

Surgery and Perioperative Medicine (SAPOM) Clinical Reconfiguration Service Plan

Southern Adelaide Local Health Network

Incorporating

Operating Theatres

Anaesthetic Central Sterile Service Department (CSSD)

Post Anaesthetic Care Unit (PACU)

Day Surgery

Day of Surgery Admission (DOSA)

Surgical Speciality Units

Endoscopy/Gastroenterology / Investigational Procedure Unit

Pain Services

Pre-Admission

***Other non-listed surgical services will continue as usual**

April 2017

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1. Executive Summary

The Southern Adelaide Local Health Network (SALHN) has been working closely with senior clinicians on the Surgery and Perioperative Medicine (SAPOM) service reconfiguration plan to support the relocation of services from the Repatriation General Hospital (RGH).

This draft plans shows that all the SAPOM clinical services currently provided at the RGH will be accommodated across the Southern Adelaide Local Health Network (SALHN).

A formal document will be available for staff and union consultation in late April 2017, however SALHN is releasing this preliminary SAPOM reconfiguration plan (Surgery and Perioperative Medicine, Version 1.0, April 2017) earlier to gauge wider staff feedback. The SAPOM clinical reconfiguration service plan will provide staff and unions with information on the SAPOM planning to date prior to formalising the document for consultation later this month.

The transformation for SALHN is focused upon improving patient access and flow and ensuring there is an effective creation of capacity to deliver services across our SALHN hospitals. For people living in the south, Flinders Medical Centre (FMC) will continue to be a centre for emergency, trauma, complex day cases (with an *American Society of Anaesthesiologist Physical Status Classification (ASA) of 3 or higher*), and multiday surgical procedures. Noarlunga Hospital (NH) will provide surgical care with a focus on 23 hour and same day surgery of patients with an ASA rating of 1 and 2. Additional theatres and a new and expanded day surgery unit will promote increased theatre and procedural work; and support the site as centre of excellence for elective surgery.

The current operating theatre, surgical procedural room and associated perioperative activity at the RGH will transition from the RGH to FMC and NH during the second half of 2017. The transition of all clinical services from the RGH to FMC and the NH are part of the broader enabling reconfiguration of clinical reconfiguration planning that is outlined within the:

- In-patient and multi-day bed wards and mergers (Clinical Reconfiguration Service Plan Version 3.1, March 2017).
- Surgery and Perioperative Medicine Services (Surgery and Perioperative Medicine Clinical Reconfiguration Service Plan, Version 1.0, April 2017).
- Outpatients (Outpatients Clinical Reconfiguration Service Plan, Version 1.0, April 2017).

The Surgery and Perioperative Medicine Clinical Reconfiguration Service Plan, Version 1.0, April 2017, outlines the proposed movement of clinical staff and surgical activity across SALHN. There will not be a reduction in clinical staffing levels or services as part of these moves.

Clinical engagement and consultation for the alignment of theatre and procedural schedules commenced with clinicians upon the announcement of the decommissioning of the RGH. A Surgical Services working group was established in December 2015 to explore options for future service models and to deliver the Transforming Health (TH) agenda and included senior SALHN clinicians, all SAPOM medical Heads of Unit (HOU), SAPOM Nursing Directors (ND) responsible for services at RGH, FMC and NH, Women's and Children's Division ND and HOU. Other clinical stakeholders responsible for interdependent services attended relevant workgroup meetings by invitation.

SAPOM services include both emergency (FMC only) and elective surgery providing:

- multi-day overnight bed stay.
- 23 hour surgical procedures.
- same day surgical procedures.

The Surgical Specialty Units involved in the transitioning of services to accommodate the decommissioning of the RGH and the alignment of services in SAPOM include Orthopaedics, Urology, General Surgery (including Oesophagogastric Surgery and Colorectal Surgery), Plastics and Reconstructive surgery, Vascular surgery, Gynaecology, Endoscopy/Gastroenterology/ Investigational Procedure Unit, Ophthalmology and Gynaecology (Women's and Children's Division).

