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**FRANCIS** + HUTT VALLEY DHB  
HEALTH

## Theatre Improvement and Future Capacity Planning

Sponsor Update

14 December 2016



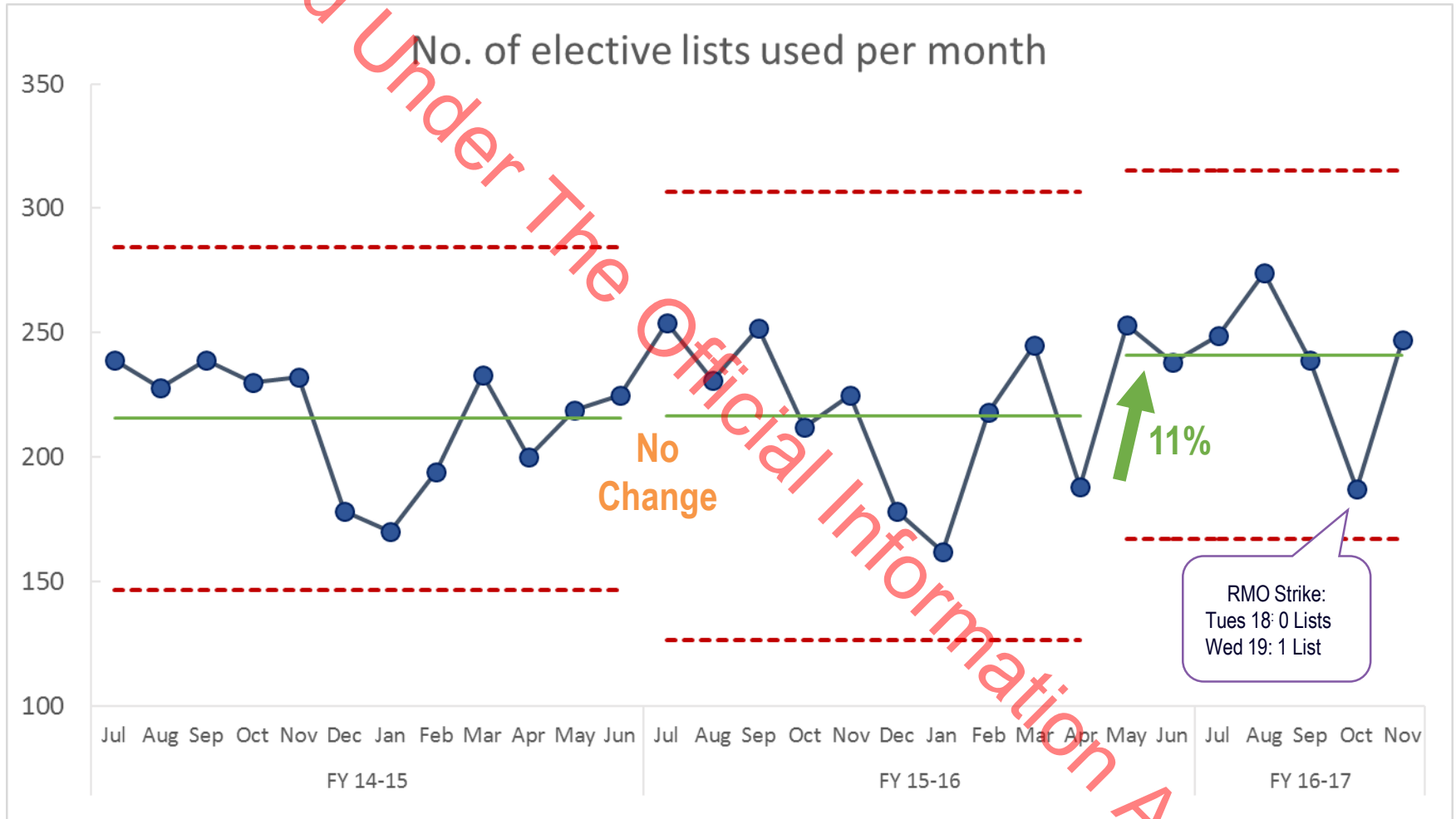
## + Contents

	Slide No.
<b>Performance Update</b>	3-6
<b>Workstream Progress</b> -Activities undertaken to 14 December 2016 -Key Activities after close of current engagement	7-9
<b>Theatre Improvement Programme Planning Considerations</b>	10
<b>Wave 2 Priorities</b>	11
<b>Proposed Approach - Timeline</b>	12
<b>External Resourcing Options</b>	13
<b>Risk/Issue Management</b>	14

