilitate this, the NTC programme together with individual NTC projects, have enlisted the help of the CfSD National Elective Co-ordination Unit (NECU). NECU is providing support by acting as a centralised function to perform waiting list validation through the NECU patient coordination centre.

39. In addition, once waiting lists are validated and patients have agreed to be treated within a NTC, NECU will use the established governance pathways described above to support the transfer of patients to the NTC.

## **NTC Programme Governance and Independent Assurance Review**

### ***Governance***

40. As we progress towards the completion of four NTCs in 2023, governance and oversight under the new SRO, Alan Gray, will pivot to focus on state of readiness reporting with frequent monitoring on what capacity will be delivered on opening and when we can expect to see operational delivery reach optimal levels. The SRO, along with Health Workforce and the Planned Care Team, will meet monthly with the project SROs (NTC - FV, NTC - Highland, NTC - Fife and NHSGJ) to review their state of readiness. This will be the primary source of assurance on the delivery of the project and activity.

41. We will continue to engage with the remaining NTC projects through stocktake reports and deal with any issues on an exception basis until March 2023 at which point we will review. Ongoing support in relation to quality assurance of workforce plans and clarification on issues related to business case development will continue to be provided as required.

42. The internal NTC Programme Board continues to meet monthly, chaired by the Alan Gray and reporting directly into the NHSScotland COO.

### ***Independent Assurance***

43. The NTC Programme underwent an Assurance of Action Plan (AAP) review in August 2022, following on from the Gateway Review in 2021. The AAP review noted that the Programme Team has sought to make improvements in all areas and there is evidence that improved foundations have been laid for the Programme to deliver, [Redacted s.30(b)(i)].

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44. Despite work to improve overarching governance arrangement there remained some concern that it is not clear where decisions are being made and all parties are being held to account for their delivery. Security of revenue funding and building of adequate capacity and resources within each of the NTCs were identified as significant issues which need to be escalated to Ministers for timely resolution. Urgent action was advised to ensure these are addressed and establish whether resolution is feasible for several of the latter NTC projects.

45. Since the AAP in August the programme team have reviewed the recommendations provided and developed an action plan in response. Several of the actions have already been completed and others are underway with clear timelines to their completion. A summary of the recommendations, actions and their current status, has been reviewed by the NHSScotland COO and shared with DG Health & Social Care and is attached in **Annex A** for your information.

46. The report noted that substantial progress has been made on the 4 NTCs that are opening within the next 12 months, their status is assessed as AMBER / GREEN. However, due to the limited progress and slippage, the remaining NTC Projects were assessed as RED status.

47. Given the challenges with future financial position, the overall Delivery Confidence Assessment of the Programme was assessed at AMBER / RED. Next gateway review 0 is conducted no later than March 2023.

### **1,500 Workforce Commitment**

48. As set out above, as of 1 December 2022, Boards have recruited a total of 501 WTE staff for their NTCs. With regards to the Ministerial commitment to recruit an additional 1,500 clinical and non-clinical staff for the NTCs by 2026, officials have been considering how best to measure and communicate the workforce additionality which has been achieved as part of our work to deliver the network of new sites and will provide further advice on our suggested approach under separate cover. If no further sites go ahead beyond 2023, it will clearly not be necessary to recruit all of the additional 1,500 staff into NTC settings.

49. It is worth noting that there seems to be an expectation amongst some MSPs that each and every staff member being recruited to the NTCs will be new to NHS Scotland. This has never been the intention, not least because such an approach is unlikely to deliver the skill mix required in this type of clinical setting. A mixture of staff with a range of skills and experience will be required to support the effective operation of these sites and this will be particularly important in the early years following their establishment.

