A stylized graphic of a human figure on the left side of the slide. It is composed of several curved shapes: a purple circle for the head, a purple shape for the upper torso, a large cyan shape for the lower torso and arms, and a yellow shape for the legs. A smaller cyan circle is positioned to the right of the main figure.

Strategy and Organisational Structure to improve Perioperative care

Dr Jennie Rechner FRCA, MSc, BA

Clinical Director Perioperative Pathways,
Admissions, Anaesthetics & Theatres.

Consultant Anaesthetist

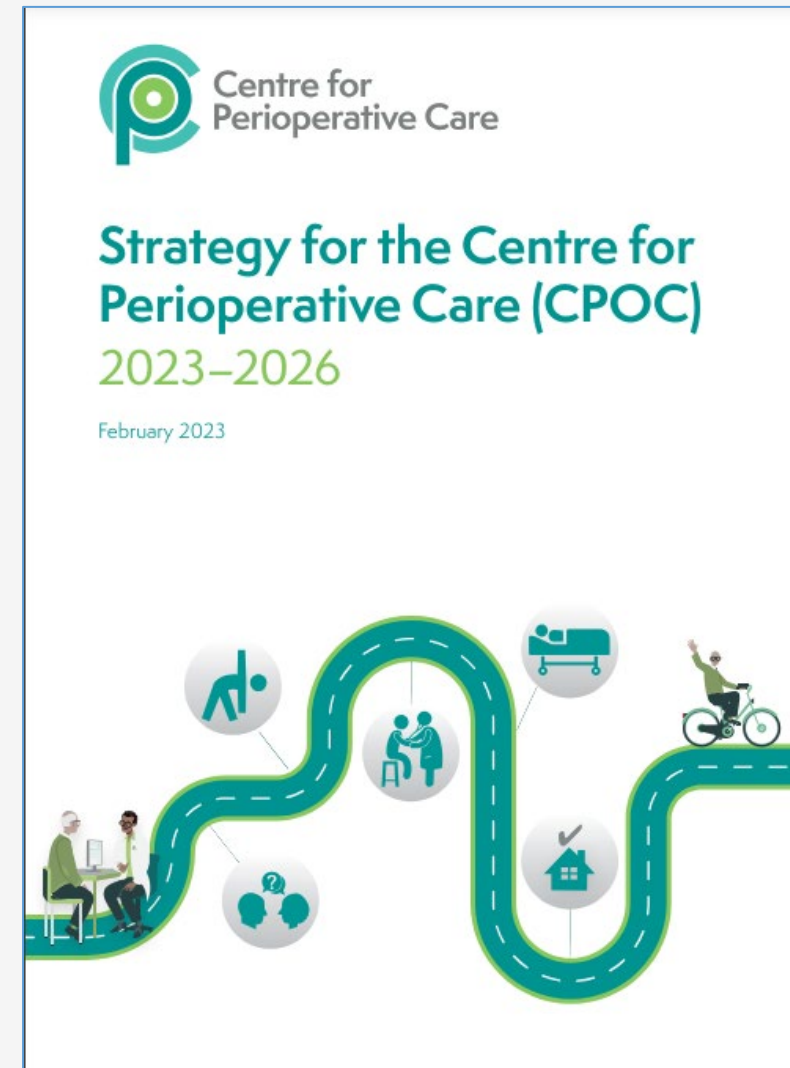
The challenge

- Paradigm shift in how we provide care for surgical patients – from specialty centred to pathway centred
- Straddles Primary, Secondary and Social care
- Involves finance, operations, training, workforce
- Crosses multiple medical specialties
- We need to venture into unfamiliar territory