## + Performance Update

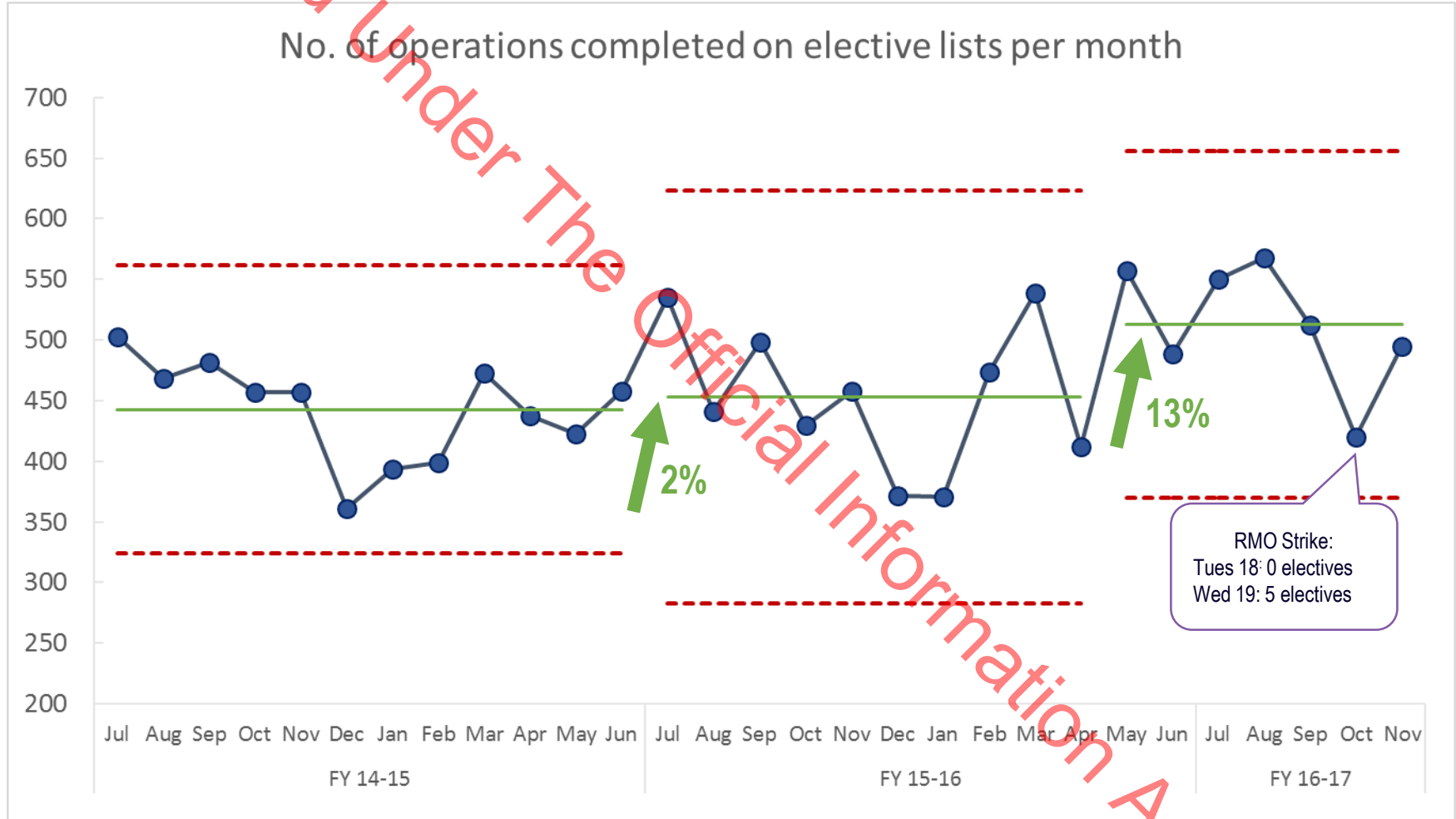
- Improvement in overall theatre performance following commencement of the theatre productivity improvement project (May – Nov 2016)
- Increase in total operations and lists used compared to last year (May-Nov 2015)
  - 4% increase in lists used
  - 11% increase in ops completed
- RMO strike in October 2016 resulted in a loss of approximately 20 lists, 40-50 operations which translates to a reduction in approximately 40-50 CWD