50. Finally, it is worth bearing in mind that any alternative to the planned network of NTCs which instead involves work being led by Centre for Sustainable Delivery (CfSD) to maximise capacity and productivity across existing theatre settings, as set out in the submission from [Redacted] on 30 November, may also have workforce implications which are of relevance to the staffing commitment. For example, by investing in roles such as Anaesthesia Associates and Surgical Care Practitioners, we can potentially

free up consultant time for more complex cases, which, in turn, may increase productivity and throughput without the requirement for new estate.

51. Such models may have the potential to deliver financial efficiencies when compared with more traditional alternatives although these have yet to be fully scoped. We are exploring such opportunities through our ongoing work to assess service needs in relation to medical associate professionals and expect to report our early findings in spring 2023.

### **Service Innovation and Redesign**

52. While the NTC Programme is important to recovery and reducing long waits is the immediate priority, ensuring delivery of long term sustainability change within the existing Scotland estate is also fundamental. Service innovation and redesign, as well as creating additional capacity, is therefore essential.

53. The CfSD plays a key role in the recovery and redesign of NHS Scotland, including supporting increasing capacity, reducing unnecessary demand, and embedding new innovations and ways of working. To achieve this, the CfSD is working with boards on a range of national, high impact, transformation programmes.

54. There has already been substantial progress so far against the commitment to release activity through redesign of care pathways and increase outpatient capacity set out in the NHS Recovery Plan. NHS Boards are also indicating they can be even more productive and aiming to achieve significantly more than the NHS Recovery Plan commitment for 2022/23 of 50,000. Further high impact changes include:

- Release over 50,000 avoided unnecessary outpatient appointments
- Free up capacity to support 5,200 additional inpatient procedures
- Create capacity to carry out 2,000 additional day case procedures
- Enhance Colon Capsule Endoscopy (CCE) – more than 40% of patients need no follow up test
- Enhance Cytosponge procedures as an alternative investigation to reduce demand for Upper GI Endoscopy – almost 3,700 completed during 2022/23
- Upscale NECU to ensure compliance with Waiting list validation – more than 1,200 patients (admin/patient and clinical validation) removed to date so far with an average removal rate of 30%
- Maximise overall system capacity, including theatre utilisation through NECU – to date more than 1,000 patients treated through NECU and requests for NECU to scope capacity solutions for 6,000 long waiting patients
- Through Accelerated National Innovation Adoption (ANIA), CFSD is progressing high potential innovations such as Digital Dermatology, Diabetes Closed Loop System, Digital Enabled Heart Failure Diagnostic Pathway, and a Theatre Optimisation Scheduling Tool, which can increase the average number of patients treated per list
- Reduce variation across Scotland through the National Pathway Development work and progress alternative pathways for procedures of low clinical value

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55. These important high-impact programmes have the potential to transform healthcare in Scotland, specifically Heat Maps and NECU, which can provide accelerated transformation and improvement quickly.

### SENSITIVITIES

56. At General Questions on Thursday 15th December you committed to writing to Paul O’Kane MSP to provide an update on delays with the National Treatment Centres Programme. We will draft a response following your meeting with DFM and Health Finance colleagues in the New Year. This will also allow us time to provide an update to NHS Boards on an agreed way forward and to develop public comms lines.

### QUALITY ASSURANCE

57. This submission has been approved by [Redacted], SRO, National Treatment Centres Programme.

### CONCLUSION AND NEXT STEPS

58. The Cabinet Secretary is invited to:

- note the update on the NTCs opening in 2023 and that we will be in touch with Private Office in the New Year to offer comms opportunities;
- note the work undertaken nationally to allocate NTC capacity to support the reduction in long waits;
- note the outcome of the Independent Assurance Review and work completed and underway to address the recommendations;
- note that advice will be provided on options for measuring the 1500 workforce commitment will be provided shortly; and
- note that expected impact of work being led by CfSD to service innovation and redesign to create planned care capacity and reduce long waits.

