# Trust Board Report

<table>
<thead>
<tr>
<th>Meeting Date:</th>
<th>17th January 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title:</td>
<td>Theatre Expansion</td>
</tr>
<tr>
<td>Executive Summary:</td>
<td>Business Case for the Provision of Additional Operating Theatre Capacity at the Royal Wolverhampton Hospitals NHS Trust</td>
</tr>
<tr>
<td>Action Requested:</td>
<td>Information / Approval</td>
</tr>
<tr>
<td>Report of:</td>
<td>Chief Operating Officer</td>
</tr>
<tr>
<td>Author:</td>
<td>Vivien Hall</td>
</tr>
<tr>
<td>Contact Details:</td>
<td>Tel 01902 695958 Email <a href="mailto:Vivien.Hall1@nhs.net">Vivien.Hall1@nhs.net</a></td>
</tr>
<tr>
<td>Resource Implications:</td>
<td>Individual Business Cases have previously been presented for the following two investment proposals and approved in principle:</td>
</tr>
</tbody>
</table>
| | 1. **Trust Board 14th June 2010**  
Modular build of twin theatres and recovery room adjacent to existing main theatres  
- Capital costs - £3,245,151  
- Revenue costs (including capital charges) £365,712 per annum |
| | 2. **Trust Management Team 5th November 2010**  
- Nurse staffing levels required for modular twin theatres and five bedded recovery room based on delivery of 2010/11 activity plan. Recruitment underway  
- Rationale and costing for the implementation of a new role of Assistant Theatre Practitioner. Recruitment underway  
- Nurse staffing levels to staff twin theatres to full capacity (20 sessions per week). Await further business case justification |
<p>| Public or Private: | Public Session |
| References: | Divisional Management Team |</p>
<table>
<thead>
<tr>
<th>Appendices/ References/ Background Reading</th>
<th>Attachment 1 – Full Business Case and appendices including financial schedules</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NHS Constitution:</strong> (How it impacts on any decision-making)</td>
<td>In determining this matter, the Board should have regard to the Core principles contained in the Constitution of:</td>
</tr>
<tr>
<td></td>
<td>- Equality of treatment and access to services</td>
</tr>
<tr>
<td></td>
<td>- High standards of excellence and professionalism</td>
</tr>
<tr>
<td></td>
<td>- Service user preferences</td>
</tr>
<tr>
<td></td>
<td>- Cross community working</td>
</tr>
<tr>
<td></td>
<td>- Best Value</td>
</tr>
<tr>
<td></td>
<td>- Accountability through local influence and scrutiny</td>
</tr>
<tr>
<td><strong>Background Details</strong></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>See Attachment – Combined Business Case for the Provision of additional Operating Theatre Capacity at the Royal Wolverhampton Hospitals NHS Trust and associated workforce requirements including the introduction of a new role of an Assistant Theatre Practitioner.</td>
</tr>
</tbody>
</table>
## TITLE OF PROPOSAL
 Provision of additional operating theatre capacity and associated theatre workforce at The Royal Wolverhampton Hospitals NHS Trust including the introduction of a new role of Assistant Theatre Practitioner

## EXECUTIVE SUMMARY

Following a period of sustained growth in the elective and emergency surgery caseload at The Royal Wolverhampton Hospitals NHS Trust (RWHT), operating theatre capacity within the Critical Care Services Directorate has become increasingly challenged and flexibility to respond the changes in demand beyond planned activity severely constrained.

Outturn activity for 2009/10 was 33,953 elective and emergency surgery spells and this was delivered by theatre list overruns, the provision of additional theatre lists and the outsourcing of work within a small number of specialties.

The Trust’s Long Term Financial Model (LTFM) clearly articulates the expected increase in commissioned elective activity, year on year, over the next six years. Modelled into this activity is the impact of a service development for Cancer Services in Head and Neck and Gynaecology both of which consume a major share of theatre capacity. It is anticipated that these developments will be implemented in 2011 (source Integrated Business Plan).

Significant progress has been made during 2009/10 to improve the efficiency of theatre utilisation and this has enabled the repatriation of six operating lists from Cannock Hospital back to RWHT for Orthopaedic surgery alone. This work has required theatre lists to be rescheduled and the adjustment of Consultant job plans for several surgical specialities. The continued implementation of the Productive Theatre Programme will build on the efficiencies secured to date and will leverage further gains in productivity and improvements in the patients’ experience over the coming months.

Following presentation of a robust options appraisal at the Trust Board in June 2010 the Trust took the decision to progress the purchase of two modular theatres with adjoining recovery capacity. This capital project is now underway and on schedule to be commissioned and to be fully operational on the 4th May 2011.

As outlined in paragraph two above, delivery, to date, of this activity has been through recourse to overtime which has had a deleterious impact on both the work life balance of staff and also the Directorate’s ability to operate within budget. The opening of the twin modular theatres and recovery area in May 2011 will provide this capacity during the standard working day remove these challenges, however, a commensurate increase in the theatre workforce (nurse and Consultant Anaesthetist) is required to support this.

