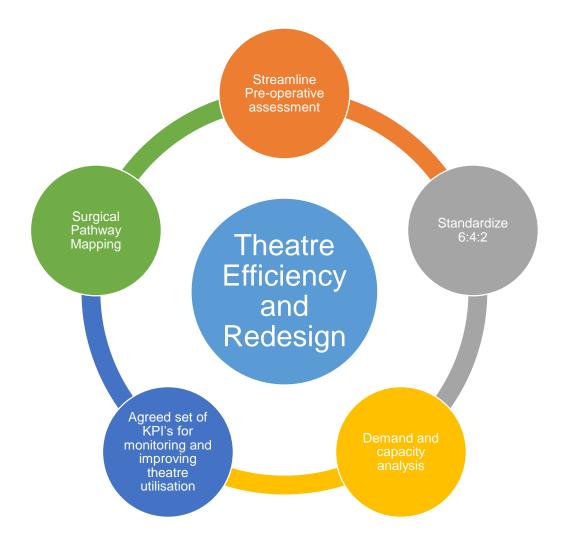


Theatres Transformation Programme

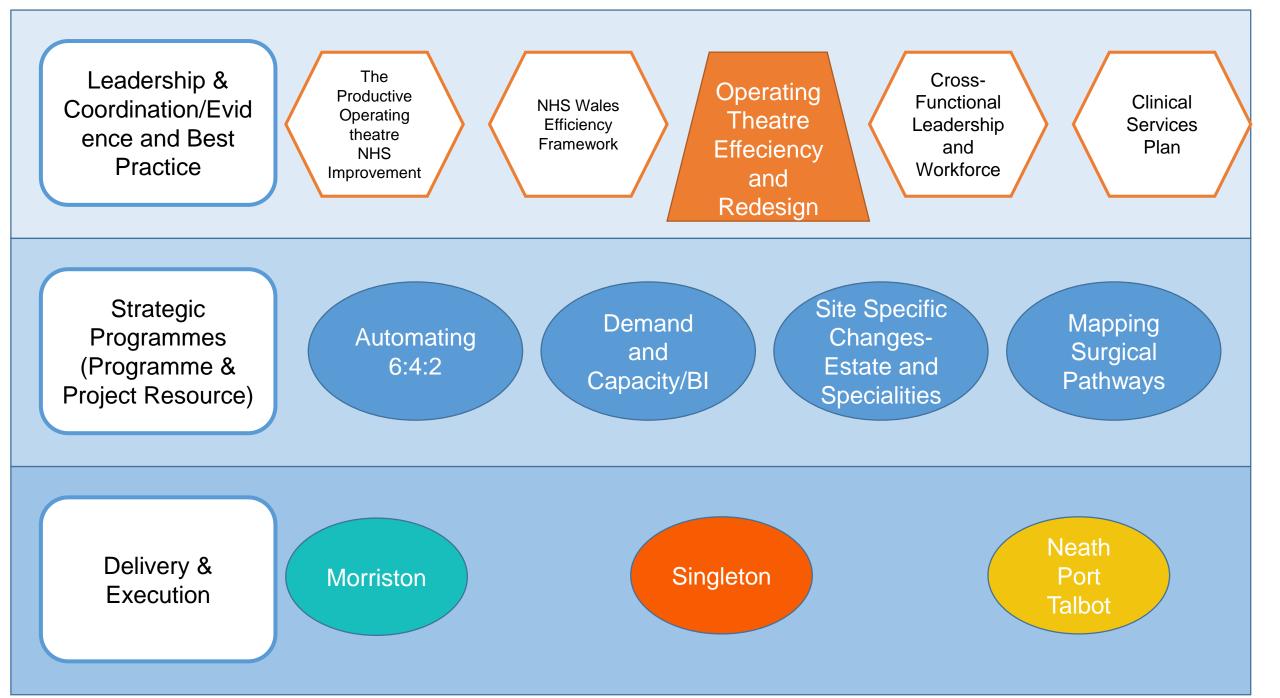
Surgical Services and Theatres Redesign Steering Group



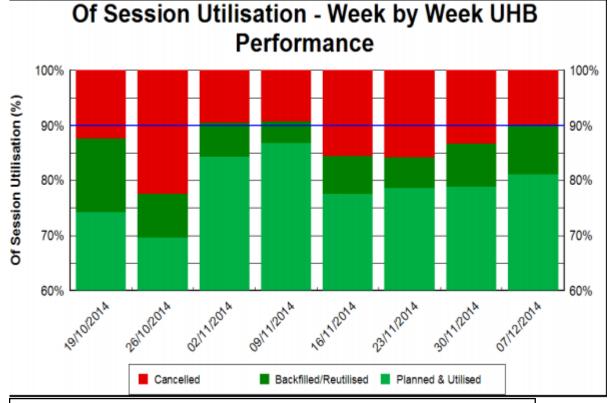
Scoping the programme FY19/20 – ideas & analysis