The transition of the surgical specialty services from three SALHN sites to two sites will be supported and aligned to the transition of Operating Theatres, Central Sterile Service Department (CSSD), Post Anaesthetic Care Unit (PACU), Day Surgery, Day of Admission (DOSA), Endoscopy / Gastroenterology / Investigational Procedure Unit, Pain services , Pre-Admissions and Outpatient clinics.

Transition Arrangements will be developed to facilitate the transition of affected Medical Officers in consultation with the SA Salaried Medical Officers Association (SASMOA) and will be underpinned by the applicable industrial instruments.

Nursing, medical, allied health, patient support assistants (PSA) and administrative staff aligned to the Surgical Specialty units and clinical services will be in scope for the transitional changes across the three SALHN sites. The established Transforming Health HR Principles will be applied for *SA Public Sector Wages Parity Enterprise Agreement: Salaried 2014* (WPEA: Salaried) staff (ASO, AHP, OPS, PO, TGO, MeS, GFSc) and for Nursing/ Midwifery staff the SA Health – HR Principles – Nursing and Midwifery (February 2017).

Weekly paid staff will be managed in accordance with the *South Australian Public Sector Wages Parity Enterprise Agreement: Weekly Paid 2015* (with particular regard to Appendix 1: Changes to Workforce Composition and Managing Excess Employees: Redeployment, Retraining and Redundancy), underpinning Awards and the Guideline of the Commissioner for Public Sector Employment (CPSE): *Changes To Workforce Composition and Managing Excess Weekly Paid Employees - Redeployment, Retraining And Redundancy*.

Some staff will be required to relocate across sites either to NH and/or FMC. This will occur in consideration of organisational needs and professional and personal circumstances.

Consultation will continue with affected staff and unions during the implementation of this plan.

2. Introduction

The Transforming Health program outlines a roadmap for how services will be delivered to the Southern Adelaide community. All decisions about Transforming Health are underpinned by six quality principles that state a quality health system is:

- Patient-centred
- Safe
- Effective
- Accessible
- Efficient
- Equitable

The transformation for SALHN is focused upon improving patient access and flow and ensuring there is an effective creation of capacity to deliver services across our SALHN hospitals. For people living in the south, FMC will continue to be a centre for emergency, trauma, complex day and multiday surgical procedures. NH surgical services will provide dedicated elective 23 hour and day procedures within expanded surgical and procedural facilities.

The current operating theatre, surgical procedural room and associated perioperative activity at the RGH will transition from the RGH to FMC and NH during the second half of 2017.

The transition of these services will occur as part of the SALHN transition and decommissioning of the RGH, commencing in the second half of 2017.

Nursing, Medical, Allied Health, Patient Support Assistants (PSA), Weekly Paid and Administrative staff are in scope for the clinical service transition across RGH, FMC and NH.

To accommodate the decommissioning of the RGH an additional two theatres have been built at NH, and a new and expanded day surgery unit will be complete in April 2017. In addition to this, surgical ward space will be available to accommodate 23 hour surgery. In support of service relocations, it is proposed that two theatre shells at FMC will be fitted out and commissioned ready for surgical service moves prior to November 2017.

To facilitate the Transforming Health objectives, a collaborative clinical engagement process has been utilized to develop a plan for realignment of all existing SAPOM surgical and procedural services activity, from three sites to the remaining two SALHN sites achieving a Single Service Two Sites model of service provision. Activities to support the plan include:

- A capital works program at FMC and NH
- Realignment of Theatre and Procedural Schedules in consultation with clinicians
- Proposed workforce realignment of SALHN SAPOM staff
- Proposed realignment of Outpatients Services (SALHN Outpatient s Reconfiguration Plan, Version 1.0, April 2017)
- Inpatient bed reconfiguration (SALHN Clinical Reconfiguration Service Plan, Version 3.1, March 2017)
- A review of surgical waiting list process and a communication strategy.

3. Purpose

The purpose of the SALHN SAPOM Service Plan, Version 1.0, is to provide an overview of the:

- Proposed transition and realignment of services
- Proposed employee transition processes
- Proposed associated timelines
- Associated Capital works

that support the transition of the RGH operating theatre, surgical procedural room and associated perioperative activity from the RGH to FMC and NH.

4. SALHN SAPOM Service Plan

SAPOM will continue to provide safe, high quality care for patients while transitioning all current services from three sites to two sites, as per the Transforming Health Implementation Plan.

SAPOM services include both emergency (FMC only) and elective surgery providing:

- multi-day overnight bed stay
- 23 hour surgical procedures
- same day surgical procedures

The transition of SAPOM services will align to:

- FMC, to continue to be a centre for adult and paediatric, emergency, trauma and multiday surgical procedures and services. Patients with complex medical needs requiring day surgery will also be managed at FMC.
- NH will provide the Southern Adelaide community with high quality adult surgical and procedural services within a contemporary 23 hour and same day surgery model of care.
- RGH decommissioning in December 2017.

SALHN's SAPOM offers a diverse range of surgical specialities across the three SALHN campuses FMC, RGH and NH. Surgical specialities are provided in both elective (all sites) and emergency (FMC only) surgical care.

The surgical Specialty Units involved in the transitioning of services to support the decommissioning of the RGH hospital and the realignment of services within SAPOM include:

- Orthopaedics
- Urology
- General Surgery including Oesophagogastric Surgery and Colorectal Surgery
- Plastics and Reconstructive surgery
- Vascular surgery
- Gynaecology
- Endoscopy/Gastroenterology/ Investigational Procedure Unit,
- Ophthalmology and
- Gynaecology (Women's and Children's Division).

The transition of the surgical specialty units will be supported by:

- Operating Theatres
- Central Sterile Service Department
- Post Anaesthetic Care Unit (PACU)
- Day Surgery
- Day of Admission (DOSA)
- Endoscopy / Gastroenterology / Investigational Procedure Unit
- Pain services
- Pre-Admission

The transition of SAPOM services from RGH to FMC and NH will be aligned to the proposed reconfiguration of outpatient services for SALHN.

5. Clinical Engagement and Consultation for alignment of Theatre and Procedural Schedules

The Surgical Services working group was established in December 2015 following the announcement of closure of the RGH to explore options for future service models and to deliver the Transforming Health (TH) agenda. Membership of the working group consisted of senior SALHN clinicians and included all SAPOM medical HOU, ND responsible for services at RGH, FMC and NH, Women's and Children's Division ND and HOU. Other relevant clinical stakeholders responsible for interdependent services attended relevant workgroup meetings by invitation.

An operating theatre demand and capacity analysis informed the working group of the number, type, length and scheduling of the theatre sessions required to accommodate existing surgical activity accommodated throughout SALHN (Attachment 1):

- NH – 8 hour full day elective operating sessions
- FMC – 9 hour full day elective operating sessions- as per current service
- FMC – 16 and 24 hour emergency session- as per current service
- NH and FMC – 4 hour half day sessions for endoscopy
- FMC Ophthalmology – 8 hour full day elective operating sessions as per current service
- FMC "Emergency On call" operating theatre teams will continue as per current service

The development of a draft theatre schedule (attachment 2) enabled development of proposed future staffing models for SALHN SAPOM staff to accommodate existing activity. There will no reduction in clinical services and clinical FTE through the transition of SAPOM services across SALHN.

Communication (Patients and Families/Carers)

Communication will also occur with patients, family/carers to inform them of the service moves and associated changes.

Communication (General Practitioners/Referrers)

Communication will occur to inform patients General Practitioners/referrers of service moves and the associated service changes. Referral pathways will be established and communicated with General Practitioners.

Communication (Veterans)

Communication will occur to inform Veterans of service moves and the associated service changes. Veterans will maintain current service access in line with SA Health's Framework for Veteran's Health Care.