Both nationally and locally, recruitment to Band 5 theatre nurse vacancies has become increasingly challenged over the last two years and the business case to TMT in November 2010 articulated the case for workforce redesign and the introduction of the role of an Assistant Theatre Practitioner as an integral part of the investment required to support the twin modular theatres and address the lack of trained theatre staff (which is a national issue).
The case presented in November identified the trained nurse and Consultant Anaesthetist resource required to support:
- the initial demand based on the RWHT 2010/11 activity plan (12.5 sessions)
- the costs and rationale for the implementation of a new role of an Assistant Theatre Practitioner
- the additional staff required to operate a further 6 sessions which will support agreed service developments

The November 2010 TMT gave delegated authority to the Chief Operating Officer and Director of Finance and Information to move forward with the staffing investment decision and recruitment is underway to support the provision of the 2009/10 activity levels (12.5 out of 20 sessions in twin theatres) as of 4th May 2011. Recruitment has also commenced to support the development and implementation of the Assistant Theatre Practitioner role.

This business case now articulates the revenue costs of the investment detailed above.

**PROJECT LEAD (ACCOUNTABLE OFFICER)**

Marion Washer: Directorate Manager Critical Care Services
Beverley Morgan, Matron Critical Care Services Directorate
1. BACKGROUND INFORMATION

Theatre Stock

The Royal Wolverhampton Hospitals NHS Trust (RWHT) currently has twenty one operating theatres that support surgical activity for the following specialties:-

<table>
<thead>
<tr>
<th>Location</th>
<th>No. of theatres</th>
<th>Service Specialties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nucleus</td>
<td>8</td>
<td>Orthopaedics (Elective)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Orthopaedic Trauma</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ENT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Maxillo Facial</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Colorectal</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Upper GI</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Urology, General Surgery, Emergency Vascular</td>
</tr>
<tr>
<td>Beynon</td>
<td>3</td>
<td>Day Surgery /23 hour stay for all specialties (excluding Cardiothoracic)</td>
</tr>
<tr>
<td>Beynon</td>
<td>2</td>
<td>Gynae</td>
</tr>
<tr>
<td>Wolverhampton Eye Infirmary</td>
<td>2</td>
<td>Ophthalmic Surgery</td>
</tr>
<tr>
<td>Heart and Lung Centre</td>
<td>4</td>
<td>Cardiothoracic (Theatres 1-3)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Vascular (Theatre 4)</td>
</tr>
<tr>
<td>Maternity</td>
<td>2</td>
<td>Obstetrics/second theatre suitable for emergencies at time of pressure only</td>
</tr>
</tbody>
</table>

Ideally, each theatre should be specifically equipped to accommodate the surgical specialty conducting work within it; however, significant service expansion has necessitated several surgical specialties being accommodated in each theatre which has resulted in the mobilisation of equipment and theatre teams across the site with the inevitable inefficiencies such arrangements bring.

1.1 Nucleus theatres conduct elective sessions between 09.00hrs and 17.30hrs. There is a long established culture of session overruns of which the vast majority are unplanned and which are dependent upon the goodwill of the theatre team to work until the operating session is completed. See Appendix 1

There is a designated 24 hour emergency theatre facility (Theatre 4) and a trauma service (Theatre 6) that is operational from 13.30 – 21.00hrs Monday to Friday and 09.00 – 18.00hrs Saturday and Sunday.

1.2 Beynon Day Case Theatres conduct elective sessions for all specialties, excluding Cardiothoracic. The sessions run from 09.00 – 17.30hrs, Monday to Friday. As with Nucleus theatres there is a long established culture of session overruns.

There is a designated emergency theatre for Gynaecology surgery that runs from 14.00 – 17.30hrs Monday to Friday.
1.3 **Wolverhampton Eye Infirmary** conducts elective sessions for Ophthalmic surgery between 09.00 – 17.30hrs Monday to Friday with the exception of Paediatric elective surgery which is conducted in the Beynon Day Case Theatres. Emergencies are accommodated into the sessions when required during day time hours. Out of hours emergencies are accommodated within Nucleus theatres.

1.4 **Cardiothoracic Theatres** (1, 2, 3 and 4) are run on three session days due to the duration of the majority of cases undertaken within them. The sessions run from 08.00 – 18.00hrs. Emergencies are accommodated within the available elective sessions and there is an on call team to accommodate out of hours emergencies.

Vascular Surgery is done in the Cardiothoracic Theatre (Theatre 4).

1.5 **Maternity Theatres** conduct elective obstetric sessions from 09.00hrs - 13.00hrs Monday to Friday. Emergencies are usually accommodated in the afternoon and evenings and there is the facility of a second theatre although this is of insufficient size and too remote from the main bed stock to be considered as permanent theatre capacity to support other surgical specialties.

1.6 **Current Unscheduled Theatre Availability**

At present, there are no unscheduled sessions available in Nucleus and Beynon theatres.

1.7. **Theatre Performance 2009/10**

The operating theatres have a theatre management system ‘Galaxy’ which records activity for all theatres at RWHT and produces monthly performance reports.

Theatre performance reports for year 2009/10 demonstrate an average theatre performance, above the 90% target as demonstrated in Table 1. Figures for October 2010/11 year to date are included in brackets.

