



Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board



<b>Meeting Date</b>	<b>21 May 2019</b>	<b>Agenda Item</b>	<b>4.1</b>
<b>Report Title</b>	<b>Theatre Performance – Update Report</b>		
<b>Report Author</b>	Brian Owens – Unit Service Director		
<b>Report Sponsor</b>	Chris White – Chief Operating Officer		
<b>Presented by</b>	Chris White – Chief Operating Officer		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	This report informs the Finance and Performance Committee of the current performance against key performance indicators for theatres. Additionally the paper highlights key objectives and achievements following the Theatre Efficiency and Surgical Redesign Group.		
<b>Key Issues</b>	<p>Effective and efficient theatres are key requisites to the sustainable delivery of key access standards.</p> <p>Theatre utilisation is complex and often factors outside of the theatre environment impact of the ability of theatres to utilise all available operative time.</p> <p>Performance has improved across most KPI's when compared with the same period last year.</p> <p>The Theatre Efficiency and Surgical Redesign Group has delivered some improvement that will increase the volume of cases being delivered on the NPTH site.</p>		
<b>Specific Action Required</b> <i>(please choose one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Recommendations</b>	<p>Members are asked to:</p> <p>Receive and note the current performance and the actions being taken to improve the overall performance in a sustainable and consistent manner.</p>		

## Theatre Efficiency and Surgical Redesign

### 1. INTRODUCTION

This report updates the Finance and Performance Committee on the current performance for theatres across the Health Board. Furthermore, the paper summaries, key actions following the enhanced theatre program implementation.

### 2. BACKGROUND

This paper provides an update on performance and highlights the progress made to improve theatre efficiency. Following the last update in December 2018, the theatre improvement project has developed into a wider more formal project structure that also builds on the ambitions of the Clinical Services Plan.

The new theatre group recognises that theatre utilisation is complex and often impacted by other influences that are not always within the locus of control of the theatre teams. However, it is acknowledged that there remains considerable opportunity for improvement by also focusing on theatre processes. To achieve 90% utilisation, transformation of the existing surgical pathways will also be necessary in order to achieve a sustainable long-term solution.

Theatre KPI, shown below:

	Target	Data Mar 2018 to Mar 2019			
	(no more than)	Health Board	Morriston	Singleton	NPT
Late starts	25%	42%	41%	48%	36%
Early finishes	20%	39%	36%	34%	57%
Utilisation	90%	73%	78%	61%	63%
Cancelled Operations	10%	25%	22%	24%	30%
Cancelled on the day	10%	35%	37%	45%	25%
Cancelled on the day by patient	10%	24%	18%	22%	44%
by Hospital non clinical	20%	44%	54%	41%	25%
by Hospital Clinical	10%	31%	27%	35%	30%

Late starts; March performance represents a slight improvement when compared with the same period last year, 46% (n. 53 patients less). Of note late starts deteriorated during the period between December to February, this appears to be a seasonal pattern for the health board with the hypothesis being that increases in unscheduled care patients presenting as an emergency have delayed access to surgical patients therefore delaying theatre start times.

Early finishes; comparing March with the same period last year, represents a 4% improvement, although the overall trend is stable with minor variation.

Utilisation; performance against this indicator was 69% in March, which is comparable with the same period last year, 70%, albeit a 1% deterioration.

Cancelled on the day; March performance 32% compared with 39% in March 2018, n.78 less patients cancelled on the day.

Cancelled on the day by the patient; March 2019, 18% compared with 21%, in March 2018.

Cancelled by the Hospital for non-clinical reasons, March 2019, 53% compared with 39% in March 2018. February and March 2019, evidenced a step increase in cancellations under this category. The hypothesis being that winter operational pressures had an adverse impact on theatre utilisation, especially influencing this metric detrimentally.

