

UNIT: SINGLETON  
DATE: July 2018

THEATRE IMPROVEMENT PLAN

	DATE ENTERED & ACTION AGREED	PERFORMANCE IMPROVEMENT	Timescale	Current status	Progress/ Comments	Lead
	1 WORKFORCE ISSUES					
1.1	Map capacity against funded staffing establishment	Reduce staffing overspend, increase utilisation	Apr-19		Analysis complete - needs to be re-formatted into IBG bid - improvement will be determined by level of funding available for additional staffing	JW/ MS
1.2	Recruit to existing vacancies	Reduce cancellations due to lack of theatre staff	May-18		5 new replacement staff in post up to October 2018 - new vacancies currently being advertised - no lost activity due to theatre staffing in main theatres since August 2018. 3 further new staff due to start in January 2019	LB
1.3	Work with Morriston colleagues to re-deploy theatre staff to areas of shortage wherever possible	Reduce cancellations due to lack of theatre staff	May-18		Weekly Theatre Utilisation conference call in place. Limited scope to move staff around currently due to vacancies in both units	AD
1.4	Review rostering practices and management of annual leave, sick leave, kronos	Reduce cancellations due to lack of theatre staff	Nov-18		Allocate being implemented - currently out to staff consultation - variation in shift patterns will be reduced significantly	JH
1.5	Ensure staffing issues and potential for improved activity reflected in draft IMTP.	Secure funding to improve productivity	Dec-18		Included in draft IMTP and summary paper sent to Darren Griffiths for consideration	JW
1.6	Review workforce profile - skills/ age etc and develop training & development plan for gaps	Ensure succession planning and appropriate skill mix within department	Feb-19		Not yet underway - will progress early in New Year - PADRs underway	JH/LB
1.7	Develop roles of Band 7 sisters to undertake training in Sickness Absence Management and undertaking PADRs	Manage sickness within policy and reduce levels of absence.	Oct-18		Sickness has reduced from peak of 15% in February 2018 to 6.9% in September 2018. PADR requires further improvement - approximately 60% currently	LB.
	2 CLINICAL ENGAGEMENT					
2.1	Agree and prepare regular theatre activity performance schedules for discussion with specialties/ consultants	Establish Baseline for improvement	Aug-18		Complete - performance shared with O&G consultants - changes to booking practices being implemented. Overall session utilisation being discussed through job planning.	JW/ RC
2.2	Establish local Theatre User/ Improvement Group	Identify improvement areas to focus on - establish baseline and improvement trajectories	Apr-18		In place - monthly meeting established May 2018, chaired by Unit Medical Director.	DR/JW
2.3	Project Manager to engage with Morriston clinicians on specialty by specialty to agree actions based on current performance	Target specific areas to improve theatre utilisation	Feb-19		Project Manager not yet in place	JW
	3 OPHTHALMOLOGY					
3.1	Increase pre-assessment capacity in Ophthalmology	Reduce impact of cancellations on day of surgery through urgent backfill - reduce day-of cancellations by 25% - 50% initially	Oct-18		Implemented wef from October 2018 - additional 20 PAC slots per week max	AD/JH/DL
3.2	Agree criteria for and frequency of high-volume lists once PAC capacity in place	Increase productivity and utilisation	Oct-18		Consultant agreement in place to book 7 patients on non-teaching lists and 6 on teaching lists	AD/DL

3.3	Recruit additional middle grade doctors to improve theatre backfill	Increase session utilisation	Nov-18		Advert out w/c 3/12/18 -	
3.4	Explore opportunities to increase number of ophthalmology sessions with Morriston colleagues	Co-locate eye lists to improve productivity - all day lists and reduce anaesthetic commitments	Mar-19		Initial discussion with Morriston AD (surgery) - will require full scoping/ project plan if agreed.	JW/NM
3.5	Process map patient pathway to identify potential for increased numbers per list in DSU. Secure funding for additional theatre staff dependent on outcome	Additional theatre productivity - reduction in turnover between patients.	Jan-19		Not yet started.	AD/LB/DL
3.6	Purchase additional ophthalmology trays to manage increased activity	Reduce risk of cancellations due to lack of equipment.	Dec-18		Quotes sourced - approx £30k worth of kit requiried - funding source to be agreed with execs.	JW
4 GYNAECOLOGY						
4.1	Review session cancellations for gynaecology and reasons	Increase theatre utilisation. Ensure early decision making to release capacity for other specialties if no backfill available. Develop local procedure for capturing this with clear timescales and actions	Sep-18		Revised process in place for agreeing gynae theatre backfill - need for 6 weeks notice of cancellations reinforced and monitoring in place. Not able to release these to other specialties currently due to theatre staffing levels.	JW/MM
4.2	Audit case cancellations for gynaecology and identify areas for improvement	Improve utilisation, reduce early finishes	Commence April 2018		Complete - performance shared with O&G consultants - changes to booking practices being implemented. Overall session utilisation being discussed through job planning.	JW/MB
4.3	Introduce revised process for backfilling sessions					
5 WARD/ THEATRE INTERFACE						
5.1	Review DOSA requirements and processes	Reduce late starts, overruns & turnover delaysdue to ward / portering issues.	Feb-19		Space constraints limiting improvements currently - will be resolved when PAC relocates to Morriston early in the New Year	JW/JH
5.2	Explore opportunities to increase trolley space	Reduce bed cancellations	Feb-19		Space constraints limiting improvements currently - will be resolved when PAC relocates to Morriston early in the New Year	JW/JH