<table>
<thead>
<tr>
<th>Session Utilisation</th>
<th>In session utilisation without overruns</th>
<th>In session utilisation with overruns</th>
<th>Average cases per session</th>
</tr>
</thead>
<tbody>
<tr>
<td>90.7% (89.4%)</td>
<td>85.5% (86.3%)</td>
<td>99.9% (101.5%)</td>
<td>3 (2.94)</td>
</tr>
</tbody>
</table>

All inactive (i.e. cancelled lists for annual leave etc) funded elective sessions are offered out for re-instatement to all specialties. Performance figures for 2009/10 demonstrate that circa 50% of such sessions are successfully reassigned leaving a mean of six sessions per week unused. These sessions are usually randomly distributed across all theatres throughout the week. They could not be consolidated and introduced into future job plans.
In 2009/10 the Trust made a formal assessment of the potential for efficiencies to be realised across all theatres. Theatre utilisation in Nucleus Theatres was shown to be close to optimal, however, considerable potential was identified in Beynon Theatres which, along with the introduction of a Treatment Room in Appleby Suite for minor local anaesthetic procedures, was progressed to facilitate the repatriation of six orthopaedic sessions from Cannock hospital.

This work, linked to the recently commenced Productive Operating Theatre project, will raise efficiency standards further and improve upon the process in place for identifying and recycling theatre sessions.

There is flexibility within some Consultants’ job plans to conduct more theatre sessions when required, but the lack of theatre capacity has prevented this from happening. This has resulted in out of hours sessions being conducted during evenings and weekends at premium rates of pay for Consultants and theatre teams.

1.8. RWHT Contract Model 2010/11

The final plan for the activity level in year 2010/11 for elective and emergency surgery shows an increase for most specialties compared with the 2009/10 outturn, demonstrated in table 2.

**Total Outturn Spells**  
**Activity plan 2010/11**

<table>
<thead>
<tr>
<th>Division</th>
<th>2009-10 Outturn</th>
<th>2010-11 Final Plan</th>
<th>Increase (deficit)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Urology</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elective</td>
<td>1034</td>
<td>1279</td>
<td>245</td>
</tr>
<tr>
<td>Inpatient</td>
<td>2925</td>
<td>3192</td>
<td>267</td>
</tr>
<tr>
<td>Day Case</td>
<td>803</td>
<td>841</td>
<td>38</td>
</tr>
<tr>
<td><strong>Total Spells</strong></td>
<td>4,762</td>
<td>5312</td>
<td>550</td>
</tr>
<tr>
<td><strong>ENT</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elective</td>
<td>836</td>
<td>921</td>
<td>85</td>
</tr>
<tr>
<td>Inpatient</td>
<td>704</td>
<td>754</td>
<td>50</td>
</tr>
<tr>
<td>Day Case</td>
<td>379</td>
<td>387</td>
<td>9</td>
</tr>
<tr>
<td><strong>Total Spells</strong></td>
<td>1,919</td>
<td>2062</td>
<td>143</td>
</tr>
<tr>
<td><strong>Maxillo Facial</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elective</td>
<td>262</td>
<td>316</td>
<td>54</td>
</tr>
<tr>
<td>Inpatient</td>
<td>3798</td>
<td>3842</td>
<td>44</td>
</tr>
<tr>
<td>Day Case</td>
<td>228</td>
<td>285</td>
<td>58</td>
</tr>
<tr>
<td><strong>Total Spells</strong></td>
<td>4,288</td>
<td>4443</td>
<td>155</td>
</tr>
<tr>
<td><strong>Plastics</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elective</td>
<td>7</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>Inpatient</td>
<td>406</td>
<td>424</td>
<td>18</td>
</tr>
<tr>
<td>Day Case</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non Elective</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Spells</strong></td>
<td>413</td>
<td>431</td>
<td>18</td>
</tr>
<tr>
<td><strong>Cardiotoracics</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elective</td>
<td>933</td>
<td>1073</td>
<td>140</td>
</tr>
<tr>
<td>Inpatient</td>
<td>21</td>
<td>24</td>
<td>3</td>
</tr>
<tr>
<td>Day Case</td>
<td>489</td>
<td>509</td>
<td>20</td>
</tr>
<tr>
<td><strong>Total Spells</strong></td>
<td>1,443</td>
<td>1606</td>
<td>163</td>
</tr>
</tbody>
</table>
1.9 Workforce

The operating theatres have experienced session overruns for many years and this position has become increasingly prevalent with service expansion and challenging access targets. This is clearly now having a detrimental effect upon the work life balance of staff as articulated in the Human Resources ‘Chat Back Survey’. This survey identified that staff wished to enhance their work life balance by reducing the amount of unplanned overtime that they are expected to deliver. Work life balance was also a key theme in the Directorate Health & Safety Stress Awareness Survey conducted in 2009.

The overtime costs incurred for theatre nursing staff at year end 2009/10 was £200,000, 60% of which was attributed to the unplanned overruns. There is also a significant element of unclaimed overtime which is estimated to be an additional £100k.

2010/11 the forecast expenditure for theatre nursing overtime is £244k.

Given the ongoing challenge in recruiting and retaining Band 5 theatre staff, there is a national drive to develop a Band ¾ Assistant Theatre Practitioner role. A number of Trusts including Plymouth, Addenbrookes and the Royal Liverpool have already adopted and continue to develop and expand this role.

2. DRIVERS FOR CHANGE

2.1 Activity

The growth in elective activity is primarily in surgical specialities and has been modelled into the LTFM. The key assumptions around this growth are the WCPCT plan to increase the numbers of GPs in the local health economy which will improve access for patients to outpatients and elective surgery.
The Greater Midlands Cancer Network has given a commitment to transfer current activity from Shrewsbury and Telford to Wolverhampton for Head and Neck and Gynaecology Cancer. There is also an agreed expectation of a rise in activity due to the identified demographic changes within the Wolverhampton population (more elderly population).