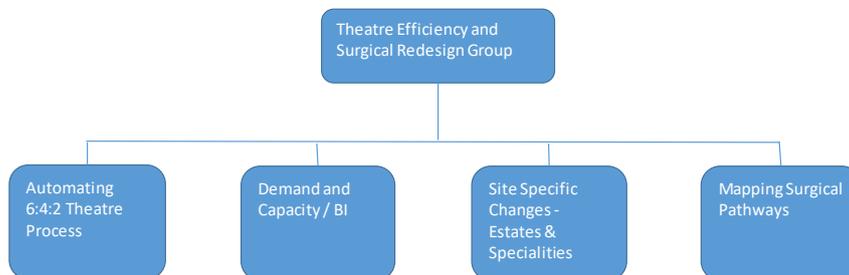
Cancelled by Hospital for clinical reasons; March 2019 28%, compared with 31% in March 2019.

Comparing the performance across the main KPI, appears to evidence a slight general improvement however, the overall utilisation has remained steady with only minor variations over the last 13 months.

See appendix for a detailed breakdown of performance at site and speciality level.

### Project Structure

To achieve a sustainable theatre improvement that incorporates the requirements of the Clinical Service Plan, a newly enhanced project structure is being implemented, which has four broad work streams. The executive sponsor is Chris White, Chief Operating Officer.



6:4:2 - the work stream focusing on automating the 6:4:2 theatre process, is the stream that is focusing on improving management processes to improve theatre utilisation. This work stream best reflects the ambitions previously included within the old theatre utilisation group.

The group is focusing on ensuring that our theatre suites are booked to capacity in advance to the maximum levels that staffing will support. It aims to standardise, where possible the Swansea Bay approach to theatre booking and introduce expected minimum standards.

Demand and Capacity – there are two keys objectives within this work stream:

1. To evidence that the total demand for theatres could be accommodated within the remaining theatre suites if the optimal utilisation was achieved.

2. Using a national expert in Clinical System Engineering principles develop speciality level demand and capacity plans, that are data driven and can be analysed in depth.

Site Specific Changes – primary objective is to rapidly move appropriate activity away from Morrision site to increase utilisation and the remaining two sites whilst releasing capacity at Morrision Hospital for the highly complex patients.

Mapping Surgical Pathways – primary objective is to map the current entire surgical pathways, using LEAN redesign principles to achieve an optimum patient journey at speciality and sub speciality levels. Thereby removing 'waste' and ensuring resources are deployed as required.

### **Initial Progress**

The current KPI's are not sensitive enough to demonstrate the progress already achieved however, they may reflect improvement over time. Some Orthopaedic activity has already been transferred to the Neath Port Talbot theatres.

The Orthopaedic change at NPTH will increase activity between 91 – 170 cases per annum. The wide range represents the low and high case activity scenarios used for the potential cost avoidance forecast associated with this change. This change was implemented without incurring any additional costs for theatre staff or anaesthetic cover.

Additionally there are active discussions regarding opportunities to increase the volume of cases on some sessions at Singleton Hospital. The data suggests that up to a maximum of 269 additional cases could flow through the existing sessions at Singleton if they had an increased bed / trolley capacity that enabled the existing sessions to fully booked.

An initial high-level demand and capacity plan was completed by colleagues within the finance team using broad high-level principles. It suggests that the total volume of activity actually completed in the last 12 months, including outsourced and waiting list initiative activity would have fitted into the remaining Swansea Bay theatre footprint if the optimal efficiency were achieved. Furthermore, it appears to suggest there is no significant room for any growth or new services. The modelling needs refining and testing further as this is counter to the findings reported by Capita.

The Health Board has a Clinical Systems Engineer that is being mentored by a national expert in this area. Both individuals have agreed to help support the theatre project by developing a data driven, demand and capacity analysis model that will help inform decision making and engagement with clinical partners.

This approach will take time, the exact duration is unknown until the initial scoping has commenced. The first meeting is later in May to enable the national expert to attend. The approach will deliver a robust model, that is based on evidenced and is data driven, so that future decisions are more informed and the consequences understood.

See appendix for project briefing, presented to the theatre group.

### 3. GOVERNANCE AND RISK ISSUES

The theatre efficiency and surgical redesign group currently reports via a number of routes, the project is also part of the high value opportunity areas for the health board as well as representing significant service transformation. Additionally, the decisions made by this group has implications for performance, including RTT and cancer.

