

**NHS Highland**



**Meeting:** NHS Highland Board  
**Meeting date:** 30 05 2023  
**Title:** National Treatment Centre - Highland  
 April Final Report  
**Responsible Executive/Non-Executive:** Katherine Sutton  
**Report Author:** Helen Robertson

**1 Purpose**

The purpose of the report is to provide NHS Highland with a final report on the National Treatment Centre – Highland.

**This is presented to the Board for:**

- Assurance
- Awareness

**This report relates to a:**

- Annual Operation Plan
- National Policy

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

- Safe
- Effective
- Person Centred

**This report relates to the following Corporate Objective(s)**

<b>Clinical and Care Excellence</b> <ul style="list-style-type: none"> <li>• Improving health</li> <li>• Keeping you safe</li> <li>• Innovating our care</li> </ul>	x	<b>Partners in Care</b> <ul style="list-style-type: none"> <li>• Working in partnership</li> <li>• Listening and responding</li> <li>• Communicating well</li> </ul>	x
<b>A Great Place to Work</b> <ul style="list-style-type: none"> <li>• Growing talent</li> <li>• Leading by example</li> <li>• Being inclusive</li> <li>• Learning from experience</li> <li>• Improving wellbeing</li> </ul>	x	<b>Safe and Sustainable</b> <ul style="list-style-type: none"> <li>• Protecting our environment</li> <li>• In control</li> <li>• Well run</li> </ul>	x
Other (please explain below)			

## **2 Report summary**

### **2.1 Situation**

The National Treatment Centre Highland (NTC-H) is part of a national network of 10 treatment centres funded by the Scottish Government (SG). The National Treatment Centre Programme aims to provide additional hospital based diagnostic and treatment capacity within Scotland.

Construction completion and handover was achieved on 31<sup>st</sup> March 2023. The NTC-H welcomed 1<sup>st</sup> patients on 17<sup>th</sup> April 2023 across all services - Ophthalmology Outpatients, Ophthalmology Surgery and Arthroplasty Surgery. During the first two weeks a gradual phased approach was implemented to ensure all processes, equipment and procedures were safe for both inpatient and outpatient activity throughout the initial operational period.

### **2.2 Background**

#### **Construction**

The Project achieved supported status for NDAP on 24/02/23 and KSAR on 14/04/23.

The Building Standards Completion Certificate was issued on 25<sup>th</sup> April 2023 replacing the Temporary Occupation certificate issued on the 27<sup>th</sup> of March 2023.

Minor defects (14 Nr. at completion) and some outstanding post-handover external works, grass seeding & resin paving (weather dependent) is in progress.

An Aftercare system is in place with Balfour Beatty staff on site in attendance. NEC Supervisor remains on site to coordinate issues arising. HFS Equipping deliveries are ongoing with delivery dates managed by HFS.

A Section 42 application has been submitted to The Highland Council to discharge Condition 10 (active travel route) and enable agreement on an alternative Active Travel Route. Transport Scotland are arranging directional signage on the A9. This will be temporary signage initially, and the A9 signs will then be updated. Soft Landings is being progressed by Core Associates, and arrangements are being made for 'lessons learned' workshops and Post-Occupancy Evaluation. KSAR lesson learned will also follow. Project was completed within budget £48.60m.

#### **Transition & Mobilisation**

A detailed Transition & Mobilisation programme was followed to ensure a smooth transition into the building and operational activities were governed through a daily Huddle and formal weekly meeting reporting to the NTC-H Project Board monthly. This Programme focussed on the following key areas: Equipment; E-Health; Health & Safety; Infection Control; Soft Facilities; Stores/Procurement; Training; Radiation Protection; Pharmacy and Communication.

## **Clinical Phasing**

### Ophthalmology Activity:

Due to the complexity of moving the entire Ophthalmology Service from Raigmore across to the National Treatment Centre a clinical phasing plan was implemented from the 3<sup>rd</sup> – 16<sup>th</sup> April. This involved a reduction of both Ophthalmology Outpatient and Theatre Activity with a focus on Urgent and Emergency cases only during this time.

From opening the plan was to deliver:

- 75% of existing Outpatient activity with a gradual increase to previous levels of activity.
- Week 1 Theatre activity to focus on Cataracts only in 1 Theatre
- By September 2023, the aim is to open all 2.6 Ophthalmology Theatres (dependent upon successful recruitment).