In addition the Trust is experiencing increased tertiary referral rates for Urology Cancer from Dudley and Staffordshire.

2.2 **Capital Programme**
Given the current age of the theatre stock and the likely timing of the planned emergency centre (post 2015/16), the investment in additional theatre capacity now will not only facilitate the more efficient delivery of activity but will also provide decant theatre capacity that will be essential to allow refurbishment of the existing theatre stock and to ensure that these environments continue to support and build on the Trust's achievements in the control of infection.

2.3 **Planned Preventative Maintenance Programme**
The absence of available capacity and increasing high service activity levels within the existing theatre stock prevents the implementation of a planned preventative maintenance programme. This is essential to ensure quality and safety standards are met for patients and staff.

In addition, there is no flexibility to avert potential loss of service delivery during times of systems/environmental failure.

2.4 **Strategic Direction**
There is likely to be a degree of reconfiguration of services moving forward. There is also a plan to give accreditation to surgical centres whereby numbers of cases and population size will determine where patients are treated e.g. Trauma. The developments over time in cancer and cardiac surgery have already demonstrated better outcomes for patients. Vascular Surgery will be delivered in a similar model in the future.

Integral to all of our plans moving forward is the continued growth of our tertiary services portfolios and maximising opportunities for sustainable safe services.

2.5 **Workforce**
The operating theatres have experienced session overruns for many years and this position has become increasingly prevalent with service expansion and challenging access targets. This is clearly now having a detrimental effect upon the work life balance of staff as articulated in the Human Resources ‘Chat Back Survey’. This survey identified that staff wished to enhance their work life balance by reducing the amount of unplanned overtime that they are expected to deliver. Work life balance was also a key theme in the Directorate Health & Safety Stress Awareness Survey conducted in 2009.

Given the ongoing challenge in recruiting and retaining Band 5 theatre staff, there is a national drive to develop alternative theatre roles. A number of Trusts including Plymouth, Addenbrookes and the Royal Liverpool have already adopted and continue to develop and expand the role of Assistant Theatre Practitioner.
3. **CASE FOR IMPROVEMENT**

3.1 The sessional requirements for the two new theatres have been identified in line with the 2010/11 activity plan and proposed new services across Division I and 2.

This additional theatre/recovery room capacity will also enable the Trust to better manage theatre downtime; scheduled deep clean and the provision of quality care to patients within recovery rooms.

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**Contracted 2010/11 activity currently being performed through 3 session days, session overruns, down sessions. At cost pressure**

<table>
<thead>
<tr>
<th>Service</th>
<th>Hours</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>5th Urology Surgeon (NHS locum)</td>
<td>2.5</td>
<td>in 10/11 plan</td>
</tr>
<tr>
<td>5th Colorectal Surgeon (WLI’s)</td>
<td>3.0</td>
<td>in 10/11 plan</td>
</tr>
<tr>
<td>3rd Breast Surgeon (WLI’s)</td>
<td>2.0</td>
<td>in 10/11 plan</td>
</tr>
<tr>
<td>General Surgeon Spec Doctor</td>
<td>1.0</td>
<td>in 10/11 plan</td>
</tr>
<tr>
<td>Gynaecology - additional 2 sessions</td>
<td>2.0</td>
<td>Division 2 Business Case Approved at TMT</td>
</tr>
<tr>
<td>Orthopaedics - spinal surgeon</td>
<td>2.0</td>
<td>Division 2 Business Case Approved at Contracts &amp; Commissioning and TMT</td>
</tr>
</tbody>
</table>

**12.5**

**Proposed New Services:**

<table>
<thead>
<tr>
<th>Service</th>
<th>Hours</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colorectal - Soulsby substantive sessions</td>
<td>2.0</td>
<td>quality improvement - case required to fund sessions, progressing through Division</td>
</tr>
<tr>
<td>3rd Breast Surgeon - Breast Reconstruction</td>
<td>1.0</td>
<td>case progressing through Division</td>
</tr>
<tr>
<td>Urology - Cooke - additional 2 sessions</td>
<td>2.0</td>
<td></td>
</tr>
<tr>
<td>Shrewsbury Major H&amp;N IOG guidance</td>
<td>1.0</td>
<td>case not yet worked up</td>
</tr>
</tbody>
</table>

**6.0**

**TOTAL sessions per week** **18.5**
3.2 Assistant Theatre Practitioner Role

The Assistant Theatre Practitioner will undertake a scrub role for a defined range of minor/intermediate surgical procedures acting as the Scrub Practitioner in place of a qualified nurse or Operating Department Practitioner. There is a potential for this role to further evolve into a recovery focused role monitoring specific patient groups whilst in recovery.

This role is not currently supported by local Universities, hence the Trust is developing an in-house training and competency package which will be implemented within the following framework:-

- Approve/verify the training package including establishing University and Trust educational support. This is likely to be in partnership with Telford College of Art and Technology.
- Gain approval by the Quality and Safety Committee for the new role and training package.
- Identify and select candidates within the current workforce.
- Recruit Theatre Support Assistants (TSA Band 2) to backfill the substantive posts of the candidates selected for Band 3/4 training.