Health Performance & Delivery Division

Copy List:	For action	For information		
		Portfolio interest	Constituency interest	General awareness
Cabinet Secretary for Health and Social Care Minister for Mental Wellbeing & Social Care	N/A	N/A	N/A	X

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DG Health & Social Care  
John Burns  
Gordon Frame  
[Redacted]  
Paula Speirs  
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Stephen Lea Ross  
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Alan Morrison  
[Redacted]  
[Redacted]  
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[Redacted]  
[Redacted]  
Douglas McLaren  
Communications Health & Social Care  
David Hutchison

**ANNEXE 2 – NTC PROGRAMME – Independent Assurance Review**

**AAP Recommendations**

The Gateway Review 0 made 8 recommendations. These being:

- Recommendation 1 - Adopting a Portfolio Management Approach
- Recommendation 2 - Developing and appropriate capacity and performance model. A sustainable revenue funding model should be developed.
- Recommendation 3 – Producing a detailed operational plan
- Recommendation 4 – Reviewing Programme Capacity and Capabilities
- Recommendation 5 - Developing robust and fully resources delivery plans
- Recommendation 6 – Recruiting a Communications Officer
- Recommendation 7 – Measures and Reporting Arrangements
- Recommendation 8 – Using Independent Assurance Processes

Summary of Actions	Status
<p><b>Recommendation 1 - Adopting a Portfolio Management Approach</b></p> <p>We fully endorse the recommendations for the clarification of the Programme SRO and enhancement of the governance structure.</p> <p>Key changes have been made in the form of the now monthly Operational Delivery Group covering areas of Workforce, Capacity, and Finance with an additional area of focused topic discussion/presentation.</p>	<p><b>Green</b></p>
<p><b>Recommendation 2 - Developing and appropriate capacity and performance model. A sustainable revenue funding model should be developed.</b></p> <p>Work has progressed at pace since late April on the development of a capacity and performance model. This has involved over 70 NHS Board across four short-life working groups.</p> <p>The headline outputs delivered through the capacity management work-stream short-life working groups include:</p> <ul style="list-style-type: none"> <li>• Communication of agreed minimum standard for capacity utilisation to all National Treatment Centres based on an agreed suite of capacity utilisation metrics.</li> <li>• Finalised 2023/24 activity allocations for each Board hosting a National Treatment Centre to enable boards to plan towards opening with NTC partner boards.</li> <li>• Standard Operating Procedure (SOP) documents to underpin the use of the National Treatment Centres including an overarching SOP setting out the principles for NTC and partner Health Boards.</li> </ul>	<p><b>Green (Delivery of the charging model remains at Amber and will be completed in November as per plan)</b></p>

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<ul style="list-style-type: none"> <li>• Draft NTC Financial Charging Model with further refinement and testing over the autumn period.</li> <li>• Completion of scoping and agreement with the Scottish Government Whole System Intelligence &amp; Analysis (WISA) division for the development of modelling of elective care demand and capacity by end December, for national, regional and Health Board level scenarios.</li> <li>• A weekly data collection to monitor activity going through the National Eye Centre.</li> </ul> <p>It is envisaged that the capacity workstream will be stood down mid-December pending final agreement with Public Health Scotland on the mechanism to capture NTC activity data and the mechanism for public reporting of these data to evidence Scottish Government Recovery Plan commitments.</p> <p>On the development of a sustainable revenue funding model, Health Finance continue to work closely with NHS Boards to understand the totality of funding required for each of the NTC projects and to ensure that the significant financial pressures around NTC delivery is understood as part of Spending Review and on-going budget discussions.</p>	
<p><b>Recommendation 3 – Producing a detailed operational plan</b></p> <p>We have requested that each NTC updated both finance and workforce plans.</p> <p>Activity is monitored via the Workforce workstream and is embedded as a standing agenda item of the NTCP Board.</p> <p>We have further enhanced the workforce process by introducing a new quality assurance governance process for all new NTCs.</p>	<b>Green</b>
<p><b>Recommendation 4 – Reviewing Programme Capacity and Capabilities</b></p> <p>We recognise the requirement for appropriately experienced resources within the team. We are currently reviewing the future requirements of the programme team and this will be complete by the end of November 2022.</p>	<b>Amber</b>
<p><b>Recommendation 5 - Developing robust and fully resources delivery plans</b></p> <p>All NTC projects opening within the next year have submitted their Delivery Plans. These have been internally reviewed and the new SRO will now have the opportunity to further review these plans.</p> <p>The NTCP Board has recently endorsed a change control process that has been issued to NTC projects and is being used with immediate effect. The change control forms received are reviewed at the NTCP Board.</p>	<b>Green</b>
<p><b>Recommendation 6 – Recruiting a Communications Officer</b></p> <p>Responsibility for NTC Programme communications has now been taken on by the Planned Care Policy &amp; Performance Team with support from Health Comms colleagues. Since the AAP review, significant progress has been made to develop a communications plan which includes communications to ministers, stakeholders and the public.</p> <p>Action includes:</p>	<b>Green</b>