### Orthopaedic Activity:

Both Arthroplasty Theatres were opened with a gradual increase in throughput expected over a 6-week period. Hand, Foot & Ankle activity will start from week 7.

NHS Grampian consenting clinics started on the 20<sup>th</sup> of April with our first NHS Grampian patients admitted for surgery on the 26<sup>th</sup> of April.

## **Building Users Group**

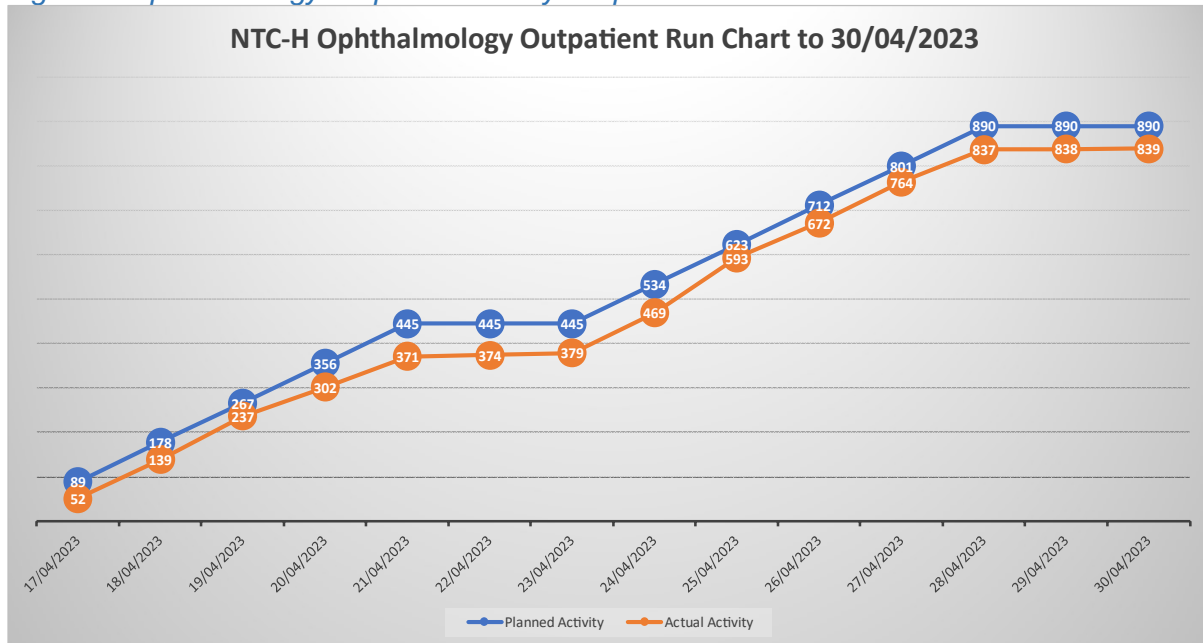
This has now been established and will meet on a fortnightly basis to capture and resolve any building-related issues.

## 2.3 Assessment

### Ophthalmology Outpatient Activity

During the first two weeks of operating, the Ophthalmology Outpatient department produced a lower level of activity than was set out in the phasing plan. This was a direct result of the complexity of the physical move of the service and the need to orientate staff to their new surroundings:

Figure 1: Ophthalmology Outpatient Activity in April 2023

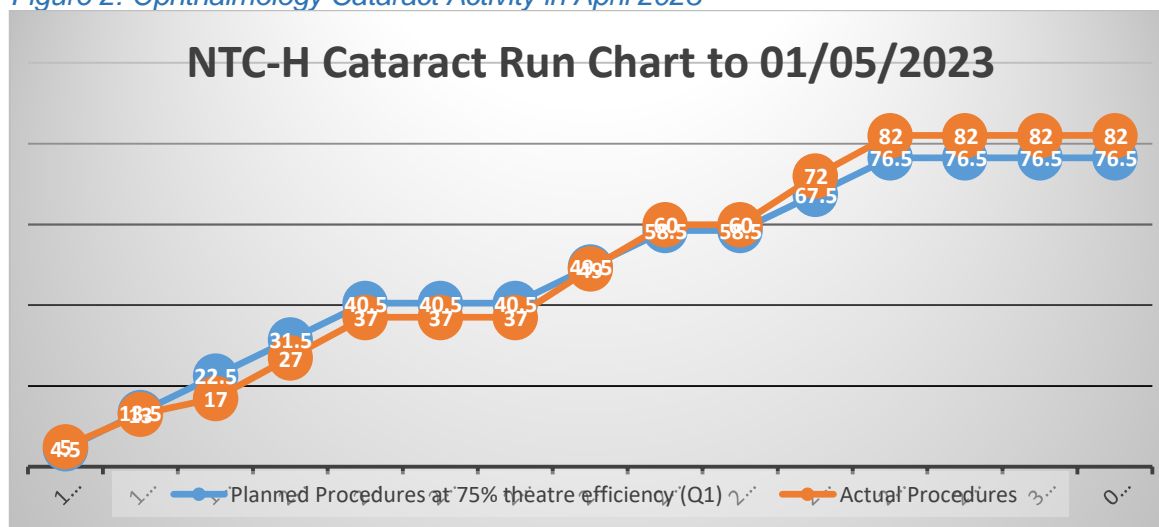


Broken down, there were 221 new outpatient appointments and 613 return outpatient appointments in the fortnight of activity in the NTC-H, leaving our new to return ratio as 36%.

## Ophthalmology Theatre

During the first two weeks of operating, the Ophthalmology Theatre carried out a higher level of procedures than was set out in the phasing plan as we were able to undertake surgery for 6 non-Cataract cases:

Figure 2: Ophthalmology Cataract Activity in April 2023



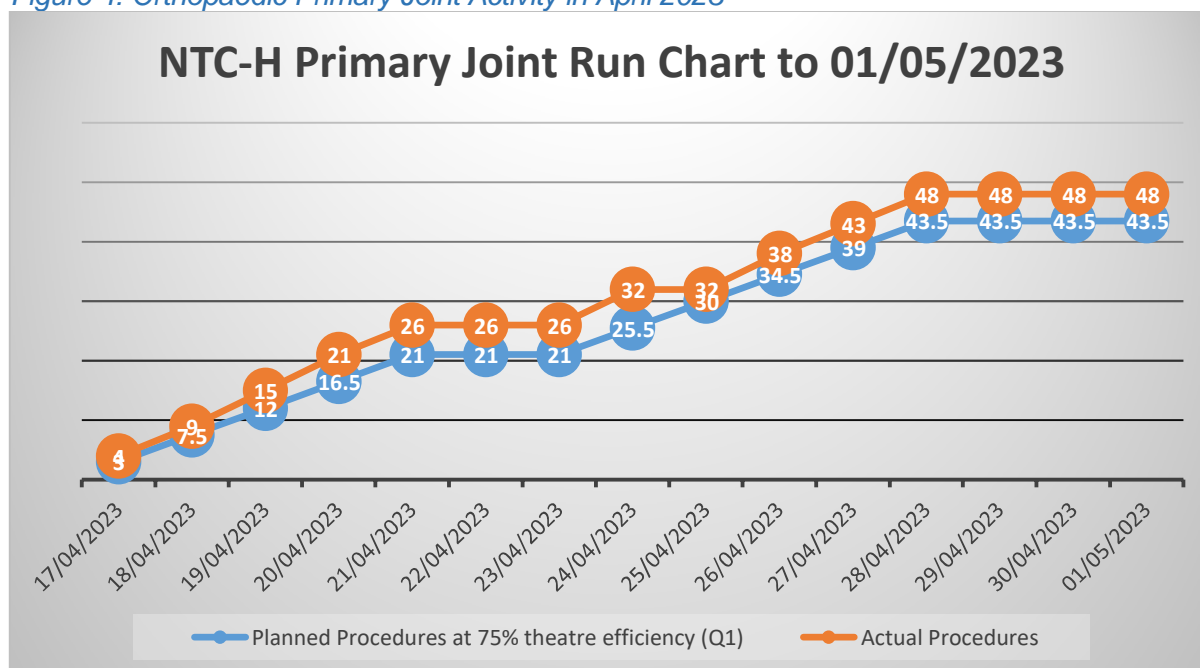
Performance for April was overall narrowly above our phasing plan.