The Band 3/4 role has been discussed at Director level and is supported in principle as part of the strategic workforce development for operating theatres.

The introduction of a four day working week for full-time theatre staff across all areas would accommodate session overruns within the scheduled working day and significantly reduce overtime pay costs. It would also address issues relating to work-life balance.

3.3 Staffing requirements to accommodate additional theatre activity

To support provision of 12.5 theatre lists within the new theatre build the following additional resource is required.

3.3.1 Consultant Anaesthetist

The breakdown of a 10 PA Consultant Anaesthetist contract is identified below.

<table>
<thead>
<tr>
<th>Activity</th>
<th>PAs</th>
<th>SPAs</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 x Clinical Operating sessions @ 1.25 PAs per session (allowing time for pre and post operative assessment)</td>
<td>7.5</td>
<td></td>
</tr>
<tr>
<td>Emergency On Call</td>
<td>1.0</td>
<td></td>
</tr>
<tr>
<td>SPA</td>
<td>1.5</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>8.5</strong></td>
<td><strong>1.5</strong></td>
</tr>
</tbody>
</table>
The number of Anaesthetists required to deliver 12.5 theatre sessions are identified below.

<table>
<thead>
<tr>
<th>Medical Staffing</th>
<th>Sessions</th>
<th>WTE Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultant Anaesthetist</td>
<td>12.5</td>
<td>2.1</td>
</tr>
</tbody>
</table>

### 3.3.2 Theatre Nursing

#### 12.5 sessions (Theatres plus Recovery)

<table>
<thead>
<tr>
<th>Band</th>
<th>WTE Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>5</td>
<td>8.19</td>
</tr>
<tr>
<td>2</td>
<td>4</td>
</tr>
</tbody>
</table>

#### 3.3.3 Development of new Band 3/4 role – Theatre Assistant Practitioner

Implementation of this role would initially be a pilot scheme. Practitioners undertaking the training will qualify as a Band 3 Assistant Theatre Practitioner which is in line with national guidance.

The training and competency package will need to be approved by the Quality and Safety Committee. It is anticipated that the training will be linked to Telford College of Art and Technology and will interface with the existing NVQ 2 and 3 theatre programmes. This will not incur training costs.

This project would require over-recruitment of four posts at Band 2 for nine months.

Therefore part year effect after 9 months training band upon qualification.

Potential saving when recruiting Band 3 post into a Band 5 funded post is £8,907 per post - total for four posts equates to £35,628; however, this will not be realised until at the earliest 2012/13 and then potentially in part only. If successful it is envisaged that out of a complement of 78 Band 5s, 20 could be converted to Band 3/Band 4 posts over a 5-6 year period.

It is anticipated that upon qualification in year one a percentage of the Band 3 Practitioners will undertake foundation degree level training to enable them to progress to a Band 4 post. This incremental educational programme will be a key component of the theatre workforce plan. This will be evaluated on an annual basis.

### 3.4 To support the 6 sessions of proposed new services identified above the following resource will be required:

#### Table 3 = 6 sessions (Theatres and Recovery) – Proposed new Services

<table>
<thead>
<tr>
<th>Band</th>
<th>WTE Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>0.5</td>
</tr>
<tr>
<td>5</td>
<td>3.76</td>
</tr>
<tr>
<td>2</td>
<td>1.87</td>
</tr>
<tr>
<td>Consultant Anaesthetist</td>
<td>1.0</td>
</tr>
</tbody>
</table>
3.5 Recruitment Strategy

To support the ongoing recruitment and training programme the Head Nurse for Division 1 has established a Resource Group to design, develop and monitor recruitment/education processes which will meet monthly and report to the Divisional Business Forum.

3.6 Retirement Profile

Critical Care Directorate has established a retirement profile for 2010 – it is not yet a key factor and has not been taken into consideration at this time.

4. COMBINED OBJECTIVES

1. Deliver a safe, high quality sustainable service to patients

2. Facilitate delivery of the 2010/11 activity plan and future years’ activity. Drivers will include increased activity due to demographic changes in Wolverhampton (increasing elderly population), increased number of GPs in Wolverhampton and the transfer of services due to Cancer Network recommendations

3. Support the organisation in delivery of both locally and nationally agreed access targets including 18 weeks cancer standards

4. Provide capacity to flex to meet unforeseen demand and support planned theatre maintenance and cleaning whilst minimising impact on patients and Trust operational performance

5. Ensure an appropriately skilled workforce is in place for the opening of the new theatres in March 2011

6. Develop the unqualified theatre workforce to support a sustainable theatres workforce plan

7. Improve the work life balance of the operating theatres workforce

5. Income Generation

5.1 Income to support mainstreaming the 12.5 sessions is already accounted for within the financial envelope of the 2010/11 plan and agreed developments.

5.2 Income to support the 6 further sessions will be secured within the 2011/12 contracting round and subsequent service developments agreed with Commissioners.

6. PUBLIC CONSULTATION

N/A
7. EQUALITY IMPACT ASSESSMENT

Currently, elements of the theatre workforce are working a four-day week. Increasing the theatre establishment will facilitate a four-day working week for all.

