

RBH Elective OP – Procedure Hub Development Programme

Improving together to deliver
outstanding care for our community



What NHS England means by an “Elective Surgical Hub”



Stand alone hub

Elective surgical unit in a dedicated building fully separate from any acute provision



Integrated Hub

Elective surgical unit within an existing acute site, with all facilities physically segregated from acute areas



Ring Fenced Hub

Elective surgical unit within an existing acute site, with ring-fenced elective theatres within the main theatre complex and dedicated inpatient or recovery area

All hubs:

- Need to operate as a **distinct self contained unit**
- **Exclusively perform planned surgery** in at least one of the High Volume Low Complexity (HVLC) specialties
- Have **dedicated facilities & staff** who are not used to support operational pressures elsewhere (unless in exceptional circumstances and with decision required at Executive level)
- Have embedded - or are working towards - the **HVLC principles** of 6-day operating, 48 weeks per year, 2.5 session days and 85% theatre utilisation

Our clinical services strategy

Our Principles

Position statements indicating the key levers we will pull to deliver our vision.

We will provide the highest quality care

- Ensure care is safe
- Deliver care effectively
- Cultivate a culture of excellence
- Achieve optimal outcomes

We will streamline our services to align with patient needs

- Organise services into three areas—prevention & management, planned interventions and emergency care
- **In each area, establish patient pathways focused on efficiently delivering the optimal level of care**
- Adapt our offering as the population's health needs evolve

We will promote wellbeing and adopt a posture of prevention

- Approach every encounter as an opportunity
- Tackle risk factors to prevent the onset of disease
- Support patients to live well with their conditions
- Progress population health management, tackle health inequalities and support mental health
- **Promote rapid flow through our services and a bias away from admission**
- Become environmentally sustainable

We will reach patients where it's best

- Develop a long-term plan for on-site care that makes the best use of space and brings care closer to home
- Develop virtual care & at-home care
- Invest in digital solutions and digital education

Our Enablers

Position statements highlighting the critical factors to successfully delivering our principles.

We will prepare our workforce for tomorrow

- Culture
- Development
- Digital
- Care model innovation

We will work as a team with our partners

- Integrate services
- Expand research
- Support and adopt innovation

We will build a physical environment that supports healing

- Human-centred spaces
- Spaces that connect with nature
- Spaces that enhance social value in our community

We will leverage technology to its full potential

- Improving quality and safety
- Integration and service development
- Empowering patients
- Design digital into our built environment
- Improve productivity

Our hub and how it supports our clinical services strategy

What

- **OP / Procedure department** to increase our modern procedure room capacity and ability to expand and develop new pathways which avoid using theatres and in-patient admissions. (no beds will be in the unit)
- **Flexible:** able to be used by multiple specialities for many different procedures/pathways. Accessible, easy to navigate, multi-disciplinary.
- **Dedicated facilities & staff** : host team will be the Urology Procedure Department
- **HVLC principles** of 6-day operating, 48 weeks per year, 2.5 session days wherever possible.

Note: unit is planned to be constructed with the potential to build a first floor extension in future if funding allows that could stand alone or be connected to the South Block via a first storey corridor