## + Lists Used – All Specialties



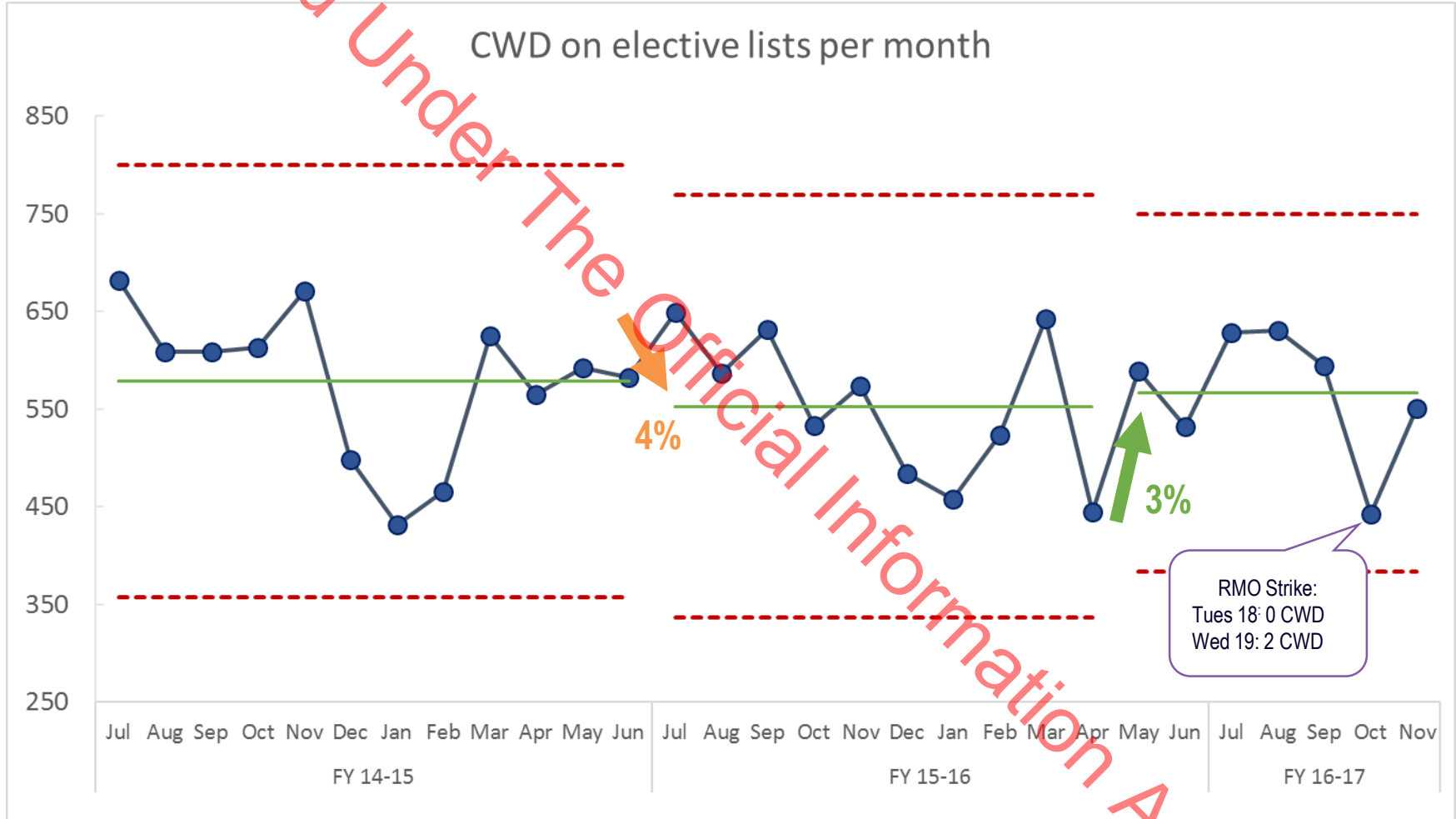
- 4% up May-Nov 16 cf. last year
- Approx. 20 lists lost because of strike