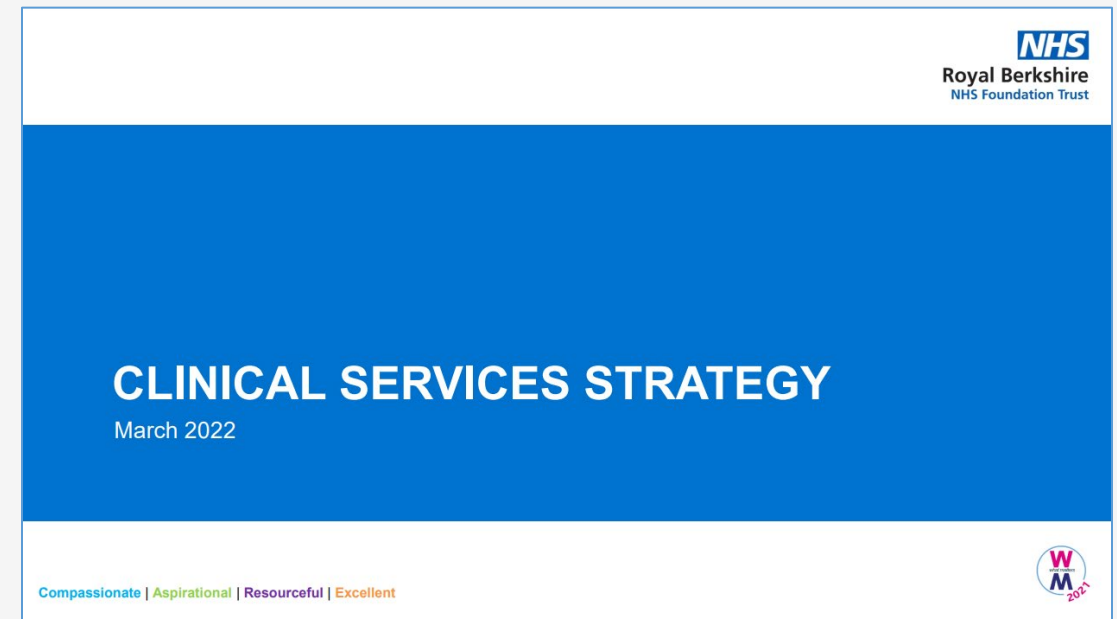
What is Strategy

- Plan to achieve organisational goals
- Typically includes vision, mission statement and strategic objectives
- Every trust and organisation within your ICS will have one
- Clinical strategy