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<ul style="list-style-type: none"> <li>• Cab Sec letter to NHS Board SROs and CEs setting out a clear statement that the NTCs are a national resource which will be used as part of an NHS Scotland approach to clearing the backlog in care.</li> <li>• Cab Sec Fife visit - stating national messaging as above.</li> <li>• Developing web presence on SG website from a policy perspective</li> <li>• Engaging with NHS24 to develop web presence from a patient perspective.</li> <li>• Various media opportunities for Cab Sec aligned to project milestones and NTC opening dates.</li> </ul>	
<p><b>Recommendation 7 – Measures and Reporting Arrangements</b></p> <p>Analytical resource has now been secured via Public Health Scotland and the Whole System Intelligence Analysis team. This resource is taking forward the development of modelling of elective care demand and capacity by end December, for national, regional and Health Board level scenarios.</p> <p>At end of October, PHS advised on a methodology on how to best evidence NTC additionality as described in the NHS Recovery Plan. The PHS recommendation centres on a local data collection from NHS Boards. Discussions are live with PHS to get to the point, by mid-December, of being able to communicate the specifics of what is required from host NTC boards to ensure board reporting systems can deliver against reporting requirements.</p>	<b>Green</b>
<p><b>Recommendation 8 – Using Independent Assurance Processes</b></p> <p>A letter has been issued to all NTC projects requesting that formal assurance is provided to the NTCP to ensure that these steps are being undertaken within the projects.</p>	<b>Green</b>

WHO	OUTLET	TIME	LIVE/PRE-REC	INTERVIEWER	TOPICS
Mr Yousaf	STV News	News at 6	Live or pre-rec	Tbc	Delays to NTCs/patient waits

**1) An update on the National Treatment Centres – when will these be fully operational? Why have they been delayed?**

- Significant progress has been made on the National Treatment Centre (NTC) Programme over the past year.
- Four new National Treatment Centres are due to open in 2023 in Highland, Fife, Forth and the second phase expansion of the Golden Jubilee University National Hospital.
- These Centres will initially providing over 12,250 additional procedures, dependent on workforce. This includes significant additional capacity for orthopaedics, including hip and knee replacement.
- The National Eye Centre at NHS Golden Jubilee, which opened in November 2020, has providing significant additional capacity for cataracts procedures to patients across Scotland. This has been achieved through the accelerated opening of theatres ahead of the previous phasing plan in the final business case.
- **IF PRESSED:** The business cases for the remaining National Treatment Centre in NHS Grampian, NTS Tayside, NHS Lothian, including in new Edinburgh Eye Pavilion, are under development. Delays with the NTC Programme are due to a number of factors including Covid, Brexit, the war in Ukraine, and uncertainty in the supply chain.

