Centre for Sustainable Delivery

NHS SCOTLAND

Protecting Planned Care Principles

A Framework for Perioperative Services in Scotland

Background

The Perioperative Delivery Group (PDG) was established in November 2023 to provide a national approach to:

- Maximising flow through perioperative services
- Maximising productive time in theatres
- Reducing the time patients wait for perioperative services

To help realise these aims, several Task and Finish Groups were set up to focus on key actions to realise the overall ambitions of the PDG. The Protecting Planned Care Task and Finish Group was established to identify processes and cultures that protect planned care, including planned urgent care. It also aimed at supporting Unscheduled Care demand within health boards and make recommendations for further improvement.

Remit

Areas of focus included:

- Identifying approaches that support ring-fenced planned capacity, (e.g. allocation of bed and trolley spaces for exclusive use for planned surgery.)
- Recognising innovative approaches to the use of space and the environment (e.g. use of procedure rooms for planned procedures.)
- Increasing resilience by establishing escalation processes with engagement from senior leadership, for periods of extreme Unscheduled Care pressure to minimise the impact on planned care.
- Promoting a culture of “proceeding without delay" for the first patients on each theatre list.
- Identifying ways to locally flex staff and resources to support protection of planned surgery.

Core principles

Principle 1 – Identify Approaches that Support Ring-Fenced Elective Capacity

Clinical and Professional Leadership

- Embed the principles of Realistic Medicine and value-based healthcare to ensure surgical risks and benefits are well balanced.
- Multi-disciplinary surgical teams should regularly review procedures, particularly where new evidence questions clinical effectiveness.

Consider Overall Bed Capacity

- Health Boards should aim to protect 3-5% of overall acute adult bed capacity for planned surgery.
- The number of beds required each day should be clearly defined and risk assessed to balance patient complexity with effective scheduling. Planning should consider:
  - Number of elective theatres running
  - Proportion of day surgery, 23-hour and in-patient cases
  - Expected length of stay
  - Whether day surgery is co-located with theatres
  - Procedure type and estimated duration

Reduce Waste

- Follow established scheduling processes that maximise perioperative capacity, improve performance and reduce delays. This includes minimising cancellations, particularly “same-day” cancellations, and avoiding fallow theatre sessions, ultimately improving both patient and workforce experience.
- Hold weekly meetings to review referrals and identify and address any potential issues in advance.
- Use digital scheduling tools to understand theatre session availability by specialty and better match demand with capacity.
- Ensure close coordination between scheduling and dynamic bed management.

Use Data

- Understand local demand and capacity.
- Determine the number of hours utilised.
- Interrogate the data to better understand the detail, for example, reductions in patient numbers in the context of case complexity and the number of co-morbidities.
- Agree time-stamp metrics (e.g. reasons for late starts or early finishes) in post-session debriefs.
- Ensure operations are coded using the correct OPCS4 classifications standards.
- Submit accurate data into local theatre systems to safeguard data quality.
- Regularly review both local and national performance using platforms such as PHS Discovery.

Principle 2 – Seek Innovative Approaches for the use of Space and the Environment

Catalyst for Change
• Space limitations can drive innovation. Finding new ways to use available areas can increase the number of procedures delivered and reduce clinical risk. • Engage key stakeholders- including infection control, estates and procurement teams- to explore opportunities for change.
Location
• Be innovative about space and consider converting the use of areas to increase or create elective bed and trolley footprint. • Assess procedure and treatment rooms that could be upgraded for minor or Local Anaesthetic (LA) procedures through minimal investment (e.g. utilising equipment such as mini C-arms and hysteroscopes, improving lighting and ventilation). • Consider which surgical procedures can be converted to LA and delivered in other clinical environments e.g. procedure and treatment rooms, thereby also reducing reliance on anaesthetic cover. • Consider alternative locations for the administration of anaesthesia (e.g. Block Rooms). • Explore creating combined admission areas and consultation spaces to streamline patient flow. • Minimise unnecessary staff and patient movement between wards and theatres.
Start Small
• Test changes on a small scale. Start with a small number of beds or trolleys suited to the local context and assess the impact on the environment, case mix, staff resources and flexibility.
Swap Beds for Trolleys
• Develop clear criteria as to what surgeries can be safely performed on purpose-built day surgery trolleys instead of beds. • Transfer patients to beds only if post-operative inpatient care is required. • Encourage early mobilisation and support patients to eat and drink as soon as possible after surgery, improving recovery and reducing the risk of complications such as infections linked to longer hospital stays.
Manage Expectations
• Engage patients early through shared decision-making conversations at the outpatient appointment to set expectations for their surgery. • Use consistent language across the perioperative team that promotes surgery being undertaken outside of a traditional theatre environment and, where appropriate, under LA. • Ensure all perioperative team members adopt a shared language around expectations and planned procedures.

Principle 3 – Identify Approaches to Locally Flex Staff and Resources to Protect Planned Surgery

Workforce Planning
• Understand the number of staff required to deliver the service, including the appropriate level of skill mix and competency. • Ensure staff have the necessary training, education and cultural requirements to maximise high-performing perioperative teams and influence patient flow. • Explore alternative staffing models, for example, hybrid staffing, multi-skilled perioperative practitioners, and the flexible use of bank staff to maintain planned surgery when emergency pressures arise. • Encourage the development of a wide range of skills to allow staff to be more flexible and adaptable across services. • Support staff to practice at a level appropriate to their knowledge, skills and experience. • Promote greater sharing of knowledge and skills across the multidisciplinary team e.g. nurses, Allied Health Professionals (AHPs), pharmacists and medical teams overlapping in some of their traditional scope of practice. • Maintain established teams to provide continuity where possible. • Ensure all staffing models comply with safe staffing legislation.