Communication (Aboriginal and Torres Strait Islander patient, families, carers and communities)

SALHN recognises that the proposed new locations of surgical services will present significant change to consumers, including Aboriginal and Torres Strait Islander people. Consultation with SALHN's Aboriginal Health services' staff supported a series of recommendations for the next phases of transition planning for SALHN Surgery and Perioperative Service Reconfiguration to support Aboriginal and Torres Strait Islander patients and families to highlight cultural requirements and awareness during this period of change. These recommendations include:

- Cultural learning strategies to be implemented for all SALHN staff who provide surgical and perioperative services. Key topics suggested to be addressed include:
 - supporting the social and emotional well-being of Aboriginal and Torres Strait Islander people
 - communicating effectively with Aboriginal and Torres Strait Islander people
 - liaising with Aboriginal Hospital Liaison Officer at Karpa Ngarrattendi for assistance in supporting Aboriginal and Torres Strait Islander patients to access services.
- Creation of Aboriginal and Torres Strait Islander friendly environments including the display of Aboriginal Flags and art.
- Communication with the Aboriginal Community in culturally relevant language in relation to the new locations of services.

It is proposed that the above issues will be explored in depth in the next phase of transition planning for outpatient service relocation.

Surgical and Procedural Waiting Lists

The aim is for each service to have one consolidated elective surgery waiting list. This will ensure equity of access for patients with established criteria, enabling the assessment and documentation of each patient's suitability for either NH or FMC upon addition of patients to the SAPOM waiting lists.

Pre-admission Service

A SALHN wide model will be established for pre-admission services to ensure a consistent approach to governance, models of care and processes. This will include the provision of services with the transition from Fee for Service surgical medical model at NH to a SALHN staff specialist model. Assessment of patient complexity to ensure right place first time will be facilitated by the use of ASA rating scale as defined by the American Society of Anaesthesiologists.

Pain Services

Pain Services includes Acute Pain Service, Pain Management Service and Palliative and Other Pain Services.

Admission and Reception

Admission and reception services at FMC and NH will be required to establish a SALHN wide structure to ensure consistent governance and processes are established within SAPOM. An evaluation of these services will occur post implementation.

Rehabilitation

With multiday surgery planned for FMC, there will be access to rehabilitation services as required on site at FMC as per the Transforming Health plan.

6. Capital Works

Noarlunga Hospital

The capital works program currently underway at NH will expand the surgical services capability with construction of two new state of the art operating theatres. This redevelopment is complimented by the refurbishment of the surgical admission and recovery suites ready for commissioning in April 2017.

Considerable infrastructure and equipment upgrades to the CSSD have also been undertaken to ensure the CSSD is fit for purpose for the expanded theatre capacity and complies with the *AS/NZS 4187:2014 Reprocessing of reusable medical devices in health services organisations standards*.

Flinders Medical Centre

Extensive capital works are underway within the FMC. In support of service relocations, it is proposed that two theatre shells at FMC will be fitted out and commissioned ready for surgical service moves prior to November 2017.

7. Proposed Staffing Models to support 'Single Service Two Sites'

SAPOM Medical staff

Engagement and consultation with surgeons and anaesthetists currently working under the Fee for Service (FFS) model has commenced.

Realignment from FFS to a staff specialist model (preferred model) is proposed to occur between 1 July and 30 September 2017 with no FFS work to be undertaken after 30 September 2017, unless by agreement. Public surgical activity currently provided under a FFS arrangement will continue to be provided by SALHN under a staff specialist model. Existing FFS medical staff are being provided the opportunity to remain with SALHN as a staff specialist or visiting medical officer, subject to the same employment conditions of existing staff specialist appointments. Realignment arrangements will be established for in-scope medical officers, subject to ongoing consultation with SASMOA to facilitate the implementation of this Service Plan. The realignment arrangements will be underpinned by the applicable Awards and Enterprise Arrangements. The following medical model will assist with the realignment of services across SALHN.

