Trust Board Meeting : Thursday 1 November 2012

TB2012.101

Title	Business Case for the relocation, refurbishment, and re-commissioning of the Twin Theatre Complex at the NOC

Status	A paper for decision
History	Reviewed and supported by MARS Divisional Executive – 28/8/12. Reviewed by TME – 27/9/12. Reviewed and supported by Strategic Planning Committee – 11/10/12.

Board Lead(s)	Mr Paul Brennan, Director of Clinical Services			
Key purpose	**Strategy**	Assurance	Policy	Performance

Summary

1	The MARS Division is seeking approval to refurbish, relocate and re-commission the Twin Theatre Complex (acquired from BMI). This will result in the opening of two theatres on the NOC site. One theatre will replace the capacity delivered by the 'mobile' Theatre 7 on the NOC site. It will also support the Trust in its aim of optimising the utilisation of its theatre capacity to achieve better value for money, supporting the transfer of work from the JR2 theatre complex to enable its reconfiguration.
2	The total cost of refurbishing and relocating the complex and re-commissioning both theatres is £2.8 million. The project will be delivered in two phases : • Phase 1 – refurbish, relocate and re-commission a single theatre – to be completed in the financial year 2012/13 with an associated capital cost of £2,300k. • Phase 2 – re-commission the second theatre, which will become operational in June 2013, with an associated capital cost (for equipment) of £500k in the financial year 2013/14. If the Division or Trust wished to commission two additional theatres from scratch, the project costs would be in the region of £10 million, and for a single theatre £6.5 million.
3	Re-commissioning both theatres would deliver the following benefits:- • An improved overall theatre environment, therefore enhancing patient experience and quality of care; • Improved access to theatres, and improved theatre utilisation (when compared to the mobile) therefore supporting the delivery of access and cancer targets; • More efficient use of funding as work could be delivered in week, rather than through waiting list initiatives during weekends; • This initiative acts as an enabler for a number of wider Trust schemes with regard to the estate.
4	The justification for bringing into use one of the two theatres can be made purely through activity for the MARS Division. This represents Phase 1. The justification for commissioning the second theatre (Phase 2) is as follows : • Provides a safeguard in relation to the transfer of less complex Neurosurgical work from the JR site as required within the recently approved Integrated Spinal Pathway Business Case; • Provides capacity which acts as an enabler for the closure of outdated and inefficient theatre capacity within the JR2 complex; • Supports the increased theatre utilisation agenda being implemented via the Newton Project; • Enhances potential opportunities with regard to six day working and extended days.

	This development will require the following investment : • Capital Investment of £2,800k; • Revenue investment of £3,094k, including £350k cost of capital; • This funding can be offset by the following:- o Re-provision of 'mobile' capacity £2,074k; o Re-provision of waiting list initiatives' activity totalling £2,077k; o Increased productivity with up to 42 additional sessions (half day) included in the revenue investment, totalling £360k, (approximately 73 cases);
5	The major strategic risks of not utilising the potential capacity of the twin theatres are:- • Non delivery of access and cancer targets; • Non delivery of Divisional contribution.

Recommendations :

The Trust Board is recommended to approve the :

- Relocation, refurbishment and re-commissioning of the Twin Theatre Complex
- Capital investment of £2,800k (£2,300k in 2012/13 and £500k in 2013/14)
- Annual revenue investment of £3,094k (Phase 1)
- Appointment of 14.8 WTE medical and nursing staff (Phase 1)

Strategic Planning Committee Reference	**SPC2012.077**
Appendices	Appendix A – Theatre Utilisation Appendix B - Orthopaedic (MARS) Referral Rates Appendix C – Summary Orthopaedic Production Plan Appendix D – Proposed Theatre Timetable Appendix E – Financial Pro Forma
Background papers (if any)	
Action/decision required from SPC	Approval to: • Relocate, refurbish and re-commission the Twin Theatre Complex • Capital investment of £2,800k (£2,300k in 2012/13 and £500k in 2013/14). • Annual revenue investment of £3,094k (Phase 1) • Appointment of 14.8 WTE medical and nursing staff (Phase 1)
Strategic Objective(s) that the case will help deliver	SO1 – "delivering compassionate excellence" SO2 - "becoming a resilient, flexible and successful organisation" SO3 - "delivering better value healthcare" SO4 - "delivering integrated healthcare" SO6 - "delivering excellence in specialist and tertiary care"
Proposed date that revenue spend will begin:	January 2013
Proposed date that capital spend will begin:	October 2012
Conclusion of Equality Analysis	This project will improve access for all groups of patients, either directly on the NOC site, or indirectly through the freeing up of capacity on the JR site