- Enabling strategies



Why Strategy matters

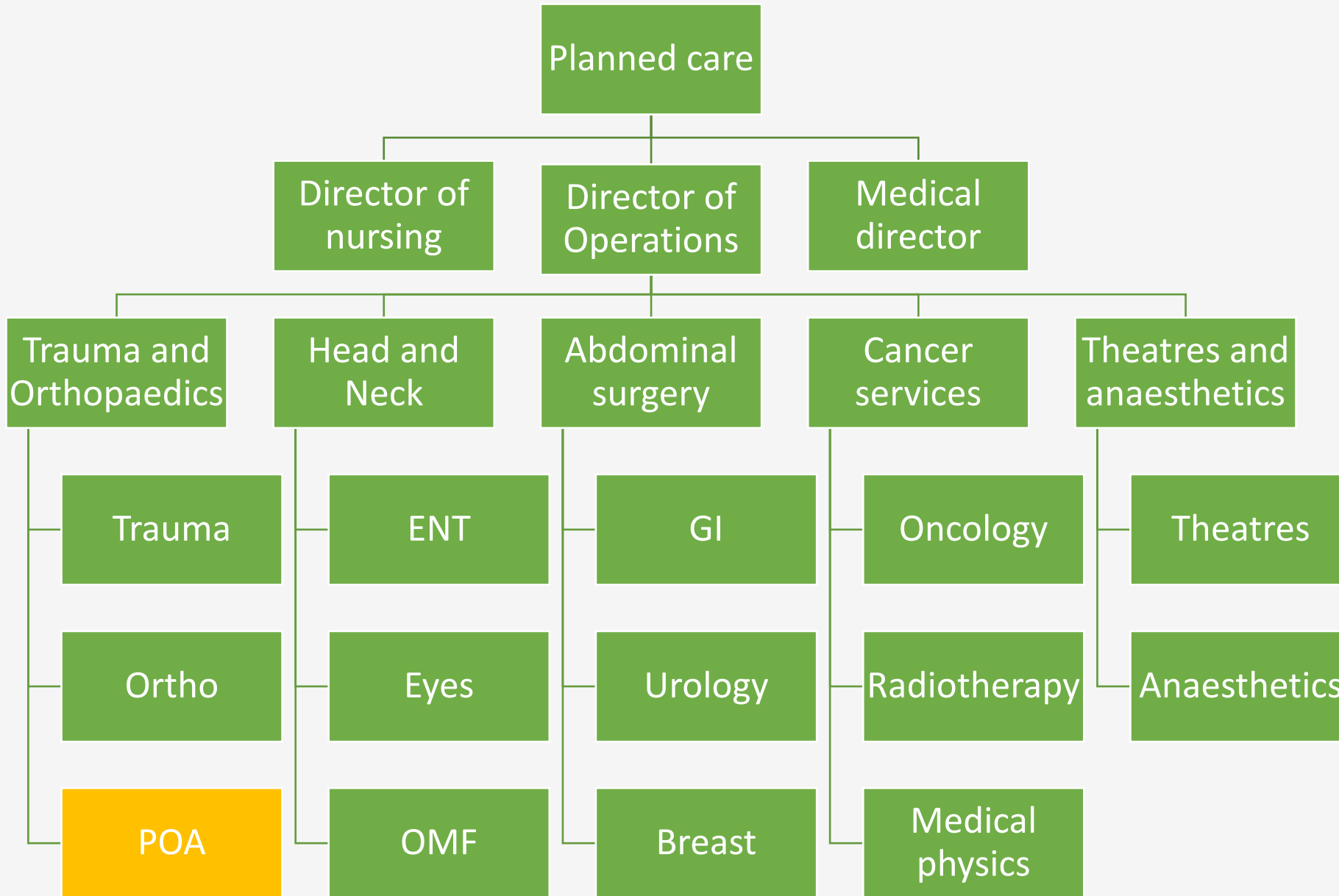
- Determines allocation of resources
- Aids communication
- Leads to organisational structure change
- Included in CSS since 2018
- New structure 2022