Principle 4 – increase Resilience by Ascertaining Escalation Processes

Establish an Escalation Process
• Establish a formal local process for escalation prior to cancellation. • Senior leadership teams should have a clear structure in place to ensure that everyone knows the process to follow when deciding to cancel. • Cancellation should be authorised - it needs to be the right thing to do, in accordance with priority and agreement on allocation of resources. • All options should be explored before the decision to cancel – alternative solutions should be sought to managing Unscheduled Care demand e.g. swapping planned theatre sessions for unscheduled theatre sessions as Unscheduled Care demand increases.
Clinical Consensus
• Senior clinical and operational leaders should agree in advance which procedures can and cannot be postponed in response to Unscheduled Care pressures, particularly those relating to time-sensitive conditions such as cancer. • Where planned care beds, staff or resource has been used for emergency care, this should be reviewed on a regular basis to ensure that the resource is returned to planned care at the earliest opportunity.
Proceed Without Delay
• Sites should commit to proceeding with the first patient on the theatre list each day, even if bed availability is still being confirmed. This should be supported through site safety huddles and escalation pathways. • If the site is under extreme bed pressure due to Unscheduled Care, or a shortage of intensive or higher-level care beds, then this should be shared with all stakeholders and senior management at the earliest opportunity to facilitate escalation.

Further recommendations

- In collaboration with the Antimicrobial Resistance and Healthcare Associated Infection Scotland (ARHAI) and NHS Assure:
  - Develop a list of suitable procedures, which can be delivered out with of a traditional theatre environment.
  - Gain consensus on what types of environment/locations can be used for operating outwith of a traditional theatre environment, inclusive of requirements for air changes, lighting etc.
  - Develop a national perioperative workforce planning framework/tool for day case/short-stay planned care units, whilst recognising that this cannot be too prescriptive to reflect local health board needs.
  - Establish links with Unscheduled Care to develop a national escalation framework.

Resources

- Centre for Perioperative Care, (CPOC), Day Surgery: National Day Surgery Delivery Pack, CPOC, **https://www.cpoc.org.uk/guidelines-and-resources/guidelines/day-surgery**, Accessed 30 May 2025

- Centre for Sustainable Delivery (CfSD), 2022, The Day Surgery Pathway: A Blueprint for day surgery in Scotland, CfSD, NHS Golden Jubilee, **https://www.nhscfsd.co.uk/media/zg3ivpgi/day-surgery-blueprint-v2.pdf**, Accessed 30 May 2025

- Centre for Sustainable Delivery (CfSD), December 2022, The Arthroplasty Day Surgery Pathway: A blueprint for day surgery in Scotland, Version 1.0, CfSD, NHS Golden Jubilee, **https://www.nhscfsd.co.uk/media/plqdrihp/arthroplasty-day-surgery-blueprint-v10.pdf**, Accessed 30 May 2025

- Getting it Right First Time (GIRFT), November 2024, GIRFT Practical Guide to Right Procedure, Right Place, FutureNHS, GIRFT, **https://future.nhs.uk/GIRFTNational/view?objectID=177805157**, Accessed 30 May 2025

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- Public Health Scotland (PHS), 27 February 2024, Scottish health service costs Summary for financial year 2022/23, Public Health Scotland, **https://publichealthscotland.scot/publications/scottish-health-service-costs/scottish-health-service-costs-summary-for-financial-year-2022-to-2023/**, Accessed 30 May 2025

- Public Health Scotland (PHS), Discovery Overview, PHS, **https://publichealthscotland.scot/resources-and-tools/medical-practice-and-pharmaceuticals/discovery/overview/what-is-discovery/**, Accessed 30 May 2025

- Scottish Government, Health Workforce, Health Workforce Directorate, **https://www.gov.scot/policies/health-workforce/**, Accessed 30 May 2025

- Scottish Government, 22 February 2023, Health and Care (Staffing) (Scotland) Act 2019: overview, Chief Nursing Office Directorate, **https://www.gov.scot/publications/health-and-care-staffing-scotland-act-2019-overview/**, Accessed 30 May 2025

- Scottish Government, 4 December 2023, NHS Scotland waiting times guidance: November 2023, Chief Operating Office, NHS Scotland Directorate, **https://www.gov.scot/publications/nhsscotland-waiting-times-guidance-november-2023/**, Accessed 30 May 2025

Useful websites

- Antimicrobial Resistance and Healthcare Associated Infection Scotland (ARHAI) - https://www.nss.nhs.scot/departments/antimicrobial-resistance-and-healthcare-associated-infection-scotland/
- British Association of Day Surgery (BADS) - https://bads.co.uk/
- Getting It Right First Time (GIRFT) - https://gettingitrightfirsttime.co.uk/
- NHS Education for Scotland (NES) - https://www.nes.scot.nhs.uk/
- NHS National Services Scotland (NSS) - https://www.nss.nhs.scot/
- NHS Scotland Academy (NHSSA) - https://www.nhsscotlandacademy.co.uk/
- Public Health Scotland (PHS) - https://publichealthscotland.scot/
- Realistic Medicine - https://realisticmedicine.scot/
- Scottish Government - https://www.gov.scot/

Membership

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