**2) Until the NTCs are up and running, what is currently being done to manage / tackle the backlog, e.g, patients been shifted between health boards? Paying private hospitals to carry out surgeries?**

- We are continuing to work closely with Boards and the Centre for Sustainable Delivery (CfSD) to renew the focus on accelerating implementation of the Heat Map programmes to maximise capacity, reduce variation and increase theatre efficiencies, including Active Clinical Referral Treatment and Patient Initiated Review.
- We are also working with boards to allocate capacity at the Golden Jubilee to provide additional capacity to minimise cancellations, including at the weekends.
- We have identified the productive opportunities for each of these programmes of work and will allow us to work with each board to prepare bespoke packages of support to create capacity in the system that will help with delivery of the targets and provide sustainability for the future.

- Other actions include:
  - Develop 'Once for Scotland' pathways to deliver additional capacity across Scotland.
  - Implementation of the Endoscopy and Urology Delivery Plan.
  - Implementation of Diagnostic Imaging recovery plans to increase diagnostic capacity, workforce and activity across Scotland.
  - Providing tailored support to Boards as required.
  - Working with Boards to embed the Framework for Effective Cancer Management.
  - The National Elective Co-ordination Unit (NECU) continues to play a vital role in co-ordinating a national approach to cross boundary working and tackling the backlog of long waiting patients.

**3) *A recent study found even with the NTCs, and if we returned to pre-pandemic levels, the 1 year waiting time target still cannot be met – reaction to this? - Predicted waiting times for orthopaedic surgery | Bone & Joint Research (boneandjoint.org.uk)***

- We continue to work closely with the Orthopaedic community to support the recovery of orthopaedics.
- While the NTC Programme is important to recovery and reducing long waits is the immediate priority, ensuring delivery of long term sustainability change within the existing Scotland estate is also fundamental. Service innovation and redesign, as well as creating additional capacity, is therefore essential.
- I have been clear that Boards can and should take steps to prioritise and protect critical and life-saving care if that is deemed necessary.
- Local health boards and health professionals are best placed to judge what reasonable measures should be taken in each board area to manage the severe pressures.
- Any decision to scale back planned care is not taken lightly and is under constant review. Indeed, I expect Boards where there has been an impact on non-urgent elective operations, that these are resumed as soon as possible.

**4) *We have interviewed case studies who have decided to pay for their surgery privately rather than stay on lengthy waiting lists – how concerning is this?***

- We are working with NHS Boards to end long waits, which have been exacerbated by the impacts of the global pandemic. This includes targets announced in July to address the backlog of planned care in our NHS and the delivery of the £1 billion NHS Recovery Plan.
- Latest figures show that that the use of self-pay admissions in the independent Sector is around 16% higher in England than in Scotland per head of population, and more than 27% higher in Wales.

- We're absolutely committed to keeping our NHS true to its founding principles – publicly-owned, publicly-operated, and free at the point of need.

## **Annex A – Background: National Treatment Centres Programme Update**

The January stock take meetings have been concluded for all the centres in construction and would highlight the following:

**NTC-Fife** continue to aim to treat their first patient in March but believe that it will be challenging to complete the commissioning and handover programme in this time period. We continue to work closely with NHS Fife and NHS Assure and a further programme review meeting is scheduled for 1 February with all parties. Due to a delay in recruiting a third orthopaedic consultant, NHS Fife have indicated that they will deliver a reduced level of activity (387 procedures) compared to the 542 initially planned for year one. The interviews for the third consultant are planned to occur shortly and a number of candidates have applied. In terms of clinical pathways, further discussions are ongoing with NHS Lothian whose patients the majority of the planned capacity in 23/24 will benefit.