The SALHN Surgical Medical Model of Care will require most units to co-ordinate staff across two sites including junior medical staff. On call arrangements will apply in accordance with the Transition Arrangements for medical officers (these Transition Arrangements are subject to consultation with SASMOA) and underpinning industrial instruments. SASMOA and SALHN will continue to meet regularly throughout the realignment process to address issues and concerns that may arise.

The Surgical Model of Care in hours (excluding Gynaecology services with a model to be determined) proposed for NH will be unit based. After 17:00 and until 21:00 patients at NH requiring medical assistance will be managed by the medical registrar rostered on site. After 21:00 patients requiring medical intervention will then be managed by the hospital's Medical Emergency Team service. Decisions regarding further management can be made with the surgical team on call who may provide advice or arrange intervention if indicated. If intervention is required or if the patient's medical condition is deteriorating, then a transfer of the patient to FMC will occur as is the current practice with patients at RGH. These patients, if transferred to FMC, will need to follow direct admission pathways to a surgical ward.

Some staff will be required to work across sites either NH and/or FMC. This will occur in consideration of organisational needs and professional and personal circumstances. There will no reduction in *clinical services and clinical FTE* through the transition of SAPOM services across SALHN.

Ongoing consultation will occur with medical officers regarding the theatre schedule, locations and the alignment of outpatient clinics in conjunction with the SALHN Outpatient Service Plan Version 1.0.

SAPOM Medical Workforce realignment in-scope specialist units are:

- General Surgery
- Colorectal Surgery
- Oesophagogastric Surgery
- Endoscopy/Gastroenterology/Investigations and Procedures Unit
- Gynaecology
- Ophthalmology
- Orthopaedics
- Pain Services
- Plastics and Reconstructive Surgery
- Urology
- Vascular Surgery

The table below identifies the proposed future location of surgical services across SALHN

In-scope Surgical clinical services current and future site location

Clinical Service	Future Location	
	FMC	NH
General Surgery	√	√
Colorectal Surgery	√	√
Oesophagogastric Surgery	√	√
Endoscopy /Gastroenterology Investigational Procedure Unit	√	√
Gynaecology	√	√
Ophthalmology	√	X
Orthopaedics	√	√
Pain Services	√	√
Plastics and Reconstructive Surgery	√	√
Urology	√	√
Vascular Surgery	√	√
Surgery conducted on paediatric patients	√	X

Table 1 Proposed Surgical Service future site

Specialist surgical services currently provided at 'FMC only' are not in scope for realignment and will continue with existing models of care.

Nursing /Midwifery Staff

Following development of the SALHN SAPOM proposed theatre schedule and to determine future roster requirements a proposed SALHN perioperative nursing/midwifery staffing plan has been developed by senior substantive perioperative Clinical Service Coordinators (CSC) in consultation with the perioperative nursing director. This plan outlines the number of nurses required per day and the relevant shift commencement times and shift length. It has been developed to match the proposed theatre schedule incorporating the relevant ACORN standards and the *Nursing/Midwifery (South Australian Public Sector) Enterprise Agreement 2016*. This plan has also informed the number of positions required within each proposed future service and is outlined as FTE in the Workforce summary (Appendix 3). Various start/finish times will be configured to support the proposed clinical theatre schedules.

A nursing/midwifery EOI process will be established in accordance with the SA Health – HR Principles – Nursing and Midwifery (February 2017) and will include preferences for: shift length (8 or 10 hours), contract span (5 or 7 days), area of expertise/interest, ACSC Clinical Specialty Portfolios and Perioperative RN3 Positions. This process will enable the matching of current staffing requirements to proposed staffing requirements. Education and orientation packages will be provided for all realigned staff as required.

Please note, although there will be some movement of clinical staff across the network, we are not proposing to reduce surgical clinical staffing levels as part of these service moves.