6:4:2



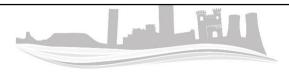
QIA Assessment = Ongoing

Project Plan= In place

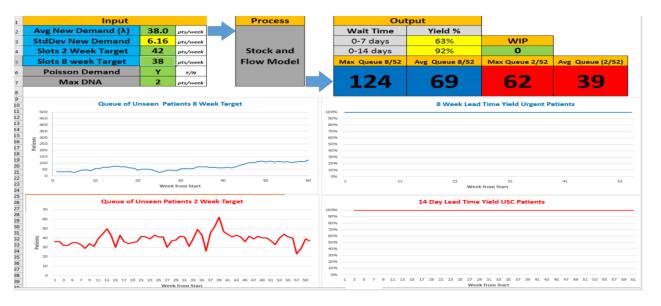
Management Strategy/Communication Plan= Ongoing Benefits= To be quantified at baseline assessment Risk= Low

Objectives:

- Ensuring cancelled sessions are reutilised by implementing a rigorous standard operating procedure (SOP) for reallocating available sessions.
- SOP for cancellation and reutilisation of lists to be agreed and implemented across all sites
- Establishment of a new electronic session cancellation and reutilisation process, streamlining operational practice, reducing e-mail trails and creating a more robust confirmation process
- A session reutilisation tracker created and used to drive 'ofsession' utilisation (the proportion of funded lists used), matched to agreed Service Level Agreements (SLAs)
- Compliance with an agreed '6-4-2' process is monitored which sets out; early declaration of the intention to use lists at 6 weeks out, offering of lists at 4 weeks out to other specialties where doubt of use exists, closing down of lists at 2 weeks out (to optimise theatre staff coverage and help reduce overtime spend)

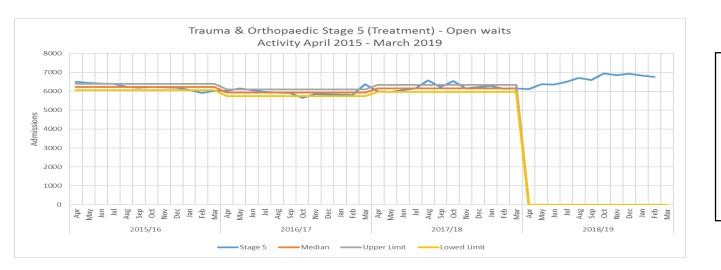


Demand and Capacity



Objectives:

- Establishing a live demand and capacity model for theatres based on Healthcare systems' engineering principles.
- The D&C will set the platform for signing-off the financial benefits associated with the project.
- The model for disestablishing sessions, and releasing costs will be place, but in the first instance the benefits will be utilised to support RTT in the most efficient manner.
- D&C will be crucial to understanding the ability to move workforce and sessions to the most appropriate location.



QIA Assessment = Ongoing Project Plan= In place Project Resource= Risk Management Strategy/Communication Plan= Ongoing Benefits= To be quantified Risk= Very high

Site Specific Changes- Estate and Specialities





Objectives:

- Appraising the option of putting 8/16 trolleys in Singleton as a day case unit to increase Gynae theatre utilisation.
- Singleton theatre team
- Moving low risk Ortho procedures to NPT from Morriston.
- Releasing the capacity from Plastics to be accommodating more cases.
- RTT Sustainability Plan and impact on theatres.
- Unified theatre workforce plan

- QIA Assessment = Ongoing
- Project Plan= In progress
- Management Strategy/Communication Plan= Ongoing
- Benefits= To be quantified
- Risk= Very high and interdependency on D&C work.

Mapping Surgical Pathways

Primary care

A patient visits a GP and if the doctor thinks surgery may be necessary, they can refer the patient to see a surgeon at a hospital outpatients department

Outpatients

The patient attends outpatients and is assessed by a surgeon. The patient may undergo diagnostic tests and a return visit to hospital may be necessary to receive the test results. The surgeon, in partnership with the patient, decides whether surgery is required.

Preoperative assessment

If surgery is necessary, the patient may have a preoperative assessment some weeks before their operation. The assessment may be part of an outpatients appointment, or a separate hospital appointment may be required. The assessment ensures the patient is fit for surgery and anaesthesia.

Admission

The patient comes to hospital and is typically admitted to a ward bed, either on the day of their operation or the day before. Staff check the patient is fit for surgery and that the necessary proceporative checks have been carried out and that the results are readily available.