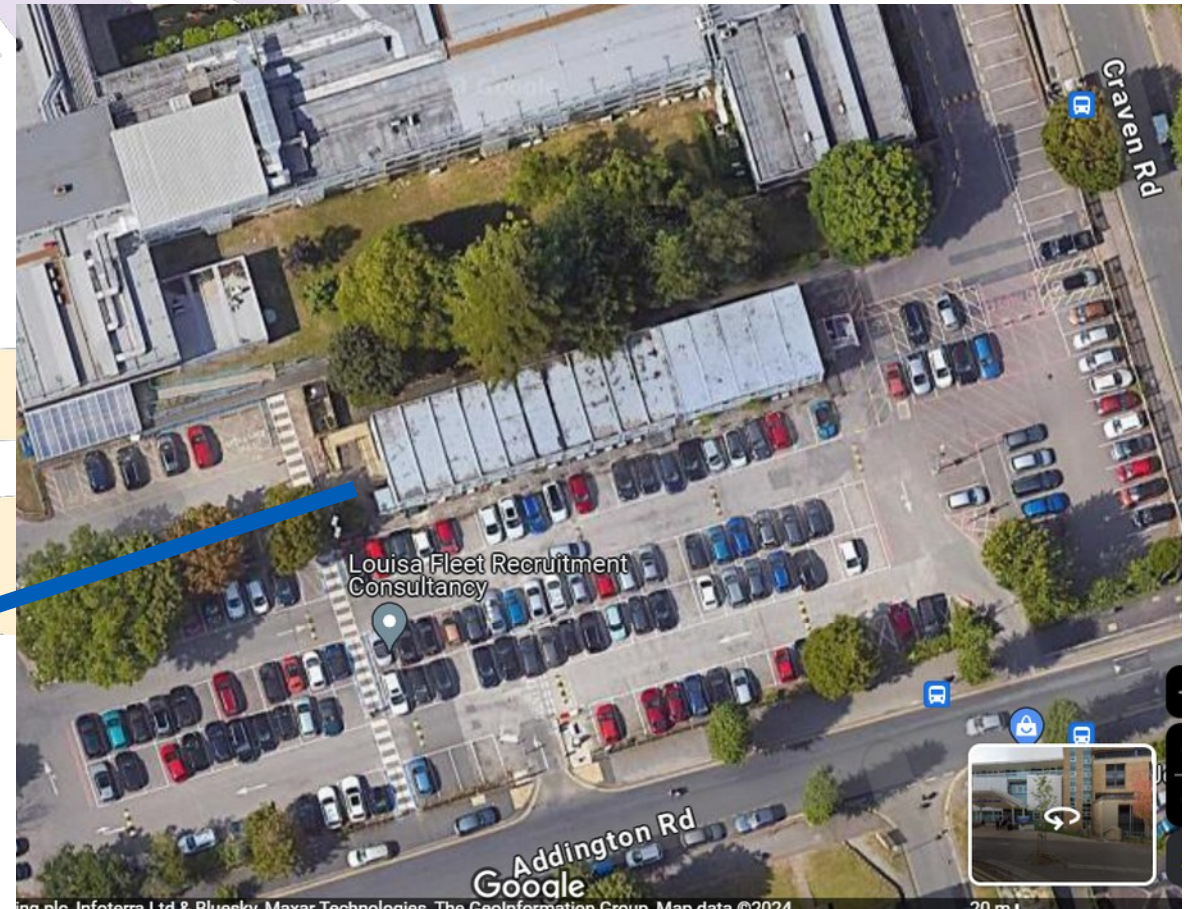