Review Date	September 2013
Acronyms and abbreviations used	
Author (s)	Professor Andrew Carr – Divisional Clinical Director – MARS Division John Groom – General Manager – MARS Division Karen Barker – Clinical Director – Orthopaedic Directorate – MARS Division
Lead Finance Manager	Carol Ann Gourlay – MARS Division

Overview

1. A key strategic objective for the Trust is to "deliver better value healthcare". Optimising the utilisation of its theatre capacity will make a significant contribution to its delivery. There are a number of initiatives in train which will improve the current utilisation of theatre capacity. These are as follows :

    - Introduction of 6/7 day operating
    - Increasing the length of scheduled lists to a maximum of 12 hours
    - Reducing the reliance on JR2 theatres to facilitate its planned reconfiguration
    - Overall reduction in reliance on waiting list initiatives as a result of revised working practices

2. The Trust owns a Twin Theatre Complex (acquired from the BMI group) which is located on the NOC site. The opportunity exists to bring this facility into use. While this facility requires refurbishment and relocation to meet HTM (Healthcare Technical Memorandum) standards, and re-commissioning to enable it to be brought into use, this would result in the NOC site having access to a total of eight high quality theatres.

3. Investment in the relocation, refurbishment and re-commissioning of the Twin Theatre Complex will benefit both the wider Trust and the Orthopaedic Directorate in the MARS Division. The sole driver for opening the first theatre is to replace the temporary theatre, which the MARS Division has historically relied upon to meet demand, and thereby to provide essential capacity to the MARS Division. The primary driver for the second theatre is to enable the reconfiguration of the JR2 theatre complex.

Wider Trust Benefits

4. The wider benefits to the Trust of re-commissioning both theatres are as outlined below :

    - Further additional capacity to support the transfer of less complex neurosurgical work from the JR site as required within the recently approved Integrated Spinal Pathway Business Case
    - Provision of capacity which acts as an enabler for the closure of outdated and inefficient theatre capacity within the JR2 complex, and enables the number of theatres to be reduced from 10 to 6
    - Modern additional capacity to support the delivery of increased theatre utilisation via the Newton Project

5. The Trust is anticipating capital expenditure of £8.0 million in 2014/15 to support the planned reconfiguration of JR2 theatres. As part of this reconfiguration, the number of theatres will reduce from 10 to 6, and to facilitate this project additional capacity of 50 half day sessions per week is required. Opening the second theatre within the twin theatres complex would provide at least 10 half day sessions per week. The NOC site will also shortly have access to the required ward capacity to support this volume of patients as a result of an upcoming Covenant change in relation to Ward C. This will make available in the region of 14 additional bed spaces on site.

6. In addition the Trust would benefit through reducing the reserve required to fund additional waiting list session to maintain theatre capacity. The revenue

consequences of transferring activity from the JR site are broadly cost neutral as all pay and non pay resource would transfer location.

7. Specifically the half day lists most suited for transfer to/delivery from the second of the theatres are :

- 1 * Trauma elective list (soft tissues – knees)
- 2 * Trauma elective lists (hands)
- 2 * OMFS elective lists (dental)
- 1 * ENT elective list (tonsils)
- 2 * private patient lists
- 2 * Neurosurgical elective lists (simple)

Benefits to the Orthopaedic Directorate, MARS Division

8. The Orthopaedic Directorate within the MARS Division on the NOC site provides a comprehensive surgical service to treat conditions of the muscles, tendons, joints, bones and nerves. The services include :

- Hand and wrist surgery
- Hip and knee surgery
- Shoulder and elbow
- Total joint reconstruction
- Limb Lengthening surgery
- Bone Infection services
- Foot and ankle surgery
- Spinal surgery
- Primary Malignant Bone Service

9. The Orthopaedic Directorate is the primary, secondary care provider for patients from Oxfordshire, Buckinghamshire, Berkshire and Northants. Its catchment area extends beyond this area with the receipt of tertiary referrals from across the UK and from abroad. It also provides a significant private patient service.

