Pro-equity prioritisation tool, approach to implementation across surgical lists

Planned care steering group

26th Aug 2022

Context

- 20 services across Surgical, Cardiac, Women's and Paeds

- 15 of these sit within operational POP meetings which provide sustained home for monthly equity tracking and tool adjustment

- Dependencies to start using tool:
    - Build revised algorithm into WT16 (being scoped by D&A)
    - Analyse and set initial parameters for services (could go generic initially)
    - Bookers understand tool and how it fits into their workflow (PAS and non-PAS bookers)
    - SMOs understand tool and are on-board
    - Ops Mgrs and Navigator teams understand tool and timelines
    - (Build dashboard to assess impact and risks – not a dependency to start)

Option 1: Phased, PI team driven

- Limited to supporting 4 services at once (waves) (inducting bookers/SMOs directly)
- 5 waves, 2 weeks each
- Equates to about 13 weeks (3 months) including WT16 build
- Review and refine via POP meetings

Pros
- Less load on Ops Mgrs/SCDs
- Adjust initial settings for each service
- Process troubleshooting

Cons
- Longer rollout
- Engagement might be better if delivered by peers

Option 2: Big bang, service managed

- Train the trainer model (PI train all Ops Mgrs/SCDs – they induct Bookers and SMOs)
- All services run in parallel – time to induct likely relies on timings of existing meetings
- Approx. 3-5 weeks overall including WT16 build
- Review and refine via POP meetings

Pros
- Faster rollout across surgical specialties
- Better engagement? - Ops Mgrs/SCDs as champions for change

Cons
- Ops Mgrs/SCDs busy – some services may take longer
- No time to adjust initial settings by service