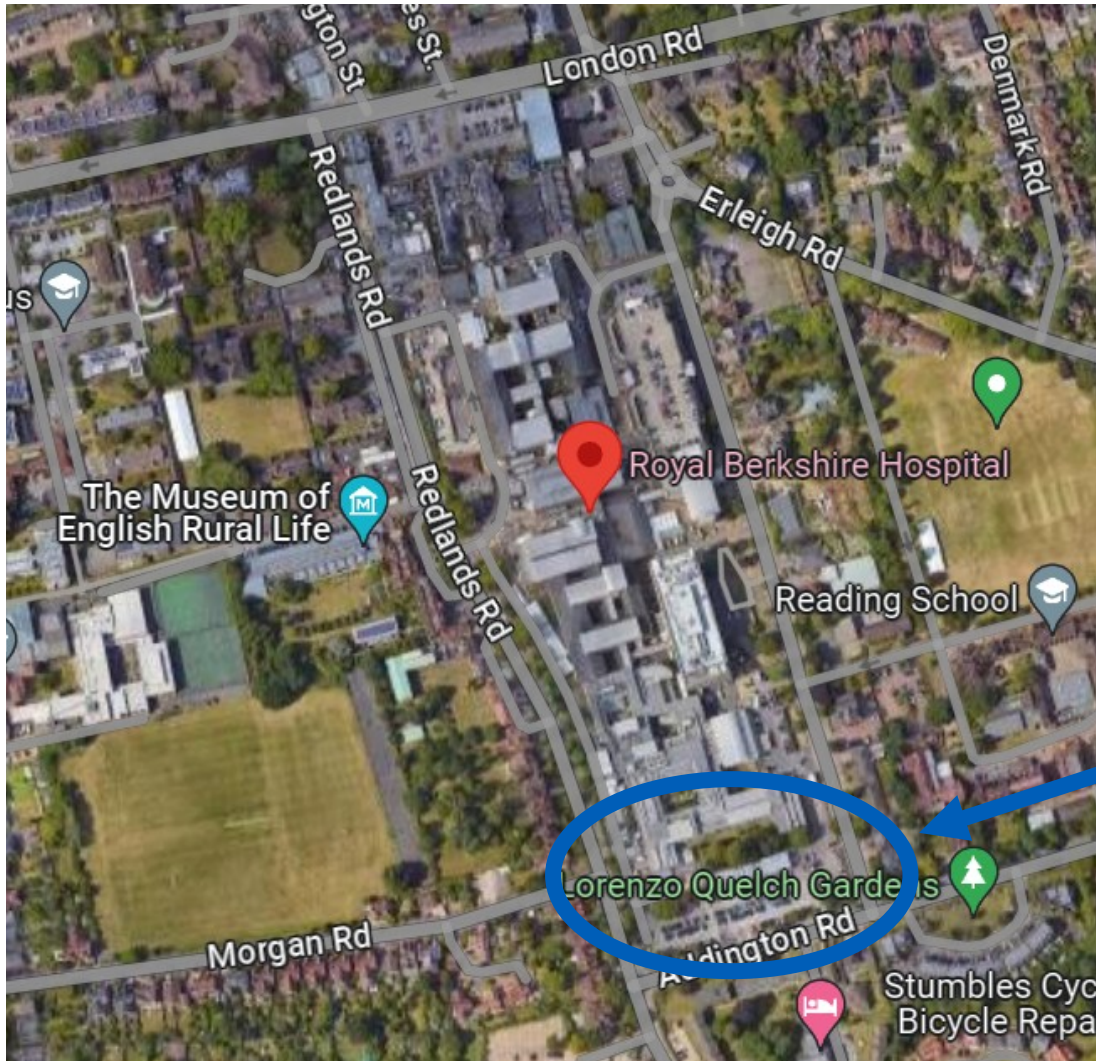
Why