## + Operations Completed – All Specialties



- 11% up May-Nov 16 cf. last year
- Approx. 40-50 ops lost because of strike

# + Total CWD – All Specialties



- 4% down May-Nov 16 cf. last year
- Approx. 40-50 CWD lost because of strike

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## + Workstream Progress

### STATUS SUMMARY

**Red** = Off Track    **Amber** = Generally on track, minor issues    **Green** = On track

Wave 1 Priority	RAG Status	Key Achievements to 14 December 2016	Challenges and Opportunities
1. Acute and Elective Capacity	Amber	<ul style="list-style-type: none"> <li>- FY17/18 schedule modelling based on demand</li> <li>- APR airflow assessment completed</li> <li>- Additional plastics acute lists trialled</li> </ul>	<ul style="list-style-type: none"> <li>- Moving appropriate procedures out of theatre to other location may require capital and operational investment</li> </ul>
2. Flexible Roster Model	Amber	<ul style="list-style-type: none"> <li>- Reached agreement on even session times to trial within a 9 hour roster model</li> <li>- ATR for additional FTE to support current 8 hour model has been approved (in principle)</li> <li>- Detailed cost analysis undertaken to determine additional FTE requirements to implement 9 hour roster</li> <li>- High level of HR consultation to inform decisions</li> </ul>	<ul style="list-style-type: none"> <li>- Delay in approval for additional FTEs to support service delivery under current 8 hour model</li> <li>- Unable to proceed with 9 hour roster trial with existing nursing staff budget and without minimum number of willing participants</li> </ul>

## + Workstream Progress

### STATUS SUMMARY

**Red** = Off Track    **Amber** = Generally on track, minor issues    **Green** = On track

Wave 1 Priority	RAG Status	Key Achievements to 14 December 2016	Challenges and Opportunities
3. Elective booking, scheduling and list construction	Green	<ul style="list-style-type: none"> <li>- Implemented new elective booking process across three specialties – Gynae, Ortho, Gen Surg</li> <li>- Established and implemented booking and scheduling principles</li> <li>- Electronic elective booking form developed and undergoing user acceptance testing</li> <li>- Streamlined communication among CNC Liaison, CNC Theatre, SAU and Booking Office to support list management</li> </ul>	<ul style="list-style-type: none"> <li>- Challenges with construction of Ortho lists (CNC Liaison for Ortho will start 9 Jan 2017 to support improvements)</li> </ul>
4. Professional Standards	Green	<ul style="list-style-type: none"> <li>- Theatre Charter completed and launched (available on HVDHB intranet) and will be framed in theatre</li> </ul>	<ul style="list-style-type: none"> <li>- Identify interventions and KPIs to support implementation</li> <li>- Establish governance structure to oversee review and audit process</li> </ul>



## + Wave 1 Priorities – Key Activities after 16 December 2016

WAVE 1 PRIORITY	APPROACH		
	<i>Embed</i>	<i>Roll out</i>	<i>Progress</i>
<b>1. Acute and Elective Capacity</b>			<ul style="list-style-type: none"> <li>- FY 17/18 capacity modelling</li> <li>- Review of options to move appropriate activity from theatre to appropriate location</li> <li>- Develop business case/s to support decisions</li> </ul>
<b>2. Flexible Roster</b>		<ul style="list-style-type: none"> <li>- 9 hour roster model trial</li> </ul>	
<b>3. Elective Booking, Scheduling and List Construction</b>	<ul style="list-style-type: none"> <li>- Revised booking and list construction process</li> </ul>	<ul style="list-style-type: none"> <li>- Revised process implemented across remaining specialties</li> <li>- Electronic elective surgery booking form</li> </ul>	<ul style="list-style-type: none"> <li>- Visit Lakes DHB to review pre-assessment processes</li> </ul>
<b>4. Professional Standards</b>	<ul style="list-style-type: none"> <li>- Theatre charter</li> <li>- KPIs and audit approach</li> </ul>		
<b>5. Data</b>	<ul style="list-style-type: none"> <li>- Standardised measurement and reporting (i.e. theatre dashboard, data definitions, specialty level reports)</li> </ul>		

## + Theatre Improvement Programme Planning Considerations

- **Internal Resources & Skillset**
- Building internal capability to support programme delivery
  - Business Improvement & Process Design: Dawn Livesey, Rebecca Kay
  - Improvement Programme Planning & Sustainability: Tania Grieve, Lis Browne
  - Additional resources to consider: Business Analyst, Project Manager
- **External Support**
- Requirement/need for external resourcing to support the delivery of current initiatives and planning of future improvement activities