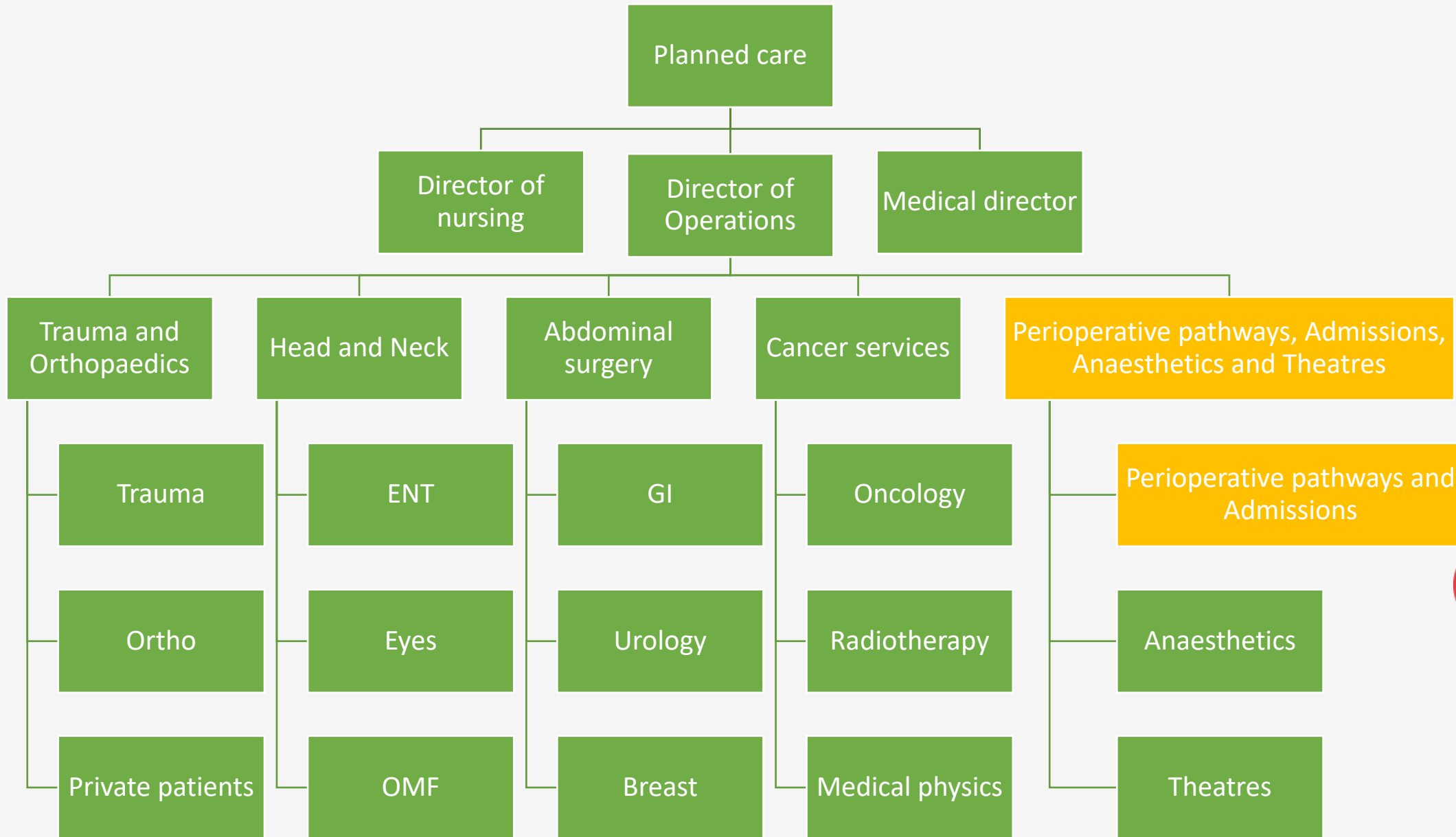


Organisational structure

- Most acute trusts have clinical divisions with multiple levels
- Corporate division: finance, HR, DDaT, estates...
- Triumvirate at most levels: department; directorate etc
- POA traditionally quite far down the hierarchy







Organisational change

- New directorate created with Clinical Director, two Matrons, Directorate manager
- Transformation team support
- Prehabilitation service
- Health coaches funded through efficiency savings in POA
- Digital transformation



Routes to change

- Top down
 - CPOC strategy
 - GIRFT
 - NHS contract changes
- Bottom up
 - Embed within clinical strategy
 - Acquire new skill set: BA/MBA
 - Work with partners in your ICS



System working

- Collaborate with your counterparts in other acute providers in your ICS
- Agree a strategy which aligns with the ICB strategy
- ICB want to support projects which align with their strategic objectives



BOB

Buckinghamshire, Oxfordshire
and Berkshire West
Integrated Care System



Perioperative Care Strategy across BOB ICS

2023-2028

Executive Summary

What we are looking to achieve

- Work **collaboratively** across the ICS on **prevention of postoperative complications** and **poor patient experience** for patients undergoing surgical procedures
- **Reduce health inequalities** for patients undergoing surgical procedures
- **Streamline pathways**, targeting our resources more intelligently and creating a High Volume Low Complexity (HVLC) pathway.

How we will know we're successful

- **Minimum contemporaneous data set** visible in each acute provider
- **Health population platform** available to all acute providers
- **Digital referral tool** for community services
- **Patient portal** supporting 2-way communication with patients in each acute provider
- All surgical inpatients **screened** and offered **tailored health optimisation support**

What we will do

- **Identify adverse health behaviours** and **medical risk factors** at the **earliest opportunity** in the surgical pathway
- Support patients to **optimise their health** prior to surgery to improve short and long term health outcomes, and **enhance patient experience**
- **Segment** patients with creation of pathways tailored to health needs
- Identify those **most at risk of health inequalities** and **target support** accordingly

Key enablers

- Inclusion in 'Advice and Guidance' outpatient strategy
- **Good interoperability** between digital solutions
- **Minimum agreed data set** with Primary Care
- **Health population management** platform
- **Digital referral tool** to community services
- **Patient portal/** digital communication tool



Thank you