10. The 2012/13 plan with regard to commissioned theatre activity for the service is shown in the following table :

	Annual Plan Activity			Annual Plan (£)		
	Oxon	Non Oxon	Total	Oxon	Non Oxon	Total
Elective Inpatients	2,712	1,720	4,432	13,331,937	8,513,274	21,845,211
Daycases	1,821	386	2,207	3,667,136	737,227	4,404,363
Totals	4,533	2,106	6,639	16,999,073	9,250,501	26,249,574

Theatre Capacity

11. The Orthopaedic Service uses 6 operating theatres and these are in use Monday to Friday. Theatre sessions are 8 hours in length and run continuously from 8.30am to 4.30pm. Weekend operating has taken the form of waiting list initiative sessions. These theatre sessions are 6 hours in length, and take place generally on a weekly basis across 3-4 theatres. Utilisation compares favourably with other surgical specialities within the Trust and with best practice standards. The 'needle to skin' utilisation rate is currently recorded as 87.2% year to date (Source: August ORBIT report). Theatre sessions running beyond their scheduled times are a constant feature of in–week theatre activity, and rely on the good-will of theatre staff.

12. In addition to the 6 fixed operating theatres, the Orthopaedic Directorate has relied upon access to a rented mobile theatre which has been located on the NOC site, in order to provide sufficient surgical capacity to meet demand. The footprint of this mobile unit prevented its co-location with the existing theatre complex, and its internal configuration did not provide an operating environment which leant itself to undertaking the full range of surgical procedures required. For example, the theatre has been typically used to undertake routine day case procedures. The limitations resulting from its dis-location from the main operating theatres and its use in a narrow range of procedures has meant that this theatre has not been optimally used, both in terms of when open, but also in terms of patient flow. This reduced productivity has been analysed in a number of ways including the average minutes utilised per session, and on this measure performance is 60% less efficient than the average for the six fixed theatres.

13. The size and configuration of the Twin Theatre Complex is such that it can be fully integrated into the existing theatre timetable. The configuration of this additional theatre capacity would enable the surgical teams to use this asset flexibly and enable them to undertake the full range of surgical procedures required. This would overcome the two factors which have resulted in such poor utilisation of the mobile theatre.

14. Analysis presented in Appendix A demonstrates utilisation rates by theatre. This confirms that the resulting productivity increase that could be achieved, would enable all the activity which has been delivered via the mobile theatre and also via waiting list initiative work, to be delivered in week and in normal hours.

Demand and Capacity

15. The Orthopaedic Directorate's decision to supplement its existing capacity with a rented theatre facility reflected the need to address a mismatch between demand and capacity with an increased requirement for additional operating time. Since this time referrals to the service have continued to show a year-on-year increase. This is clearly demonstrated in Appendix B with a growth in referrals from Oxfordshire of between 5% and 7% and a growth in non-Oxfordshire referrals of between 2% and 4% per annum. The MSK Triage Hub continues to appropriately triage out approximately 26% of all GP referrals received, but as the volume of referrals increasing there will therefore also be an increase in the level of surgical activity undertaken.

16. In relation to the Division's expected activity levels for the year Appendix C presents a summary of Orthopaedic's element of the Production Plan.

17. A proposed theatre timetable is shown in Appendix D.

18. In the unlikely event that referral patterns altered dramatically and the MARS Division did not require as much theatre capacity going forward, the twin theatre complex could be deployed to support patient care for the wider trust, and due to other developments on the NOC site, day case and inpatient capacity could be made available to support the needs of other specialities if required.

Risks Associated with Failure to Implement this Proposal

19. There are a number of major risks associated with failing to bring the Twin Theatre Complex into use and these are as follows :

    19.1. Access Targets – The Orthopaedic Service has a consistent history of meeting its access targets for both the 18 week wait and the median wait; and also the 62 and 31 day cancer targets. Insufficient theatre capacity will place increasing pressure on this performance and potentially jeopardise its continued delivery.

    19.2. Reputation – There is an increasing requirement to make performance information publicly available, and any sustained degradation in performance will have a negative impact both in terms of public and commissioner confidence.

    19.3. Securing Value for Money – The rental charge for the mobile theatre totals £717k per annum and utilisation of the facility for the reasons highlighted is poor. The Orthopaedic Directorate also relies heavily on weekend waiting list initiatives which are paid at premium rate. Ongoing reliance on the mobile theatre will result in the service failing to sustain productivity and cost effectiveness and therefore fail to realise revenue savings. The Division's income contribution to the Trust may also be put at risk through either reduced volumes of NHS activity and limited ability to deliver private patient work; or reduced margins due to an increased reliance on outsourcing and waiting lists initiatives to meet demand.

    19.4. Market Share – Poor performance against access targets and in consequence a poor patient experience, could impact adversely on the Orthopaedic Directorate's reputation and potentially result in work being lost to other providers.

    19.5. Quality Strategy – The proposal to bring into use one of the theatres in the Twin Theatre Complex would be entirely consistent with the Trust's patient experience domain, as outlined in the Trust's Quality Strategy (July 2012).

    19.6. Planned JR2 Reconfiguration – Opening the 8th theatre will support the proposals to reconfigure JR2 theatres, reducing the number of theatres from 10 to 6.

20. The Division continues to work closely with Newton, and in later phases of this collaborative piece of work, the expansion of more efficient theatre capacity on the NOC site will provide further opportunities to build on Newton's initial favourable analysis of productivity.

21. There is also the potential to exploit research opportunities through the alternative use of the Mayfair Ward, which was adjacent to the original location of the twin theatres, either from a quality perspective via outcome focused research or through increased income derived from trials. A separate business case is being developed to support this; with regard to the expansion of research and development

opportunities in conjunction with Botnar; and also the potential relocation of the Clinical Genetics Department from the Churchill site.

Objectives and Benefit Criteria

22. The objectives of this proposal are as follows :

22.1. To provide sufficient theatre capacity to ensure continued delivery of all access and cancer targets.

22.2. To improve overall theatre productivity and deliver a consistently high throughput for all theatres in use on the NOC site

22.3. To improve the cost-effectiveness of the Orthopaedic Directorate with an increase in the contribution delivered.

22.4. To provide additional theatre capacity, reducing the reliance on the JR2 theatre complex and facilitating its reconfiguration.

Options

23. The following options have been identified :

23.1. Option 1 - Do nothing

23.1.1. Option 1A - Mothball/sell asset and manage capacity demands via waiting list initiatives and outsourcing

23.1.2. Option 1B - Mothball/sell asset and re-provide mobile theatre

23.2. Option 2 - Refurbish and relocate twin theatres and re-commission a single additional theatre, to support activity previously managed by the mobile theatre and waiting list initiative work. (The second theatre would also be refurbished within this proposal and therefore ready for use by the Trust, but would not be furnished with any equipment);

23.3. Option 3 - Refurbish and relocate twin theatres and re-commission both additional theatres.

Option Appraisal using Benefit Criteria

24. The following table provides an overview of the implications of implementing each option and identifies a number of associated risks :

Option	Description	Benefits	Risks
1A	Do Nothing – week-end WLI/Outsource	The Division and Trust incur a relatively small cost to close down the project and could sell the asset on the open market.	The market value of the asset would need to be determined. The Division would have to rely on additional waiting list initiatives and outsourcing of work to meet access and cancer targets, sufficient capacity may not exist to support this (458 half day sessions in 2011/12).
1B	Do nothing - Re-provide Mobile Theatre	As per 1A; but delivery of access and cancer targets would be sustained; as would the	Historically throughput via a mobile theatre is less efficient, therefore combined with increased referral rates, the Division may still end up relying

		Division's historical margins in relation to income.	on additional waiting list initiative capacity.
2	Open 7th theatre within Twin Theatres Complex	Delivery of access and cancer targets would be sustained. The Divisional margin would be improved due to more efficient use of resources. Some additional capacity would be made available to either support increased demand, private patient work, or the transfer of capacity from the JR site.	Referral and inpatient patterns of activity change. Some risk that the Division would further over-perform without any guarantee of payment. There is insufficient additional/private patient work to fill capacity. The Trust is unable to transfer lists from the JR site.
3	Open 7th and 8th Theatre within Twin Theatres Complex	As per 2; but with greater capacity available to support other specialties, increased private patient work, and the transfer of capacity from the JR site to support wider Estate's strategy.	As per 2; but to a greater extent.

25. The options are appraised using the benefit criterion in the following table :

	Option 1A	Option 1B	Option 2	Option 3
Description	Do nothing – week-end WLI/Outsource	Do nothing - Re-provide Mobile Theatre	Open 7th theatre within Twin Theatres Complex	Open 7th and 8th Theatre within Twin Theatres Complex
Continued delivery of the 18 week RTT target (95th percentile)	√	√	√	√

Continued delivery of the 18 week RTT target (median wait)	√	√	√	√
Continued delivery of all cancer targets	√	√	√	√
Improved overall theatre productivity	X	X	√	√
Improved cost effectiveness of Orthopaedic Service with an increase in contribution	X	X	√	√
Provision of additional theatre capacity, reducing the reliance on the JR theatre complex, facilitating its reconfiguration	X	X	X	√

Recommended option and how it meets the case for change

26. It is recommended that option 3 is implemented. This will result in the relocation, refurbishment and re-commissioning of the Twin Theatre Complex, with both theatres being brought into use in a phased manner. This will enable the MARS Division to sustain its current performance with regard to both its access and cancer targets, and the revenue generated; and will also result in an increased contribution to the Trust, due to a reduction in the costs of service delivery. This approach will also allow the transfer of surgical activity from the JR2 theatre complex which will support reduced reliance on this theatre capacity, in line with the planned reconfiguration and reduction in the number of theatres.

27. Given that the use of the 8th theatre represents a transfer of work and will in overall terms be revenue neutral, the financial analysis focuses on the revenue implications of bringing the 7th theatre into use. This will deliver an efficiency saving of £223k, based on a comparison of expenditure by the MARS Division with regard to the mobile theatre, when compared with the expected expenditure for running the two theatres within the twin theatres complex; (£3,317k - £3,094k = £223k).

28. In summary the project would require the following:-

- Capital investment of £2,800k;
- Revenue investment of £3,094k, including £350k cost of capital;
- This funding can be offset by the following:-
    - Re-provision of ‘mobile’ capacity £2,074k;
    - Re-provision of waiting list initiatives’ activity totalling £2,077k;

- Increased productivity with up to 42 additional half day sessions included in the revenue investment, totalling £360k, (approximately 73 cases).

- Further potential revenue streams not explored as part of this paper include:-
  - Increased private patient income for the MARS Division, which is currently forecast to be £260k below last year's performance

Detailed Financial Analysis of Preferred Option

29. The following table assesses the financial implications of each option, comparing these against the baseline position. The baseline position identifies the costs of using the mobile theatre at the NOC and the income generated.

		Baseline – Mobile Theatre in Use	**Do nothing – WLI /Outsource**	**Do nothing - Rent Mobile**	**Bring 7th Theatre within Twin Theatre Complex into use**
Income		4,151	4,151	4,151	4,511
Expenditure					
Theatre staff					344
Medical staff					342
IP Bed costs		187	187	187	226
Consumables		1,728	1,728	1,728	1,771
Facilities Costs					25
WLI expenditure MARS		472	1,156	472	
Anaesthetics costs - 7th theatre		213		213	
Mobile Theatre Rental		717		717	
Equipment Maintenance (post-warranty)					36
Capital charges					350
Total expenditure		***3,317***	***3,071***	***3,317***	***3,094***
Net Contribution		**834**	**1,080**	**834**	**1,417**

Revenue Costs

30. Bringing the 7th theatre into use would incur annual revenue costs of £3,094k, consisting of pay costs of £912k, non-pay costs of £1,832k and capital charges of £350k. The capital charges are inclusive of the equipment for theatre 8. The annual cost of using the mobile theatre would be £3,317k. As such the use of the 7th theatre would deliver annual revenue savings of £223k.

30.1. Pay Costs – The annual pay costs are analysed below. The implementation of this workforce plan will be achieved through using existing staff more cost effectively together with the recruitment of additional staff.

30.1.1. Consultant surgical staff – Existing surgical staff will have 6 additional PAs incorporated into their job plans, to cover scheduled in-week theatre commitments.

30.1.2. Consultant anaesthetic staff – Recruitment of 1.5 WTE additional consultants

30.1.3. Middle grade surgical staff – In-week theatre lists will be undertaken by 1.5 WTE middle grade surgeons who will run parallel lists alongside their consultant surgeons.

30.1.4. Theatre and recovery nursing staff – 11.8 WTE additional nursing staff will be required to deliver the planned capacity.

30.1.5. Ward–based staffing costs – While a budget of £226k is required to support staffing additional ward beds, no additional appointments are envisaged to deliver this.

STAFF GROUP	£'000	WTE
Consultant Surgical Staff	78.0	0.60
Consultant Anaesthetic Staff	195.0	1.50
Junior Medical Staff	69.0	1.50
Theatre Nursing Staff	210.0	7.08
Recovery Nursing Staff	134.0	4.72
Ward Beds	226.0	
Total Pay	912.0	15.40

30.2. Non-pay costs – The non-pay costs of £1,832k relate to the costs of theatre consumables and implants, ward based non-pay costs, equipment maintenance, and £25k in relation to estates costs.

Capital Costs

31. Total capital cost of £2,800k will be incurred to re-provide Theatre 7 and 8 and to equip them.

Cost of Capital

32. The cost of capital is £350k, based on an asset life of 10 years for the building and 6 years for the equipment, and a 3.5% cost of capital

Income

33. Additional capacity will be provided as a result of this development, which will enable capacity and demand to be brought into balance. Additional income of £360k is associated with this.

Contribution

34. The preferred option is a conservative estimate, but delivers a net contribution of £1,417k, with the capacity to deliver additional activity at marginal cost, thus further increasing the contribution to the Division.

Market Assessment (including commissioner discussions)

35. Referral rates for Oxford and other commissioners have been reviewed. Depending on the time period reviewed this assessment shows an increase of between 5% and 7% for Oxfordshire referrals and 2% and 4% for non Oxfordshire referrals.

36. The NHS Operating Framework 2012/13 requires that the 18 week RTT is delivered at speciality level. Commissioners have routinely invested in the additional capacity required to deliver 18 weeks. Oxfordshire PCT and its associates have made additional investment to deliver 18 weeks in 2012/13.

Benefits Realisation

37. The table below shows the quantifiable benefits of the proposal and the plan for achieving them.

Benefit	Performance Measure	Current Value	Target Value	Target Date
Continued delivery of 18 week wait (95th percentile)	18 week wait	17.9 weeks	18.0 weeks (National) 17.5 weeks (Local)	Seek to maintain, but expect to deliver from project completion – March/April 2013
Continued delivery of 18 week median wait	18 week median wait	10.8 weeks	11.1 weeks (National) 10.6 weeks (Local)	As above
Cancer targets	Percentage of patients receiving treatment (surgery) within 31 days (Q005)	95.38%	94% (National) 95.5% (Local)	As above

Cancellations	Last minute cancellations as a percentage of all elective work	0.78%	0.8% (National) 0.7% (Local)	As above
Theatre utilisation	Total utilisation rate – (A029)	94%	80% (Trust) 90% (NOC site)	As above

Management of Risks of Implementation of Proposal

38. The table below lists the risks that would remain if the proposal is agreed and the plan to manage them.

Risk	Impact (I)	Likelihood (L)	Total (Ix L)	Mitigating Action	Residual Risk	Contingency plan to address risk
Completion of development to time	5	2	10	Detailed planning of the development has been undertaken. Progress against this plan will be subject to consistent and regular review.	4	
Completion of development within the financial envelope	5	2	10	A 15% construction/planning contingency has been included in the capital allocation for the development	4	
Disruption to throughput in theatres while relocation, refurbishment and recommissioning are being undertaken	3	1	3	Orthopaedic Service have developed a detailed implementation plan to support implementation	1	
Timeliness of recruitment for theatre	3	2	6	Dedicated advert for theatre and recovery staff.	2	Focused and specific HR support to ensure recruitment

and recovery nursing staff						proceeds in a timely and responsive fashion.
Timeliness of recruitment of anaesthetic medical staff	4	2	8	Dedicated process being managed by the Directorate Director and Operational Services Manager	4	

Implementation Plan

ACTION	TIMELINE
Divisional Board Approval	28/08/12
Initial Endorsement by Trust Management Executive	27/9/12
Approval by Strategic Planning Committee post inclusion of case for re-commissioning the second theatre	11/10/12
Approval by Trust Board	1/11/12
RELOCATE, REFURBISH AND RECOMMISSION THE TWIN THEATRE COMPLEX	
Planning application approval	10/7/12
Construction on site	Preliminary works – 16/7/12
Handover and Commissioning – Phase 1	March/April 2013
First Theatre Operational (Phase 1)	April 2013
Second Theatre Operational (Phase 2)	June 2013
PURCHASE OF EQUIPMENT – PHASE 1	
Obtain Quotes for Required Equipment	September/October 2012
Approval to Place Order	5/11/12
Place Order	6/11/12

Equipment delivered	28/1/12
Equipment Commissioned and Staff Trained	March 2013
Equipment available for use	April 2013
RECRUITMENT – MEDICAL	
Agree job plan changes	Sept/Oct 2012
Advertise for locum appointments (Anaesthetics/Junior medical staff)	Oct 2012
Interview	Nov 2012
Appointee to start	May 2012
RECRUITMENT – NURSING	
Adverts placed	Oct 2012
Interviews undertaken	Nov 2012
Substantive staff start work	Jan/Feb 2012
PURCHASE OF EQUIPMENT – PHASE 2	
Obtain Quotes for Required Equipment	February/March 2013
Approval to Place Order	01/04/13
Place Order	5/04/13
Equipment delivered	17/06/12
Equipment Commissioned and Staff Trained	June 2013
Equipment available for use	End June 2013
TRANSFER OF ACTIVITY (JR TO NOC) – PHASE 2	
Review of inpatient/daycase work by specialty	February/March 2013
Pathways and administration agreed	April 2013
Additional ward capacity commissioned	May 2013

Staff orientation	May 2013
Specific site and equipment training	June 2013
Initial cohort of patients treated	June 2013

When and how will the impact and intended effect be reviewed and reported on?

39. A project team has been established and implementation will be monitored on a weekly basis to ensure delivery to the specified timescales. Performance against targets will be monitored through reports to the Directorate and Divisional Executive on a monthly basis.

Conclusion

40. The Orthopaedic Directorate of the MARS Division based on the NOC site have permanent access to 6 theatres. In order to meet demand for the service, this capacity has been supplemented by the use of an on-site mobile theatre. The opportunity now exists to re-provide this theatre capacity by bringing the Twin Theatre Complex into permanent use. This would give the service access to 7 co-located theatres on a routine basis. The re-commissioning of the second of the two theatres would provide additional operating capacity which would support the capacity requirements of other surgical specialities within the Trust and would allow reliance on JR2 theatre capacity to be reduced to support its planned reconfiguration.

41. The use of the Twin Theatre Complex would enable the Trust to reconfigure current service provision, eliminating some of the reliance on waiting list initiative sessions paid at premium rate and improving overall theatre utilisation.

Recommendations

42. The Trust Board is recommended to approve :

    42.1. Bringing the Twin Theatre Complex into use, giving the Orthopaedic Directorate on the NOC site, routine access to an additional 7th theatre, and providing an 8th theatre to provide operating capacity for other surgical specialities which will support the reconfiguration of the JR2 theatre complex.

    42.2. Capital investment of £2,800k to refurbish, relocate and re-commission the Twin Theatre Complex (for Phase 1 and Phase 2).

    42.3. Annual revenue investment of £3,094k (for Phase 1).

    42.4. The appointment of 14.8 WTE staff (including 1.5 WTE anaesthetic consultant staff, 1.5 WTE junior medical staff, 11.8 WTE theatre and recovery staff and 6.5 WTE ward based staff (to support activity for Phase 1).

Professor Andrew Carr, Divisional Director, MARS

Karen Barker, Clinical Director, Orthopaedic Directorate, MARS

John Groom, General Manager, MARS

Paul Brennan, Director of Clinical Services

October 2012