During the first week, the actual procedures per day were less than expected, however performance in week two was strong, delivering at an efficiency level of 93.5% compared to the planned 75%.

## Orthopaedic Theatres

During the first two weeks of operating, the Orthopaedic Theatres carried out a higher level of procedures than was set out in the phasing plan:

Figure 4: Orthopaedic Primary Joint Activity in April 2023



Overall, the two Orthopaedic theatres ran at an efficiency level of 83%.

### Length of Stay

All Ophthalmology theatre patients were seen as day cases and therefore discharged on day 0, i.e., the same day as they were operated on.

For Orthopaedic patients, of the 48 patients that were seen, the length of stay is broken down as follows:

Day of discharge	Number of patients
Day 0 (day of procedure)	5
Day 1 (day after procedure)	35
Day 2 (2 days after procedure)	7
Day 3 (3 days after procedure)	1

The day 3 discharge patient was transferred to Raigmore on day 0 as there was a complication that required more specialist care.

83% of patients were discharged by the end of day 1.

### On-the-day Cancellations

A KPI for the NTC-H is an aspirational target of 0 on-day cancellations for theatre patients. For April 2023, there were 4 on-day cancellations in Ophthalmology and 3 in Orthopaedics.

In Ophthalmology, all four patients were deemed to be medically unfit for surgery on the day of their operation, with the decision being taken clinically to cancel these patients. 3 of these 4 slots were filled by patients able to come into the NTC-H for surgery at short notice. Therefore, only 1 theatre slot was lost in Ophthalmology due to an on-the-day cancellation.

In Orthopaedics, two patients were deemed to be medically unfit for surgery on the day of their operation, with the decision being taken clinically to cancel these patients. One patient did not attend on the day of planned surgery due to misreading their letter - they were re-scheduled and have since been operated on.

### **Workforce**

We have recruited 92% of the additional workforce needed to support the NTC-H.

- Remaining posts currently being advertised (7.47wte): Consultant Anaesthetists; Porter/Security; Ophthalmology Perioperative Practitioners; Clinical Development Fellows
- Remaining posts to be re-advertised (6.4wte): Ophthalmology Clinical Fellows; Ophthalmology Consultants; Imaging Manager; Optometrist; Band 3 Admin

### **Financial**

The project was completed on budget - £48.60m

Revenue:

- An additional revenue cost associated with the requirement to have a blood fridge on-site has been submitted by the SNBTS – this has been escalated for discussion with the Scottish Government.

2022/23	£22,266.00
2023/24	£91,636.35
- There is currently limited mobile phone coverage within the building. Estimated costs to resolve have been provided by E-Health but this aspect requires further exploration and discussion at a local and National level. IP Phones are in use and fully functional across the building.

### **Risk Assessment/Management**

Main ongoing risks are outlined below:

- Lack of protected space to undertake Paediatric, some Emergency and ASA3/4 Ophthalmic Activity within Raigmore.  
Mitigation: Agreement for this to continue within the Modular theatre in Raigmore
- Insufficient Revenue funds to deliver the required level of Activity.  
Mitigation: Any additional costs will continue to be escalated to the SG using a Change form for further discussion
- We may fail to recruit the additional Ophthalmology Workforce required to run 2.6 Theatres.  
Mitigation: Ongoing targeted recruitment and exploration of other pipelines – e.g., International Recruitment
- NHSH/G may be unable to provide an appropriate validated list of ASA1/2 patients.  
Mitigation: Ongoing review of processes and capacity with NHSH and NHSG.

### **Data Protection**

At this stage in the development data protection does not apply from a patient information perspective

### **Equality and Diversity, including health inequalities**

Equality diversity policies and process are being followed

### **Communication, involvement, engagement, and consultation**

Extensive staff engagement has taken place throughout the programme and will continue as part of the process of developing the service model.

Patient representatives are included in the Project Board membership  
The NTC-H microsite will continue to be used during 23/24 with further updates to be added. An NTC-H website link will also be added to the new NHSH Website.

## 2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	<input checked="" type="checkbox"/>	Moderate	<input type="checkbox"/>
Limited	<input type="checkbox"/>	None	<input type="checkbox"/>

## 3 Recommendation

It is recommended that Board members note the progress and performance of the National Treatment Centre – Highland.