

## Theatres Cell Transformation Work

### **Theatres Cell and why:**

There are various transformational improvement programmes currently happening across the Trust. These were created during the spring time to support both the recovery from COVID-19 and a more sustainable, efficient way of working for the future.

Each of these programmes of work is being coordinated through what have been named as cells; these include the Theatres Cell, Workforce Cell, Outpatients Cell, Recovery Cell (from COVID-19) and Inpatient Cell (focusing on frailty). These were chosen of areas of focus in the belief they would bring the maximum benefits to better treatment for our patients, staff experience and ensure the Trust is more financially sustainable in the long term.

### **Why theatres?**

For many years up and down the country, there have been repeated attempts to generate productivity and efficiency in theatres. Now, with COVID-19 provoking a complete 'reset', there is an opportunity to change what we could not formally – be it engrained job plans, timetables, geographical constraints or infrastructure. We have had to be agile and innovative this year – and so it is time to truly transform, seize the opportunity to work differently and ultimately be more efficient for the maximum number of patients - improving the experience of our population around their wait for surgery and ensuring staff and estate are perfectly matched to the challenge.

### **The main drivers indicating a need to work differently include:**

**Model Hospital** – The Model Hospital can be used by anyone in the NHS from board to ward. You can explore and compare productivity, quality and responsiveness data to easily identify opportunities to improve. It compares our own performance against the rest of the country, as well as peer-matched sites.

**Getting it Right First Time** – Getting It Right First Time (GIRFT) is an NHS improvement programme delivered in partnership initially with the Royal National Orthopaedic Hospital NHS Trust and more recently has been led by frontline clinicians for each individual surgical speciality. GIRFT is designed to improve the quality of care within the NHS by reducing unwarranted variation and to date all reviews have identified opportunity for surgical specialities to reduce variation and to utilise theatre time more effectively.

By tackling variations in the way services are delivered across the NHS, and by sharing best practice between trusts, GIRFT identifies changes that will help improve care and patient outcomes, as well as delivering efficiencies such as the reduction of

unnecessary procedures and cost savings. GIRFT has previously suggested that there are a range of opportunities to be increase the number of cases operated on within theatres.

**CQC Use of Resources** – During the trust’s most recent CQC review, NHS Improvement and England for the very first time reviewed the trust on “Use of Resources”. Through this review the trust was rated as inadequate, including opportunities within the operating theatres.

**Using data dashboards** both within the Trust, and across the region, we can identify areas for improvement. We regularly utilise theatre sessions to around 70% of the available time whereas nationally we are expected to utilise the time above 85% of the time. Late starts, early finishes, and long ‘turnaround time’ between cases all contribute – and ultimately need cohesive team working both within and outwith theatres to see an improvement.

### **Trust Finance position and job plan inefficiencies**

If clinical work is not fulfilled within the best timetable, allowing the right clinician access to the right resources, to treat the right patient in the right setting – further inefficiencies result. This results in enormous additional spending on extra staff payment to cover additional operating sessions. We will deliver a comprehensive re-write of the theatre timetables cross bay, ensuring opportunities are optimised, thus reducing the need for clinicians and teams to be paid extra to work further, extra hours – preserving work-life balance, and ensuring patients are treated on time,

### **What is different this time?**

Previous theatre improvement programmes have tended to focus heavily on the theatre department itself and far less at the wider patient journey and pathway. Whilst what occurs in theatres and on the day of surgery remains critical, there are many other factors which can contribute to the efficient use of prime operating time and use of this expensive and valuable resource.

For example, how the patient is listed is key, as is the patient pre-operative assessment. In addition, where the patients are admitted to, availability of beds, arrival time of staff and patient etc. are fundamental as are other actions to a theatre being effectively utilised and safeguarding against on the day cancellation (COTD)

In the past as an organisation we have not always set our theatres up to be as effective as they could be including a lack of all day operating sessions, sometimes requiring surgeons and anaesthetists to finish clinics then operate immediately afterwards, or for teams to need to travel between sites in the middle of the day. We will be rewriting the theatre timetable from the beginning to ensure that before we even plan who works where, that this supports more effective ways of working. We will also need to link this afterwards into what is required for Outpatients clinics and

then work to put this in place through discussions with clinicians about their individual job plan (rota for doctors).

### **Focus on WGH as an elective centre**

Westmorland General Hospital (WGH) has been designated one of the 'Elective Centres' across the Integrated Care System (ICS); this is a name for all the hospitals within Lancashire and South Cumbria. The other two elective centres include Burnley and Chorley; an elective centre essentially means where all of the surgical activity is delivered that is suitable for that particular hospital or site.

The initial focus of the Theatre Cell commenced as a result of a swarm event (Workshop) with representation from senior AHP/nursing teams and senior clinicians from a range of specialities.

This has seen phase 1 of the Theatre Transformation Programme developed with much of the focus on the future estates strategy for the WGH site.

Assuming all cases which are suitable for Kendal are undertaken on site at WGH, the requirement is for three new operating theatres to be developed, two new procedure rooms and a form of enhanced recovery area for patients to be housed postoperatively. Assuming funding is forthcoming this would lead to the eventual loss of theatre 4 at Kendal as this would be de-commissioned due to its age and difficulties in maintaining this theatre. There will also be a need to maintain and potentially upgrade the Westmorland Surgical Centre as an area for minor surgery and treatments.