- Modern standards for procedure spaces are high. Cost to convert existing space is high. Adjacent spaces are not always suitable for the rest of the pathway team to allow same day (e.g. one stop) MDT care
- Limited space or staffing means flexible space that can be used by multiple teams is the best option
- Co-location of MDT teams allows for faster/more responsive working and additional supervision for training

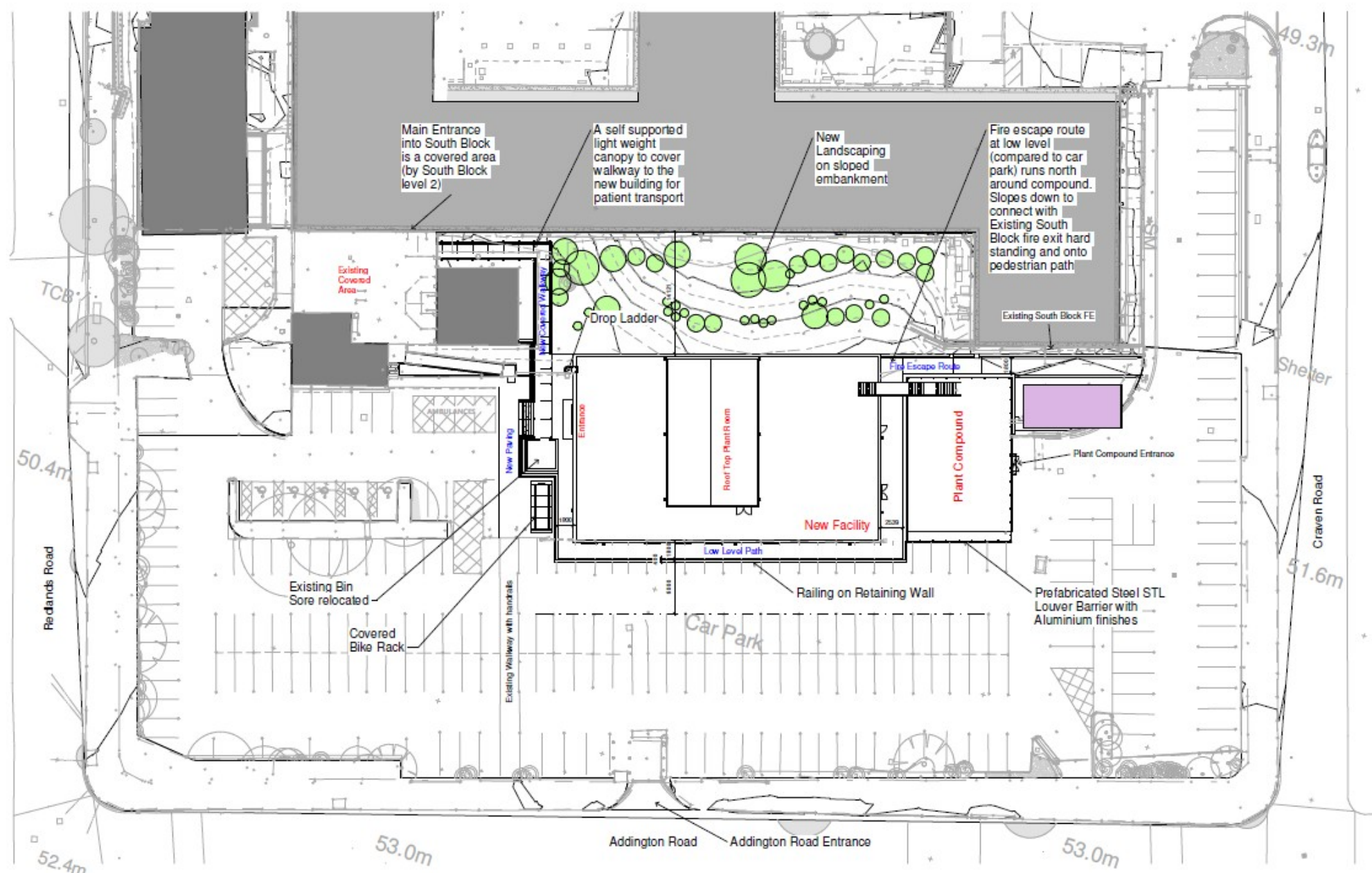
Benefits for patients and staff

1. Able to accommodate more work under LA and extra clinic appointments, thereby **freeing up theatre capacity**.
2. Increased footprint allows in-house pre-op assessment resulting in far **fewer late/ on the day cancellations** which hampers elective recovery capacity.
3. Opportunity to improve patient care and increase elective recovery by offering **lower risk procedures requiring less recovery time in a streamlined day bed pod/ theatre/ recovery area**.
4. Investment in robot installation expenses to further support our elective activity.
5. Opportunity to **reduce waitlist size and overall RTT times** via an alternative route to Theatre
6. Ability to reduce capacity for Theatres, Out-Patient Clinic Rooms - allowing these slots to be used by other departments / for more urgent cases.
7. Opportunity to invest in staff wellbeing and education with upgraded facilities.
8. **Increase in overall outpatient capacity up to 2000 per year.**
9. Provide potential for offering mutual aid to partners where needed.
10. Preparation for further future development through the creation of a new ring fenced elective ward on the second storey of the building when further investment can be identified.