Theatre

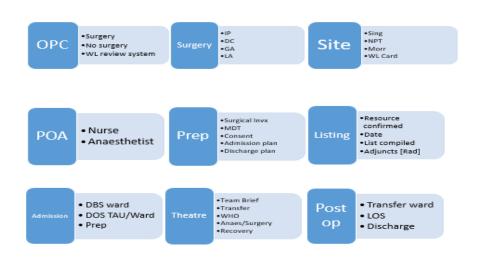
Some patients walk to theatres whilst others are transferred by a porter. Safety checks are carried out then the patient goes to the anaesthetic room. Further checks are done before the patient is anaesthetised and transferred to the operating room for their operation.

Recovery

After their surgery the patient goes to the recovery area within theatres where they awake from their anaesthesia. If the patient's condition is sufficiently serious, they may need to be transferred to a critical care unit.

Discharge

The patient is transferred back to a ward bed or discharge area. A range of actions then need to be taken to ensure the patient can be added discharged back to their between



Objectives:

- Map the components of a Surgical Pathway and their impact on theatre utilisation.
 - Common points
 - Specialty, Procedure or Comorbidity specific
 - Ensure correct order of points
- To ensure that theatres are being most effectively used by all surgical specialities and any duplications and inefficiencies in the pathways can be minimised.

QIA Assessment = Ongoing Project Plan and Resource= In place Management Strategy/Communication Plan= Ongoing Benefits= To be quantified Risk=Low

Deliverables- to be agreed

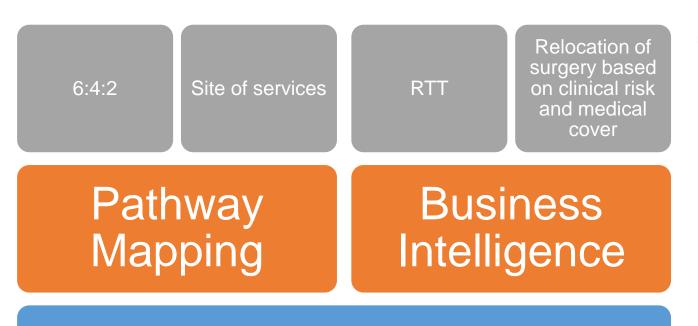
- Improved Theatre Productivity
- Reduce patient and session cancellation Current % vs target %
- Reduce OTD issues and delays (e.g. start losses) Current % vs target %
- Improve booking process Elective , CEPOD & Trauma
- Increase visibility of theatre lists
- Communication between wards and theatres
- Reminder calls/Better patient communication
- Reduced number of patient cancellations and DNA's
- Less delays and issues in theatres during the day
- Less frustration amongst staff and clinicians
- More visibility on list booking, easier to manage WL
- Better patient experience and quality of care
- Increase DoSA
- Fewer pre-operative days for patients
- Reduce number of cancellations due to no beds





Programme Leader's Guide

Executive Leader's Guide



Demand and Capacity



Strategic Priorities 2019/20

What	Why	When	Who	Potential Savings	
				19/20	20/21
Implementing and Automating 6:4:2	Theatre sessions are not fully booked due to lack of centralised coordination	Timescales be agreed with KPMG- To be fully delivered and operational by July 2019	?	Y	Y
Demand and Capacity	Need to develop a future proof plan to address current and future demand based on changing demographics, workforce and bed realignment etc. to support the delivery of the CSP (Emergency, Elective, USC, RTT, WHSCC,Casemix)	This work is a pre-requisite to the planning process. Dedicated resource and skills set is required to deliver this.	?? – Service Improvement Team + Informatics	Ν	Ν
KPI's and Intelligence required to improve OT utilisation	Visibility and Accountability/ Need the right visual analytics to influence change in behaviour.	ASAP	GS/LM	Y	Y
Site of Services	To be optimising the use of theatres across all three sites.	Focus on Orthopaedics Focus on extra trolleys for Singleton Scope Plastics capacity release	BO/TH/AB	Y	Y
Surgical Services Redesign/Surgical Pathways Mapping	Whole system approach to map theatres as a part of the surgical pathways- From Pre Op to discharge.	Lean management and mapping to be taken with all specialities to reduce duplications.	NK/GS	Ν	Y
Site Improvements	Singleton-Estate modifications for Day Case surgery – 8/16 trolleys	Options appraisal and Costing	JW/PH/AD	Y	Y

93% of the more than 900 respondents surveyed for the Forbes Insights/KPMG report "Business Transformation and the Corporate Agenda" saying that they have just completed, are planning or are in the midst of a business transformation.

Drivers of business transformation



BUSINESS TRANSFORMATION