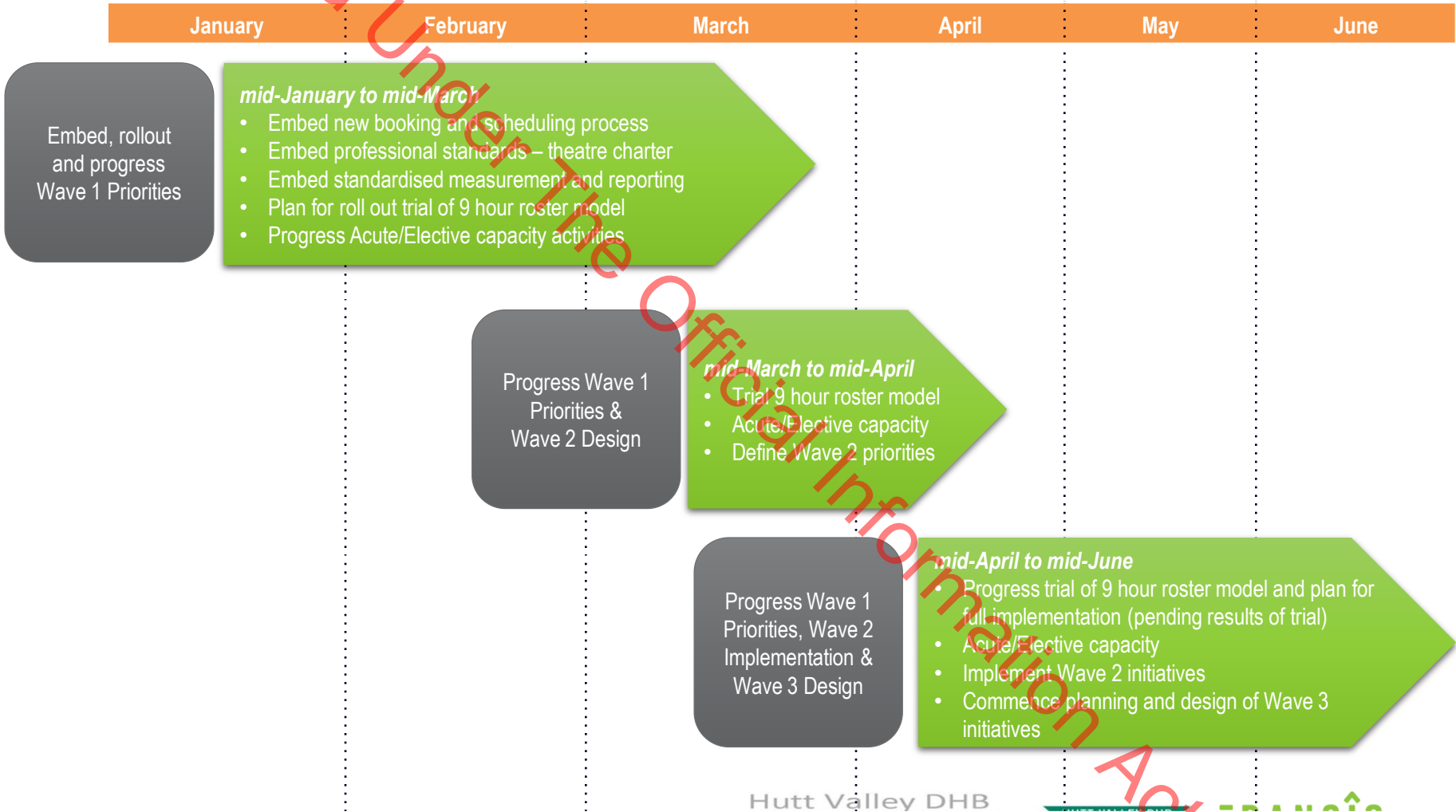
## + Wave 2 Priorities

- Timing of Wave 2 priorities will be dependent on [internal/external] support

### Options

1. Specialty Approach (i.e. identification of specialty improvement initiatives)
2. Prioritisation 'sticky dot' exercise
3. Perioperative department structure (i.e. FTEs)
4. Consistent Teams/ Flow
5. Wave 1 enhancements (i.e. preassessment process within elective booking workstream)

# + Proposed Approach: Timeline (mid-Jan to June 2017)



## + Risk/Issue Management

Risk/Issue Description	Impact	Probability	Residual Risk	Comment and Mitigation Activities
Developing models which may require unbudgeted capital expenditure	High	High	High	Prioritise models and improvements with cost saving opportunities. Early escalation of any potential issues to ELT.
Developing models which may require FTE increase	Medium	High	High	Prioritise models and improvements with cost saving opportunities. Early escalation of any potential issues to ELT.
RMO Industrial action, October 2016	Medium	High	Medium	Re-evaluate and adjust project implementation timelines
Track record of not implementing good ideas	Medium	Medium	Medium	Establish and maintain high level of involvement of ELT in all aspects of project.
Securing staff and/or union buy-in to any proposed changes	High	Medium	Medium	Engage with all staff early and provide routine updates about project progress. Utilise HR expertise.
Restructure could divert staff attention	Medium	Medium	Medium	Maintain awareness of process.
SMO and theatre staff engagement	High	Medium	Medium	Engage with all staff early and provide regular updates re project progress. Show case and celebrate improvements.