8. BENEFITS

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Measure and approach</th>
<th>Date benefit will be realised</th>
<th>Responsible for Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased operating theatre capacity to deliver 2010/11 Activity Plan pressure within standard hours.</td>
<td>Move out of hours planned sessions into Monday – Friday working day (12.5 sessions)</td>
<td>Upon completion of new build and appointment of staffing establishment</td>
<td>Divisional and Critical Care Services Directorate Management Teams</td>
</tr>
<tr>
<td>Increased operating capacity to deliver the growth in elective activity modelled into the LTFM. The key assumptions around this growth are outlined in 2.1 above</td>
<td>Utilisation of balance of available theatre capacity supported by approved business cases</td>
<td>Upon completion of new build and appointment of staffing establishment</td>
<td>Divisional and Critical Care Services Directorate Management Teams</td>
</tr>
<tr>
<td>Theatre workforce: Improve work life balance and reduce stress Improve morale Aid retention and recruitment of staff</td>
<td>Improved retention Reduce sickness absence Reduce overtime costs</td>
<td>Upon completion of new build and appointment of staffing establishment</td>
<td>Divisional and Critical Care Services Directorate Management Teams</td>
</tr>
<tr>
<td>Increased Recovery Room facilities will alleviate capacity pressures and compromised quality patient care</td>
<td>Ability to cohort patients, reduce delays and disruptions to scheduled operating lists Support a reduction in cancelled operations and overrunning of lists</td>
<td>Upon completion of new build and appointment of staffing establishment</td>
<td>Divisional and Critical Care Services Directorate Management Teams</td>
</tr>
<tr>
<td>New Band 3 Role will contribute to the delivery of a future proof service within the theatres of Critical Care Directorate</td>
<td>Creating an appropriate training and competency package. Aiding recruitment and retention of staff</td>
<td>Upon completion of the first cohort</td>
<td>B Morgan, Matron, Critical Care Services</td>
</tr>
<tr>
<td>Improved morale within unqualified workforce through development opportunities Enhance the workforce plan regarding predicted future trained staff deficits</td>
<td>Retention of staff Continued supply of suitable candidates from existing local workforce Maintain the theatre establishments</td>
<td>July 2011</td>
<td>B Morgan, Matron, Critical Care Services</td>
</tr>
</tbody>
</table>
9. **RISK MANAGEMENT APPROACH (of the preferred option)**

<table>
<thead>
<tr>
<th>Risks</th>
<th>Consequence</th>
</tr>
</thead>
</table>
| Failure to open twin theatres on the 4th May 2011 as scheduled       | Unable to deliver a safe, high quality service  
Sustained pressure on the existing workforce resulting in loss of trained, experienced staff and continued additional expense on overtime and WLJ  
Increased challenge to deliver contracted activity in an efficient and sustainable way and to the highest quality |
| Failure to recruit the establishment required                        | Unable to deliver a safe, high quality service  
Sustained pressure on the existing workforce resulting in loss of trained, experienced staff and continued additional expense on overtime and WLJ |
| There is a national shortage of trained theatre staff and recruitment may not yield the required additional nursing/ODP establishment. | There would be insufficient theatre staff to accommodate these sessions and deliver the activity required. |
| No band 5 vacancies for band 3 practitioners at the time of qualifying | There may be a departmental cost pressure until posts become available                                                                   |
| Failure to complete band 3 training and no band 2 post available      | Training contract will not guarantee a band 2 theatre post but will offer band 2 within RWHT                                            |
## 10. DETAILED IMPLEMENTATION PLAN

<table>
<thead>
<tr>
<th>Key Actions - Theatres</th>
<th>Person responsible</th>
<th>Timescale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business Case Approval by Trust Board</td>
<td>L. Grant</td>
<td>14th June 2010</td>
</tr>
<tr>
<td>Planning Application approval</td>
<td>G Penn</td>
<td>29th August 2010*</td>
</tr>
<tr>
<td>Tender approval for modular unit and supporting structure</td>
<td>G. Penn</td>
<td>19th August 2010</td>
</tr>
<tr>
<td>Construction off site</td>
<td>G. Penn/Capital Team</td>
<td>29th November 2010</td>
</tr>
<tr>
<td>Construction on site</td>
<td>G. Penn/Capital Team</td>
<td>23rd July 2010 – 27th January 2011</td>
</tr>
<tr>
<td>Procurement of Equipment</td>
<td>M. Washer</td>
<td>14th January 2011</td>
</tr>
<tr>
<td>Handover and Commissioning</td>
<td>G. Penn/Capital Team</td>
<td>April 2011</td>
</tr>
<tr>
<td>Theatres operational</td>
<td>M. Washer</td>
<td>4th May 2011</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Key Actions - Staffing</th>
<th>Person responsible</th>
<th>Timescale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recruitment to 12.5 sessions for new theatre/recovery build (Nursing and consultant)</td>
<td>B Morgan, M Clancy</td>
<td>Ongoing to May 2011</td>
</tr>
<tr>
<td>Establish Trust training and competency package (Band 3)</td>
<td>B Morgan, C Luesby</td>
<td>January 2011</td>
</tr>
<tr>
<td>Present training/competency package to the Quality &amp; Safety Committee</td>
<td>B Morgan</td>
<td>February 2011</td>
</tr>
<tr>
<td>Interview Band 3 candidates from current band 2 workforce</td>
<td>B Morgan, M Clancy</td>
<td>February 2011</td>
</tr>
<tr>
<td>Recruit band 2 to backfill band 3 candidates</td>
<td>M Clancy</td>
<td>April 2011</td>
</tr>
<tr>
<td>Establish a joint Education/Human Resources/Theatre Recruitment Group. Strategy to include adverts, innovative road shows, regular meetings, monitor progress, access talent pool and ensure exit strategy</td>
<td>R Baker, B Morgan, K Evans, L Fieldhouse</td>
<td>January 2011</td>
</tr>
</tbody>
</table>

