NHS Ayrshire & Arran

Meeting:	**Ayrshire and Arran NHS Board**
Meeting date:	**Monday 11 August 2025**
Title:	**Robotic Assisted Surgery (RAS) Programme Patient and Staff Impact**
Responsible Director:	**Vicki Campbell, Director of Acute Services**
Report Author:	**Cameron Sharkey, Divisional General Manager** **Debbie Kirk, Head of Access**

1. Purpose

This is presented to the Board for:

- Awareness

This paper relates to:

- Annual Operational Plan

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

- Safe
- Effective
- Person Centred

2. Report summary

2.1 Situation

This paper is provided by way of introduction and background to the accompanying video which has been produced by the Robotic Assisted Surgery (RAS) Stakeholder Group to share the thoughts of our patients and staff on the impact of the RAS Programme in NHS Ayrshire & Arran (NHSAA).

2.2 Background

RAS is a well-established treatment modality that offers benefits to patients and to the service relative to traditional open or laparoscopic surgical approach. The expansion of RAS in NHS Scotland occurred rapidly over the last five years and it was introduced in NHSAA in summer of 2023 with the following aims identified in the business case:

- A reduction in the rate of complications, pain, blood loss, instances of infection and a reduced reliance on critical care beds for the postoperative recovery. This has obvious benefits for the patient and for our use of healthcare resource.

- A reduced hospital length of stay which lessens the demand on congested inpatient beds and allows the patient to return to home, family and work life at an early stage.

- Preservation of function and improved quality of life as a result of the improved accuracy of intervention enabled by the RAS platform. This includes the ability to offer surgery to patients who would not previously have been candidates for a surgical intervention.

A further benefit which was identified was the ability of an RAS Programme to make NHSAA attractive in a recruitment market in which it was competing against neighbouring Boards who had established RAS Programmes. RAS is an increasing part of modern surgical training and not being able to offer this locally would make NHSAA a less attractive option for surgical and perioperative staff.

The RAS Platform is located at University Hospital Crosshouse (UHC) where it is used on a daily basis, Monday to Friday, by the Urology, Gynaecology and Colorectal teams. From August there will be a total of eight robotically trained consultant surgeons in these specialties.

2.3 Assessment

Benefits of the Platform are described in detail under the headings below. Board Members are invited to watch the accompanying video which has been produced by the Robotic Assisted Surgery (RAS) Stakeholder Group.

2.3.1 Quality/patient care

Throughout Year 1 of the Programme, some 248 NHSAA patients benefited from local access to robotic surgery. Previously, the majority of these patients would have been treated laparoscopically or through open surgery. Some patients would not have been a candidate for surgery because of the complexity of the operation or because their overall medical fitness would not have been suitable for traditional surgical intervention. A small number of these patients would have undergone Robotic Assisted Laparoscopic Prostatectomy (RALP) surgery in NHS Greater Glasgow and Clyde (NHSGGC) but instead benefited from this same treatment in their local health board area with a reduced waiting time.

Patient feedback, as highlighted in the video, has been positive, with a high level of satisfaction expressed as a result of the less invasive nature of the procedure which results in less pain, faster recovery and an earlier return to normal life.

In all specialties there has been a reduction in the length of stay and in the requirement for Critical Care post-operatively. Notably, in Gynaecology, the only ambulatory hysterectomy service in NHS Scotland has been established with patients discharged in a mean time of less than three and a half hours of their procedure.

2.3.2 Workforce

The impact of the RAS Programme on our workforce has been positive. The Programme has proven successful as a recruitment tool to all three surgical specialties. Recruitment to the Urology team has been a particularly strong example of this. Prior to the implementation of RAS in NHSAA, this team had three substantive consultant vacancies. They are now recruited to full establishment including the appointment of two robotic fellowship trained surgeons.

The ability to recruit to surgical teams in this manner is essential not just for the success of the RAS Programme but also in allowing us to maintain the delivery of other elements of surgical services, including emergency services, in a sustainable way.

The Programme has brought opportunities for the theatre nursing workforce as an integral part of the multidisciplinary team which has helped deliver this new modality. This has included access to training to develop two new Surgical First Assistant posts.

2.3.3 Financial

At point of delivery, RAS comes with greater costs than traditional open or laparoscopic surgical management as a result of more expensive instruments and consumables.

RAS activity in Year 1 of the Programme resulted in additional spend of £433k on theatre supplies. A benefits realisation exercise for the same period has identified efficiencies of £471k linked to reduced length of stay, readmissions and complications.

We would anticipate the efficiency balance to increase as work is undertaken as part of the Surgical Cost Improvement Programme to ‘lean’ robotic instrumentation and as the repertoire of surgical cases being undertaken increases. It should be noted that the efficiency benefits felt across the patient pathway are not easily releasable as cost savings.

Further, unquantified, cost reductions have been achieved as a result of the role that the RAS programme has played as a vehicle for the substantive recruitment of surgeons which has avoided the use of expensive supplementary staffing.

2.3.4 Risk assessment/management

Risk is managed through the established Surgical Division and Acute Directorate Clinical Governance structures.

2.3.5 Equality and diversity, including health inequalities

The RAS Programme is a National programme of work which is designed to allow a different more advantageous surgical approach without changing the overall patient pathway. Whilst the RAS platform is located at UHC, access to treatment is open to all clinically appropriate patients in NHSAA through the established specialty specific MDTs.

More recently, the need to understand any impact on the patient journey has been highlighted to ensure that the benefits we are seeing are not being impacted by any

disproportionate increase in wait times that may disadvantage the patient. This will now be explored in detail through the local EQUIA process.

2.3.6 Other impacts

- Best value: optimum use of the platform is supported by a comprehensive set of utilisation data provided with the support of the system supplier, Intuitive, who supply all RAS systems in NHS Scotland. NHSAAA utilisation of the system is second best in NHS Scotland which is commendable position given it is the least mature of all RAS Programmes

- Regional working: access to RAS for cancer surgery has been prioritised through the West of Scotland Regional Planning structure and NHSAA have been able to contribute to this prioritisation through the repatriation of NHSAA RALP patients from NHSGGC. NHSAA has also been able to offer RALP surgery to patients in NHS Forth Valley where there is no local RAS programme. There are plans to extend this arrangement into 2025/26 to include other pelvic oncology procedures.

- Future plans for RAS in NHSAA: access to our one RAS Platform in NHSAA will soon become a constraining factor to our ability offer RAS to all patients who would benefit from this treatment. Whilst we will seek to mitigate this as best as possible through optimum utilisation of the platform, it is the intention of the stakeholder group to prepare a business case for a second RAS system.

2.3.7 Communication, involvement, engagement and consultation

The Board has carried out its duties to involve and engage external stakeholders where appropriate. Including:

- Engagement with other West of Scotland (WoS) health boards in order to ensure the RAS programme in NHSAA contributes to wider Regional Planning ambitions and to ensure equity of access to RAS in the WoS
- Engagement with directly involved internal stakeholders at the fortnightly RAS Stakeholder Meeting
- Communication with wider staff group through drop-in sessions and other means including the video which accompanies this paper

2.3.8 Route to the meeting

The video to which this paper is an accompaniment has been developed by the RAS Stakeholder Group.

2.4 Recommendation

For their **awareness**, members are asked to note the progress made to date in the implementation and consolidation of the RAS programme in NHSAA which has resulted in benefits to patients and to the service.

3. List of appendices

Nil