New Build Location



Outline building location

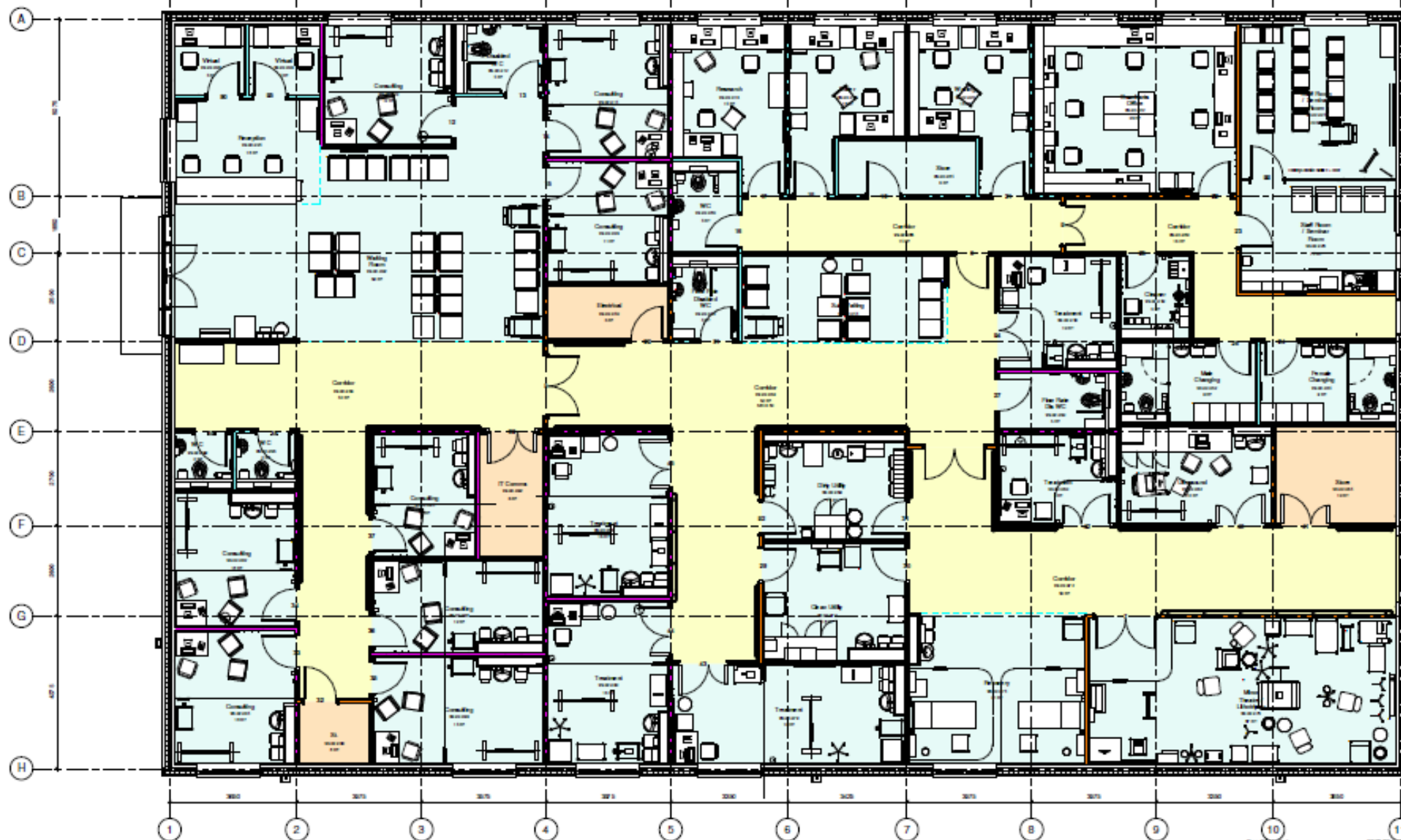


2 Site
 1:200

Name	Role	Signature	Date



Internal layout (to be finalised)



1 00 GF FFL
 1:50

Name	Role	Signature	Date



Royal Berkshire NHS Foundation Trust - ICS ER Project

Proposed Ground Floor

scale: As indicated date: 02/01/23 drawn: 14

Sign-off notes	28/08/23	14
Changing Room VCs and New work	14/08/23	15
Updated room layouts	10/08/23	16
revision	14	16

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Any questions