## 11. EXIT STRATEGY

- Reduce theatre staffing establishment through internal transfer to other Directorates or natural wastage. Retirement profile established
- Cease Band 3 training programme following the first cohort
- Sell one/two of the modular theatres
<table>
<thead>
<tr>
<th>AGREE BY:</th>
<th>Date</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>IT Strategy Group</td>
<td>-</td>
<td>Medicines Management</td>
<td>-</td>
</tr>
<tr>
<td>Medical Procurement Group</td>
<td>13/05/2010</td>
<td>NICE Implementation Group</td>
<td>-</td>
</tr>
<tr>
<td>Capital Equipment Review</td>
<td>02/06/2010</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Group</td>
<td></td>
<td>Division One</td>
<td></td>
</tr>
<tr>
<td>Estates &amp; Facilities</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Procurement</td>
<td>-</td>
<td>Division Two</td>
<td></td>
</tr>
<tr>
<td>Others - please state</td>
<td>-</td>
<td>Human Resources</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Education</td>
<td></td>
</tr>
</tbody>
</table>

APPROVED BY:

Divisional Director
Divisional Accountant
Head of Nursing

APPROVED BY:

Contracting & Commissioning

APPROVED BY

Trust Management Team

APPROVED BY

Trust Board
### Business Case / Service Change Costings: Additional Theatre Capacity

#### CAPITAL COSTS:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Capital</th>
<th>Total</th>
<th>Recurring</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Year 1</td>
<td>Year 2</td>
<td>Year 1</td>
</tr>
<tr>
<td>Year 1</td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Year 2</td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
</tbody>
</table>

#### TOTAL CAPITAL

0

#### ACTIVITY & OTHER INCOME:

<table>
<thead>
<tr>
<th>Description</th>
<th>Activity</th>
<th>Capital</th>
<th>Year 1</th>
<th>FYE</th>
<th>Recurring</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1</td>
<td>Income to support mainstreaming the 12.5 sessions is already accounted for within the financial envelope of the 2011/12 plan and agreed developments</td>
<td>£</td>
<td>£</td>
<td></td>
<td>£</td>
</tr>
<tr>
<td>5.2</td>
<td>Income to support the 6 further sessions will be secured within the 2011/12 contracting round and subsequent service developments agreed with commissioners</td>
<td>£</td>
<td>£</td>
<td></td>
<td>£</td>
</tr>
</tbody>
</table>

#### TOTAL INCOME

0

#### REVENUE COST:

<table>
<thead>
<tr>
<th>Description</th>
<th>Department</th>
<th>Date</th>
<th>Pay Band</th>
<th>Pay Other</th>
<th>Cost per WTE</th>
<th>WTE</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Recurring</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pay - Direct Clinical</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EXISTING ACTIVITY IN 10/11 PLAN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Theatre Staffing - 12.5 sessions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consultant Anaesthetist Bottom point</td>
<td>£92,456</td>
<td>£3,10</td>
<td>£194,156</td>
<td>£194,156</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Qualified Nurses, Band 7</td>
<td>£55,961</td>
<td>£1,00</td>
<td>£55,961</td>
<td>£55,961</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Qualified Nurses, Band 6</td>
<td>£40,216</td>
<td>£1,00</td>
<td>£40,216</td>
<td>£40,216</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Qualified Nurses, Band 5</td>
<td>£33,343</td>
<td>£1,19</td>
<td>£273,079</td>
<td>£273,079</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unqualified Nurses, Band 2</td>
<td>£21,300</td>
<td>£4,00</td>
<td>£82,212</td>
<td>£82,212</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Note: There is a saving on unplanned/unfunded overtime of around £364k</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Total Pay Costs Increase to Improve Quality

16,29 | £648,626 | £648,626 |

#### NEW ACTIVITY

Pay - Direct Clinical

<table>
<thead>
<tr>
<th>Description</th>
<th>Department</th>
<th>Date</th>
<th>Pay Band</th>
<th>Pay Other</th>
<th>Cost per WTE</th>
<th>WTE</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Recurring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theatre Staffing- 6 sessions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consultant Anaesthetist Bottom point</td>
<td>£92,456</td>
<td>£1,00</td>
<td>£92,456</td>
<td>£92,456</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Qualified Nurses, Band 6</td>
<td>£40,216</td>
<td>£1,00</td>
<td>£20,109</td>
<td>£20,109</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Qualified Nurses, Band 5</td>
<td>£33,343</td>
<td>£1,19</td>
<td>£125,370</td>
<td>£125,370</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unqualified Nurses, Band 2</td>
<td>£21,300</td>
<td>£1,67</td>
<td>£38,837</td>
<td>£38,837</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Total Pay Costs

17,13 | £326,998 | £57,700 |

#### Non Pay Costs

Non Pay - Direct Clinical

<table>
<thead>
<tr>
<th>Description</th>
<th>Unit cost</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXISTING ACTIVITY IN 10/11 PLAN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6th Uniportal Theatre and Anaesthetic non pay costs (@ £200 per case)</td>
<td>£200</td>
<td>20</td>
</tr>
<tr>
<td>Theatre access sheets (@ £111 per patient)</td>
<td>£111</td>
<td>20</td>
</tr>
<tr>
<td>Laparoscopy kit costs (@ £750 per case)</td>
<td>£750</td>
<td>20</td>
</tr>
<tr>
<td>6th Colorectal Surgeon Theatre and Anaesthetic non pay costs (average across cases - £385 per case)</td>
<td>£385</td>
<td>515</td>
</tr>
<tr>
<td>3rd Breast Surgeon Theatre and Anaesthetic non pay costs (@ £185 per case)</td>
<td>£185</td>
<td>104</td>
</tr>
<tr>
<td>Theatre - breast consumables</td>
<td>£1,000</td>
<td>168</td>
</tr>
<tr>
<td>Theatre - instrumentation</td>
<td>£6,000</td>
<td>6,000</td>
</tr>
<tr>
<td>General Surgeon Spec Doctor Theatre and Anaesthetic non pay costs (@ £251 per case)</td>
<td>£251</td>
<td>94</td>
</tr>
<tr>
<td>Gynaecology - additional 2 sessions Theatre and Anaesthetic non pay costs</td>
<td>£15,000</td>
<td>£15,000</td>
</tr>
<tr>
<td>Orthopaedics - Spinal Surgeon Theatre and Anaesthetic non pay costs (@ £750 per case)</td>
<td>£750</td>
<td>110</td>
</tr>
<tr>
<td>Spiral Injections</td>
<td>£25</td>
<td>382</td>
</tr>
<tr>
<td>Subtotal existing activity</td>
<td>£631,394</td>
<td>£631,294</td>
</tr>
<tr>
<td><strong>NEW ACTIVITY</strong></td>
<td><strong>Overhead costs:</strong></td>
<td></td>
</tr>
<tr>
<td>------------------</td>
<td>-------------------</td>
<td></td>
</tr>
<tr>
<td><strong>Breast Surgery (Breast Reconstruction)</strong></td>
<td>TOTAL OVERHEAD COSTS</td>
<td></td>
</tr>
<tr>
<td>NSSU Ward costs (drugs, consumables etc @ £40 per patient)</td>
<td><strong>EBITDA</strong></td>
<td>MARGIN AS PERCENTAGE (Should be 10% or above)</td>
</tr>
<tr>
<td>Theatre and Anaesthetic non pay costs (GBP £186 per case)</td>
<td><strong>CAPITAL CHARGES:</strong></td>
<td><strong>TOTAL COST OF CAPITAL</strong></td>
</tr>
<tr>
<td>Theatre - breast consumables</td>
<td>Note: All entered as minus values (-)</td>
<td></td>
</tr>
<tr>
<td><strong>Colorectal Surgery:</strong></td>
<td><strong>NET SURPLUS</strong></td>
<td>MARGIN AS PERCENTAGE (Should be 2% or above)</td>
</tr>
<tr>
<td>Theatre and Anaesthetic non pay costs</td>
<td><strong>Divisional Accountant</strong></td>
<td><strong>Division Manager / Director</strong></td>
</tr>
<tr>
<td>Major Open</td>
<td>Name:</td>
<td></td>
</tr>
<tr>
<td>Laparoscopic</td>
<td>Name:</td>
<td></td>
</tr>
<tr>
<td>Day cases</td>
<td>Date:</td>
<td></td>
</tr>
<tr>
<td><strong>Urology:</strong></td>
<td><strong>Date:</strong></td>
<td></td>
</tr>
<tr>
<td>Theatre and Anaesthetic non pay costs (GBP £220 per case, 2 per week)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Theatre - access sheaths (GBP £111 per patient)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Theatre laparoscopy kit costs (GBP £750 per case)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Gastroscopy IOD</strong></td>
<td><strong>Subtotal new activity</strong></td>
<td></td>
</tr>
<tr>
<td>Theatre costs (GBP £600 per inpatient)</td>
<td>560,704 690,704</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL NON PAY COSTS</strong></td>
<td>TOTAL CLINICAL AND CLINICAL SUPPORT COSTS</td>
<td>33,42</td>
</tr>
<tr>
<td><strong>TOTAL CONTRIBUTION TO TRUST OVERHEADS</strong></td>
<td>AS PERCENTAGE (Should be 26% or above)</td>
<td>2,187,721 2,216,423</td>
</tr>
<tr>
<td><strong>OVERHEAD COSTS:</strong></td>
<td><strong>EBITDA</strong></td>
<td>2,187,721 2,216,423</td>
</tr>
<tr>
<td><strong>TOTAL OVERHEAD COSTS</strong></td>
<td>MARGIN AS PERCENTAGE (Should be 10% or above)</td>
<td>2,187,721 2,216,423</td>
</tr>
<tr>
<td><strong>CAPITAL CHARGES:</strong></td>
<td><strong>TOTAL COST OF CAPITAL</strong></td>
<td>0 0</td>
</tr>
<tr>
<td><strong>NET SURPLUS</strong></td>
<td><strong>MARGIN AS PERCENTAGE (Should be 2% or above)</strong></td>
<td>2,187,721 2,216,423</td>
</tr>
</tbody>
</table>

**Divisional Accountant**

**Division Manager / Director**

| Name: | Name: |
| Date: | Date: |