The current structures do involve repetition, whilst the Health board develops the transformation programme; however, this has not prevented or restricted the project from making progress.

There are multiple strands of work in progress or in discussion that have implications for theatres, therefore the project team recommends that all theatre related decisions start to filter via the main theatre efficiencies and surgical redesign group to ensure a consistent approach and that any interdependencies are fully considered prior to implementation.

### 4. FINANCIAL IMPLICATIONS

The financial implications are monitored via the HVO monitoring group and the Recovery and Sustainability Group. The table below sets out the projected financial benefits identified to date. As the project progresses it anticipates identifying additional further financial benefits. In the first instance, most of these will be cost avoidance as activity that is currently outsourced is repatriated back within the health board theatre suites.

## Projected Financial Benefits

Opportunity	Type	Start	Cases - Low	Cases - High	£ - Low	£ - High	Dependencies	RAG
Wednesday PM Theatre 1 NPTH - Additional Arthroplasty Lists	Cost Avoidance	Apr-19	47	94	145,628	291,255	Utilisation of session; availability of medical staff	Green
Friday Alt Theatre 1 NPTH	Efficiency	May-19	44	76	9,887	17,077	6-4-2 Process, utilisation of session; availability of medical staff	Orange
6-4-2 Session Opportunity - Late Cancelled Sessions	Efficiency	Jul-19	0	357	0	111,967	6-4-2 Process	Orange
Trolleys in Singleton - General Surgery - Outsourcing	Cost Avoidance	Oct-19	0	26	0	36,309	Trolleys; 6-4-2 Process	Red
Trolleys in Singleton - Efficiency Gain from Under-Utilised lists	Efficiency	Oct-19	0	147	0	28,817	Trolleys; 6-4-2 Process	Red
Trolleys in Singleton - Increased Uptake of Sessions	Efficiency	Oct-19	0	96	0	29,400	Trolleys; 6-4-2 Process	Red
<b>Total</b>			<b>91</b>	<b>796</b>	<b>155,515</b>	<b>514,825</b>		

### 5. RECOMMENDATION

- I. The committee is asked to support the recommendation that future theatre discussions are routed through the theatre efficiency and surgical redesign group to ensure that interdependencies are fully considered.
- II. The committee is asked to note the content of the report demonstrating some initial progress and improvements against some of the key performance indicators

<b>Governance and Assurance</b>		
<b>Link to Enabling Objectives</b> <i>(please choose)</i>	<b>Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities</b>	
	Partnerships for Improving Health and Wellbeing	<input type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	<b>Deliver better care through excellent health and care services achieving the outcomes that matter most to people</b>	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input type="checkbox"/>
	Excellent Staff	<input type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
<b>Health and Care Standards</b>		
<i>(please choose)</i>	Staying Healthy	<input type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
<b>Quality, Safety and Patient Experience</b>		
<ul style="list-style-type: none"> <li>• Timely and effective care: People of all ages to have timely access to admission for surgery. When arranged to have confidence in being admitted with the full knowledge of the procedure and its implications as appropriate.</li> <li>• Patient outcomes: to have outcomes comparable with the best in Europe.</li> </ul>		
<b>Financial Implications</b>		
There are no additional financial implications identified as part of this report.		
<b>Legal Implications (including equality and diversity assessment)</b>		
The Health Board is responsible for planning, delivering and optimising theatre capacity and services for its catchment population. The actions being taken take these issues into account and deliver improved utilisation against benchmarked peer groups.		
<b>Staffing Implications</b>		
No immediate implications however, as part of the project the HR BP lead is currently assessing the existing workforce across the theatre suites to establish the maximum number of theatres that can currently be resourced.		
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>		
Optimising the theatres across the Health Board will support an improved delivery against waiting time standards, whilst ensuring the effective deployment of resources reducing variation in cost and resources.		

<b>Report History</b>	Minutes from Theatre Efficiency and Surgical Redesign Group not available at time of writing the report – to follow
<b>Appendices</b>	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  <p>Theatres Transformation Proc report v3 (002).xlsx</p> </div> <div style="text-align: center;">  <p>Copy of theatre Transformation Proc report v3 (002).xlsx</p> </div> </div>