

1. Reason for Action Go No Go

There is a need to find the capacity in the Day Surgery Units to accommodate patients who are being allocated to patient beds at St Elsewhere's who should be day case.

There is the potential to increase utilisation of Day surgery theatres at St Elsewhere's Trust using the St Elsewhere site more efficiently. The Trust wants to increase dedicated day case lists by creating more efficient and smarter processes. Some of the issues which are preventing the optimisation of this activity are:

- Late starts
- Early finishes
- Cancellations of lists
- Patient cancellations and DNAs on the day
- Issues with instruments and equipments
- Need to enhance staff training.

The Trust is also keen to improve turn around times between cases which will boost the flow of patients through the day surgery unit and shorten the waiting times for patients going to theatre.

PATHWAY THEME
Theatres Capacity should consider the following:

A Delivery
 Sessions often do not start on time and sometimes finish early for a variety of reasons. Cancelled operating sessions are not often picked up by other surgeons or specialities

B Quality
 Day surgery theatres (equipment and processes) need to be fit for purpose. Staff should be punctual and instruments need to be available, in good working order and staff with the appropriate level of training, knowledge and skills need to be in place when required to fulfill their role successfully in theatre.

C Cost / Throughput
 Theatre utilization is currently running at 67% (between 7th September – 25th September '09) where the optimum level should be 85% based on the national standard (Top Ten High Impact Changes); patient cancellations & DNAs on the day also need to be reduced

D Human Dimensions
 The Department wants to ensure that there is the correct level of staff with the correct level of skills in the right place at the right time to optimize the flow through the day surgery unit

Reflections:

4. Gap Analysis Go No Go

The Cause of the Problems creating gaps between initial & target state in themes A, B, C & D

A. Late Starts/Early Finishes

1. Personal disorganisation/attitude
2. Inappropriate timetable
3. Poor organisation/communication in DSU
4. Non compliance with schedule/no consequence
5. Skill mix (level of experience)
6. Lack of training (procedures)
7. No consequence of not filling schedule/lists

B. Equipment failures

8. Personal preference leads to many types of equipment
9. Lack of funding for new equipment
10. Slow roll out of procurement leads to vast array of equipment
11. No clear procedure for dealing with broken/incomplete equipment
12. Quality control
13. Inadequate organisation (cross site)
14. Lack of funding for multi site

DS Theatres not fully/effectively utilised

C. Theatre Utilisation

15. Inadequate overarching list control
16. No central booking process
17. Inaccurate contact details
18. Too many people involved in booking
19. Complex booking system (too many systems)
7. No consequence of not filling schedule/list

D. Staff Experience

20. Policy/Job description
21. Employment expectations
22. Lack of standardisation of equipment (many types)
23. Large number of specialities (= many types of equipment)
24. Competition with other Trusts (pay/banding)

Reflections:

7. Completion/Implementation Plan Go No Go

Types of Change	What	Who	Start Date	Completion Date	RAG
Projects	Investigate the possibility of new operating trolleys – arrange for loan trolleys to evaluate.	Sid James	15 Oct '09	Loan trolleys to be in use by end Oct '09	Done
	Evaluate the trial of operating trolleys and make a case	Sid James and Hattie Jacques	13 Nov '09	7 Dec '09	Done
	Investigate whether staff banding is appropriate	Charles Hawtrej	19 Oct '09	20 Nov '09	Done
	Investigate whether it is possible to employ short term contract staff rather than bank staff to cover maternity leave.	Charles Hawtrej	15 Oct '09	20 Nov '09	Done
	Carry out inventory of equipment	Sid James and Hattie Jacques	13 Oct '09	7 Dec '09	Done
	Redesign medical devices competencies	Charles Hawtrej and Sid James	13 Oct '09	Feb '10 in progress	Done
	Carry out inventory of instruments (including amnesty)	Barbara Windsor	Oct '09	Feb '10	Done
	Canvass staff and put together a new mock up rota/rotation. Trial to be agreed with Matron	Jim Dale and Joan Sims	13 Oct '09	New rota in use.	Done
Do Its	Design and implement a "delay book"	Kenneth Williams	13 Oct '09	Book in use on DSU	Done
	E-mail surgeons/anaesthetists to inform them of pre-list briefings	Kenneth Williams	13 Oct '09	E-mail sent 15 Oct '09	Done
	Standardise instrument sets	Kenneth Connor	13 Oct '09	1 Dec '09	Done
	Design book to record broken/missing instruments. Weekly meeting with CSDD to review.	Bernard Bresslaw	19 Oct '09	Book in use on DSU. Weekly meeting arranged.	Done
	Follow up lack of buy in from Surgeons for pre-list briefings	Charles Hawtrej and Sid James	ASAP	unknown	Done
	Picture board of DSU staff to be displayed	Sid James and Hattie Jacques	19 Oct '09	End Nov '09	Done

* To be addressed at Theatres Management Event

Initial State Go No Go

A Delivery **Theatres sessions often start late and finish early**

B Quality **There are many issue caused by equipment failure**

C Cost **Theatre sessions are not utilised properly**

D Human **The staff experience could be improved properly**

Reflections:

5. Solution Approach Go No Go

Cause	Solution Idea	Affects Themes	Current State	Future State	Ease/ Cost
1,3,4	08.45 and 13.15 Pre-list brief and Delay Book (to record reasons for delay)	A, C	82% late starts	28% late starts	Low
2,7,15	Part of Theatre Planning Event	A, C			Low
7	Enforce number on list	A, C	67% theatre utilisation	85% theatre utilisation	Low
15,15,17,18,19	Part of Booking Hub Event	A, C, D			TBD
9,10,14,23,3	More funding for equipment/instruments	A,D			High
8,13,23	Inventory of equipment, standardised sets and competency document	B,D	64% confident with equipment	80% confident with equipment	Low
23	Standardisation of procedures for specialities	D, a	64% confident with equipment, 56% adequately trained	80% confident with equipment, 80% adequately trained	Low
4,5,6,21,22	Roster (rotation)/correct staffing/skill mix	A,B,C,D			Low
11,12	Broken/missing instrument book and training for DSU staff 22 Oct	B, D, a	1	0	Low
24,20	Revisit job descriptions/bandings	D			High

Key: 0 Easy/Low Cost Low Not so easy/medium cost High Difficult/expensive

Reflections:

8. Confirmed State Go No Go

Monitor and track results against the measures defined in target state.

A Delivery **Late Starts 16/11/2009 - 20/12/2009**

B Quality **November 09 to February 10 no cancellations on the day due to missing/broken instruments**

C Cost **Daily Theatre Utilisation**

D Human Dimension **Staff Survey**

Reflections:

Target State Go No Go

A Delivery **Theatres sessions often start late and finish early**

B Quality **There are many issue caused by equipment failure**

C Cost **Theatre sessions are not utilised properly**

D Human **The staff experience could be improved properly**

Reflections: Need to review targets with Team

6. Rapid Experiments Go No Go

Experiment	Anticipated Effect	Actual Effect	Follow up Action
Trolley Trial	Lessen manual handling Lessen manpower necessary to move patient	Reduced manpower necessary to move patient	
Implementation of pre-list briefings	Lessen number of late starts	How many pre-list briefings are happening?	

Reflections:

9. Insights Go No Go

What Helped / Went Well ?

1. Presence of consultant
2. Visit from sponsor
3. Positive attitude of participants
4. Being on-site – to support colleagues and to be able to "go and do"
5. Being able to advance a group vision

What Hindered / Did Not Go Well ?

1. Staff not being able to participate in all 4 days
2. RIE event too close to VSA
3. Going back to ward and feeling guilty

Actions: