

Trust Board Meeting: Wednesday 13 November 2013

TB2013.138

Title	Post Implementation Review : Twin Theatres Development at the NOC
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Status	For information
History	Implementation review of the Twin Theatres development was presented to the Trust Management Executive on 10 October 2013

Board Leads	Mr Andrew Stevens, Director of Planning and Information			
Key purpose	Strategy	Assurance	Policy	Performance

Executive Summary

1. The Trust undertakes implementation reviews of its approved business cases. An implementation review has been completed for the Full Business Case for the development of the Twin Theatres at the NOC. This development was approved by the Trust Board on the 1 November 2012.

2. This review assesses the implementation of the development against the :

- Proposed timescales
- Agreed revenue and capital allocations
- Additional income targets
- Planned manpower requirements
- The anticipated benefits that would be realised

Where implementation has been at variance with the agreed plan, this has been quantified and explained.

It highlights unanticipated issues that have arisen in the course of implementation and opportunities for organisational learning. This will inform the future development and implementation of business cases.

3. Recommendation

The Trust Board is asked to note the contents of this report.

Implementation Review of the Twin Theatres development at the NOC

1. Purpose

- 1.1. The Trust undertakes implementation reviews of approved business cases to :
 - Provide an assessment of the extent to which the objectives and benefits of the case have been achieved within the agreed timescales and financial envelope
 - Audit the operation of the business case process to ensure that clear criterion for decision-making are explicit in the overall process
 - Provide assurance that decision making is underpinned by risk assessments which appropriately address clinical, non-clinical and financial risks at a strategic level
- 1.2. This paper presents the implementation review completed for the Business Case for the relocation, refurbishment, and recommissioning of the Twin Theatre Complex at the NOC.
- 1.3. This business case was approved by the Trust Board on 1/11/12.

2. Background

- 2.1. The business case proposed the refurbishment, relocation and recommissioning of a twin theatre complex. This would replace the use of a mobile theatre on the NOC site. This would result in the opening of two additional theatres on the NOC site, increasing its theatre complement from six to eight theatres.
- 2.2. A phased implementation was proposed :
 - Phase 1 – refurbish, relocate and re-commission a single theatre to support activity for the NOC surgical services in 2012/13
 - Phase 2 – re-commission the second theatre which would support the transfer of less complex neurosurgical work from the John Radcliffe site and provide capacity to support the refurbishment and reconfiguration of the JR2 theatres in 2013/14
- 2.3. The re-commissioning of both theatres would realise a number of benefits for the surgical services, namely :
 - An improved theatre environment, therefore enhancing patient experience and quality of care
 - Improved access to theatres, and improved theatre utilisation 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

3. Implementation Review

- 3.1. The implementation review is shown in Appendix 1.
- 3.2. The review provides an assessment of delivery against :
- Agreed timescales
 - Revenue and capital allocations
 - Additional income targets
 - The planned manpower requirements
 - The anticipated benefits that would be realised
- Any variances from plan are quantified and explained.

4. Conclusions

- 4.1. The review highlights a number of risks e.g. resourcing medical manpower which impacted more adversely than had been anticipated on implementation. It also highlights the opportunities for organisational learning arising from this development e.g. the approach to waiting list management needed greater rigour. These issues will be used to inform the future planning and implementation of schemes.

5. Recommendation

- 5.1. The Trust Board is asked to note the contents of this report.

Mr Andrew Stevens
Director of Planning and Information

Report prepared by:

Mr John Groom
General Manager, MARS

October 2013

Appendix 1 – Implementation Review of the Twin Theatres development at the NOC

Business Case Reference		SPC2012.077/TME2012.086
Business Case for the relocation, refurbishment, and re-commissioning of the Twin Theatre Complex at the NOC		
Date of Trust Board Approval		1/11/12
Implementation Plan		
The business case proposed the following timescales for implementation. Please comment on the delivery of these timelines.		
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	Business case required further review as per dates above, resulting in the preliminary works being delayed until the Autumn
Handover and commissioning – Phase 1	March/April 2013	Handover was planned for March/April, but due to above was achieved in May.
First theatre operational (Phase 1)	April 2013	Achieved mid-May
Second theatre operational (Phase 2)	June 2013	Achieved mid-May (brought forward to support patient pathways)
PURCHASE OF EQUIPMENT – PHASE 1		
Obtain quotes for required equipment	September/October 2012	Achieved in November
Approval to place order	5/11/12	Achieved end of November
Place order	6/11/12	Orders placed through November to March 2013
Equipment delivered	28/1/12	Deliveries received through January to April
Equipment Commissioned and Staff	March 2013	Achieved through

Trained		March to May
Equipment available for use	April 2013	Achieved mid-May
RECRUITMENT – MEDICAL		
Agree job plan changes	Sept/Oct 2012	Planned during November and December, agreed ahead of commissioning theatres in February and March
Advertise for locum appointments (Anaesthetics/junior medical staff)	Oct 2012	Not achieved for Anaesthetic staff – recruitment adverts for additional Anaesthetic staff now (August) about to be published
Interview	Nov 2012	As per above comment
Appointee to start	May 2012	As per above comment
RECRUITMENT – NURSING		
Adverts placed	Oct 2012	Achieved
Interviews undertaken	Nov 2012	Achieved
Substantive staff start work	Jan/Feb 2012	Achieved where feasible/appropriate – cost effective employment dates implemented to manage staff budget
PURCHASE OF EQUIPMENT – PHASE 2		
Obtain quotes for required equipment	February/March 2013	Achieved (brought forward to support patient pathways and reduce lead times)
Approval to place order	01/04/13	Achieved
Place order	5/04/13	Achieved
Equipment delivered	17/06/13	Achieved – brought forward to facilitate commissioning of theatre in mid-May
Equipment commissioned and staff trained	June 2013	Achieved mid-May
Equipment available for use	June 2013	Achieved mid-May
TRANSFER OF ACTIVITY (JR TO NOC) – PHASE 2		
Review of inpatient/day case work by specialty	February/March 2013	Achieved Q1 2013/14
Pathways and administration agreed	April 2013	Achieved Q1 2013/14
Additional ward capacity commissioned	May 2013	Under review in Q2 2013/14 – as part of overall Trust strategy in

		relation to access standards and reconfiguration of JR2 Theatres
Staff orientation	May 2013	Implementation in Q2 2013/14
Specific site and equipment training	June 2013	Delivered for some staff, and planned for others in remainder of Q2
Initial cohort of patients treated	June 2013	Achieved – in terms of some appropriate activity transferring from the JR to the NOC site, not yet achieved for specialties distinct to Orthopaedics
Recruitment		
The business case described the requirement for the additional staff listed below. Please explain any variances from this plan.		
0.6 WTE consultant surgical staff (additional PAs)	Partially achieved, operational cover delivered.	
1.5 WTE consultant anaesthetic staff	Recruitment proved challenging and now being managed via the MARS Division	
1.5 WTE Junior medical staff	Partially achieved, operational cover delivered.	
7.08 WTE theatre nursing staff	Partially achieved, recruitment has proved challenging, operational cover delivered in part through the use of agency staff – though Directorate still underspent on pay ytd.	
4.72 WTE recovery nursing staff	Partially achieved, operational cover delivered in part through the use of agency staff – though Directorate still underspent on pay ytd	
Staff for wards beds (while no additional appointments were anticipated, additional costs were identified). Please comment on the delivery of this requirement.	Since mid-May the existing resources for the Wards have been able to manage, in part due to being unable to run all eight theatres due to difficulties in resourcing anaesthetic support.	
Finance		
Revenue		
The business case proposed additional pay costs of £725k in 2013/14 and annually thereafter. Please confirm the additional pay costs for 2013/14 and explain any variance from plan.	Theatre costs were £344k of the additional pay costs, and to September the cost of additional theatre staff (incl agency premium) is £158k (annual £314k). Anaesthetic costs in the BC were £195k (15 PA), and to end Sept an average of	

	<p>5PA has been expended – at a cost to date of £24k. Recruitment of dedicated orthopaedic anaesthetists for the NOC site is progressing, but we assume these will not be in place until the last quarter of the year. £147k was identified for additional surgeon PAs and junior medical staff. There have been no additional permanent consultant PAs at present (although see note below regarding the additional sessions which have provided the resources needed to date). With the current job planning round, and progressing 2 new consultant appointments, we anticipate that the 6 PAs will commence in December. However this will depend on the anaesthetic cover as noted above. The junior medical staff are not yet in post, but we anticipate that they will be in post from January 2014. There has been no additional ward nursing cost incurred (£39k in BC).</p> <p>Thus in total the pay costs to date (September) have been £269k (including the additional sessions), with an estimated cost for 13/14 of £527k.</p>
<p>The business case proposed additional non-pay costs of £454k in 2013/14 and annually thereafter. Please confirm the anticipated non-pay costs for 2013/14 and explain any variance from plan.</p>	<p>Of the £454k non-pay, £350k was capital charges, with an estimated actual in 13/14 of £322k (based on 92% spend against original plan). The facilities costs, mainly cleaning proposed at £25k is now £70k (for both theatres. Consumable costs (£43k), and maintenance costs (£36k) are on plan.</p>
<p>It was anticipated that the above costs would be offset by a reduction in payments for waiting list initiatives and rental of a mobile theatre, with annual savings of £685k and £717k respectively from 2013/14 onwards. Please comment on their delivery to date.</p>	<p>The mobile theatre savings have been achieved, as this was taken off-site in 12/13. There has been a lower level of additional sessions, with payments totalling £87k for the 6 months to September, £55k of which was for the 3 months to June.</p>
<p>The business case anticipated additional income of £360k annually from 2013/14 onwards. Please comment on its delivery in 2013/14.</p>	<p>The additional income of £360k was based on 34 additional inpatients and 92 additional day cases. Comparing Apr-Aug activity for 12/13 and 13/14, there has already been 45 additional IP, and 94 additional day cases. However tariff and casemix movements have meant that</p>

		income is down £310k in 13/14 compared to the same period in 12/13. The casemix has in part been driven by the need to maintain the 18wk performance, and we expect this to improve over coming months.	
Capital and Space Requirements			
Additional capital expenditure of £2,800k was approved, with expenditure of £2,300k planned for 2012/13 and £500k expenditure planned for 2013/14. What expenditure was incurred in 2012/13 and 2013/14 respectively? Please explain any variances from plan.		In total the capital spend to date (end August) has been £2,573k, with £2,190k in 12/13 and £383k in 13/14.	
Benefits Realisation			
The business case proposed the realisation of the following benefits, please comment on their delivery.			
Benefit	Target Value	Timeline	Delivery
Continued delivery of 18 week wait (95th percentile)	18.0 weeks (National) 17.5 weeks (Local)	Seek to maintain, but expect to deliver from project completion – March/April 2013	Currently being achieved, despite limited capacity and operational challenges around backlog of patients
Continued delivery of 18 week median wait	11.1 weeks (National) 10.6 weeks (Local)	As above	National target currently being achieved, but challenging due to above
Cancer targets	94% (National) 95.5% (Local)	As above	Currently being achieved
Cancellations	0.8% (National) 0.7% (Local)	As above	Currently being achieved
Theatre utilisation	80% (Trust) 90% (NOC site)	As above	Trust target being achieved, NOC local target not achieved – August ytd performance at 84.8%
The business case proposed a revised theatre timetable which specified the users of all 8 theatres. Please provide an updated timetable which indicates the current use of the theatres.			
Currently all theatres being used by MARS Division as part of local recovery plan. Review to take place to determine medium term approach to the use of Theatre 8, but specialties other than Orthopaedics have developed plans in conjunction with colleagues on the NOC site to utilise capacity, in particular to support reconfiguration of JR2 Theatres.			
Learning points			
Please describe any learning points from the implementation of your business case which can be shared with others.			

In hindsight a more forensic approach to identifying in advance the real 'backlog' created by temporarily reducing from seven to six theatres could have improved decision making. The issue of backlog now being addressed trust-wide through a central review incorporating analysis from the IMAS model.

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Date:	7/10/13