Whilst currently funding has not been allocated to this and is subject to funding bids which the trust have made, capital plans (Architect drawings) are being developed to enable planning to move to the next phase if funding is confirmed.

Naturally if this were to be funded there is a broader requirement to plan the workforce that is required as a result with particular emphasis on both ward staffing and provision of beds and AHP support to the WGH site including physio, Occupational Therapists and Radiographer cover.

### **Theatre Maintenance Programme of Work**

As well as developing plans to increase the numbers of theatres on the WGH site, it has long been recognised that the theatre estate particularly on the RLI and WGH site was aged and difficult to maintain. The theatre maintenance programme includes stripping each theatre one by one to bare bricks and almost rebuilding the environment including the ventilation (Air Handling Unit) to the latest specification. This will see our theatre estate slowly become fit for the future and create a much improved environment for our patients and staff.

To date this has seen one theatre at WGH already upgraded and another close to completion at the end of the year before moving on to improving theatre 1.

On the RLI site the brand new £2.5m modular theatre comes into use from the 2nd November and will be used to decant activity from the existing centenary theatres one by one, starting with theatre 4.

### **What else is the Theatre Transformation Programme also focusing on?**

In addition to the estates works which underpins the programme, much work has gone into understanding the capacity and demand around theatres. Historically this has never been undertaken to the level required and the initial outputs of this work can now clearly demonstrate what surgery needs to be delivered and where in the future.

- Capacity and Demand has led to understanding the requirement of how many new theatres and procedure rooms Kendal requires in the future. More importantly this information will support the re-writing of the theatre timetable into a fit for purpose plan which supports doctors and nursing / AHP in reducing time wasted during the day for late starts when people are having to rush from one area to another (Outpatients clinic to theatre or from another site).
- The theatre cell is also working to reduce data quality issues which can disproportionately reflect theatre performance in a negative light. This action is coordinated through a Lorenzo Theatre Management Board with senior representatives from theatres, future discussions will include x2 clinical reps from each site.
- Our Business Intelligence team have developed an advanced dashboard for looking at both how well theatres have been used and where there was opportunity to have booked more cases, evaluate cancelled operations and more importantly look ahead to what is planned to ensure sessions are fully booked against the surgeons average procedure times. Further developments include working with the company who have developed Lorenzo to be able to extract real time data into a dashboard which will enable an overview of all theatres at any one time and help rectify any challenges on the day. This work also includes being able to electronically book patients remotely for theatres and to view a ticking clock for those emergency procedures which are time critical and in some cases are nationally mandated to take place within a specific timeframe i.e. Fractured neck of femurs within 36 hours.
- Scheduling App: although many theatre projects focus on just what happens on the day of surgery, we recognise that planning which patients will be booked and the process that support this are critically important. We are therefore working to develop a 6-4-2 approach to scheduling where we look which staff are available 6 weeks before the day of surgery, confirming this at 4 weeks to enable booking teams to plan patients and to lock this down 2 weeks before. We are using technology to support this both in the form of our

dashboard which shows how well booked sessions are in advance and a scheduling app which helps booking teams in the Waiting List Office to know which patients to book based on their priority and length of time waiting for surgery.

### **People at the centre**

We have already worked with senior clinical and leadership teams to plan some of the work needed around theatres, and to have an initial strategy for how we will use the Westmorland General Hospital (Kendal) in the future - but there is much more opportunity to involve teams of staff. We plan to work with representatives of clinical teams to develop phase 2 of the programme. We want teams of staff to own how theatres run and to reduce some of the frustrations staff experience such as delays. If you are interested in helping with any of this quality improvement work, then please contact the Theatres Team.

### **Complimentary areas of work**

“Fit for theatre” and the Patient Charter. Some innovative work has been accelerated by COVID, best considered in two halves. The patient charter is being co-written across the Trust, CCG / GPPA, and patients, in order to provide a two way ‘deal’. Patients will be offered resources to help them be maximally fit for surgery and consider their options, whilst the trust will strive to provide the best care in the right setting, without waste of resources. The approach, which addresses risk factors pre surgery and is true to the ‘prehab’ model will be rolled out in primary care as the new referral pathway. Meantime, the ‘wellness’ offer, and approach around ‘every contact counts’ will be piloted on those most ‘at risk’ patients waiting for a prolonged period on the current waiting list, addressing the concerns around patient deterioration whilst waiting longer than normal. If this pilot scheme leads to enhanced wellness, and potentially patient champions, we would aim to build a peer-led coaching model towards ‘fit for theatre’ in the future. This work has already attracted attention from other geographical regions and we hope to share the benefits widely.

Within the region, we are leading the Adopt and Adapt programme which supports best practice across the Integrated Care System within Lancashire and South Cumbria. Here best practice and methods which work are shared between colleagues across Blackburn, Preston and Morecambe Bay NHS Trust.

**Innovative care pathways:** We are working with the company who provide much of our orthopaedic prosthesis to be part of a pilot scheme across a number of trusts which is designed to create “24 hour joint replacement” care pathways, limiting the length of stay for patients receiving new hips and knees whilst ensuring quality. This is to ensure that patients continue to receive the best care without the need for lengthy hospital stays, and supports the increased use of the WGH site without there being too few beds.