**NTC-Highland** continue to plan on a first treatment date of 3<sup>rd</sup> April. Similar to NHS Fife there will be challenges in completing the commissioning and handover programme with the required timeframe. An on-site visit is being scheduled for early February to review the programme and risk mitigation plan. The number of posts filled has improved over the last four weeks with recruitment now sitting at 79% (an increase from 69% reported in December). NHS Highland had reported a reduction in planned activity from 1,506 to 1,038 in year one, however, given the improved workforce position, NHS Highland are reviewing this again and will provide an update shortly. Discussions regarding the clinical pathway are at an advanced stage with NHS Grampian who will receive a substantial allocation of NTC-Highland capacity in year one to support a reduction in waiting times.

**NTC-Forth Valley** - new ward is progressing with a revised commissioning plan for an opening date in May/June, a delay from April as previously reported. The revised commissioning plan is subject to review and scrutiny but we believe reflects a more realistic timeframe and commitment to addressing key issues highlighted by NHS Assure and the Forth Valley project team. Recruitment is on target but with a delay in opening, the planned activity may require to be revised from the planned 1,086. Discussions regarding the clinical pathway are progressing with NHS Greater Glasgow and Clyde, whose patients will be the beneficiaries of the new capacity.

**NTC-Golden Jubilee Phase 2** is on programme in terms of construction but remain significantly behind in terms of recruitment. SG Workforce support continues to work closely with the Board HR team and we have scheduled a further more detailed review to consider the workforce position and planned activity. We will also put the Golden Jubilee team in touch with NHS Highland to share learning with regards to recruitment.

## Second Phase – NTC Programme

In relation to the projects in development, we are anticipating the Full Business Case for NTC-Ayrshire and Arran in May/June and the Outline Business Case for NTC-Tayside in the same time period.

- **NTC Highland** is in the process of construction this is expected to be completed in Q2 22/23 (Construction substantially completed by 09/12/22 Contract completion 23/01/23) with the first patient expected to be seen 3rd April 2023. Recovery plan date 2022 given as 2023/24 in the 2022 update.
- **NTC Ayrshire & Arran** plans to begin enabling work in Q3 2022/23 with main construction works starting in 2023. [Redacted s.29(1)(a)]. Recovery plan date 2025
- **NTC Grampian** a preferred site has been selected. Project currently paused pending discussion & agreement with Scottish Government on appointment of PSCP to allow further development of OBC. Recovery plan date 2025.
- **NTC Lanarkshire** is in the process of Scoping a strategic assessment has been approved internally and progressed to CIG. Recovery plan date 2026.
- **NTC Lothian** is in the process of refreshing its business case with the FBC expected to be approved by the Capital Investment group in October 2024, [Redacted s.29(1)(a)] . Recovery plan date 2025.
- **Princess Alexandra Eye Pavilion** is in the process of refreshing its business case with the FBC expected to be completed in January 2025 [Redacted s.29(1)(a)] . Recovery plan date 2025.
- **NTC Tayside** is on track to have its OBC approved in Q4 2022/23 with its FBC approved Q2 2024/25 it is expected that construction will begin Q3 2024/25 [Redacted s.29(1)(a)] . Recovery plan date 2025.

**National Treatment Centre Recruitment Progress**

**This is Management Information – not for wider circulation – for assurance purpose only**

<b>National Treatment Centre</b>	<b>WTE Required</b>	<b>WTE Recruited as of 30 January 2023</b>	<b>Target Opening Date</b>
<b>Golden Jubilee P1</b>	115	104	Nov-20 (operational)
<b>Fife</b>	79	58	Early 2023
<b>Forth Valley</b>	109	104	Spring 2023
<b>Highland</b>	208	183	Spring 2023
<b>Golden Jubilee P2</b>	173.66	80 (82.48 awaiting start dates)	Late Summer 2023
<b>Total to Date</b>	<b><u>685</u></b>	<b><u>529</u></b>	

- Highland are using a 6 week phased approach to ensure that its operational delivery and procedures are working well. They will be fully operational within 6 weeks of go-live.
- Fife have some gaps in their Band 2 to 4 posts, however these are in the interview/recruitment stage and there should be no issues with filling these posts.