SAPOM Nursing/Midwifery Workforce EOI in-scope services

EN, RN1, RN2 & RN3 nursing/midwifery positions within SAPOM services listed below are **in scope**:

- Operating Theatres
- Anaesthetics
- Central Sterile Supply Department (CSSD)
- Post Anaesthetic Care Unit (PACU)
- Day Surgery
- Day of Surgery Admission (DOSA)
- Ophthalmology - Flinders Eye Centre
- Endoscopy/Gastroenterology / Investigations and Procedures Unit
- Pre-Admission

The following SAPOM nursing/midwifery positions will transition with services:

- Perioperative Nurse Educator Facilitator (NEF)
- Perioperative Clinical Practice Coordinator (CPC)
- Pain Services CPCs
- Surgical Speciality Units specialty nurses
 - Orthopaedics
 - Urology
 - Gastroenterology SCOOP

Perioperative Nurses currently working across SALHN and in consultation with the relevant area CSC's, may move across sites to facilitate and support required staff skill mix and daily theatre allocations. Future processes for clinical rotations and allocations are to be established in consultation with perioperative nursing/midwifery staff. Working across sites will enable staff exposure to different specialties, complexities of surgery and patients, education, staff allocation, skills development and peer support.

Nursing/midwifery staffing plans for Day Surgery, DOSA and Pre-Admission across NH and FMC will be aligned to the surgical service relocations and will consider types and volumes of surgical activity. Pre-Admission staff consultation will be included within the SAPOM service plan and EOI consultation process, separate to the SALHN outpatient service plan.

Corporate staff

Staff who work in SAPOM and fall under the Governance of Corporate Services will be in scope for services moves and be consulted on related changes as part of the Corporate Staff Service Plan Version 1.0. This plan is currently in development and expected to be complete later this month.

Allied Health Staff

The Transforming Health HR Principles-WPEA: Salaried Transforming Health HR Principles and underpinning industrial instruments will be applied for *SA Public Sector Wages Parity Enterprise Agreement: Salaried 2014* (WPEA: Salaried) staff (ASO, AHP, OPS, PO, TGO, MeS, GFSc).

Administrative Staff

The Transforming Health HR Principles-WPEA: Salaried and underpinning industrial instruments will be applied for *SA Public Sector Wages Parity Enterprise Agreement: Salaried 2014* (WPEA: Salaried) staff (ASO, AHP, OPS, PO, TGO, MeS, GFSc).

The Transforming Health program provides an opportunity to transition the administrative services across the network to support to the clinical functions.

The new model of care will allow administrative staff to be allocated to match the actual activity in each site, offering improved efficiencies within the current workflows.

Professional Officers

Professional Officers as part of the Oesophageal Function Laboratory are out of scope as they are a stand-alone RGH service and staff will relocate with the service.

Weekly Paid Staff

Weekly paid staff will be managed in accordance with the *South Australian Public Sector Wages Parity Enterprise Agreement: Weekly Paid 2015* (with particular regard to Appendix 1: *Changes to Workforce Composition and Managing Excess Employees: Redeployment, Retraining and Redundancy*), underpinning Awards and the Guideline of the Commissioner for Public Sector Employment (CPSE): *Changes To Workforce Composition and Managing Excess Weekly Paid Employees - Redeployment, Retraining And Redundancy*.

In scope weekly paid staff are; RGH Theatre Sterile Supply Unit (TSSU), FMC CSSD and NH CSSD.

8. Human Resource (HR) Principles and Expression of Interest (EOI)

Consultation will take place with staff and unions about required employee realignment processes in line with the *SA Health Nursing/ Midwifery HR Principles (February 2017)* and the *SA Public Sector Wages Parity: Salaried 2014 (WPEA: Salaried) – ASO, OPS, AHP, TGO, PO, MeS GFSc*.

Weekly paid staff will be managed in accordance with the *South Australian Public Sector Wages Parity Enterprise Agreement: Weekly Paid 2015* (with particular regard to Appendix 1: Changes to Workforce Composition and Managing Excess Employees: Redeployment, Retraining and Redundancy), underpinning Awards and the Guideline of the Commissioner for Public Sector Employment (CPSE): *Changes To Workforce Composition and Managing Excess Weekly Paid Employees - Redeployment, Retraining And Redundancy*.

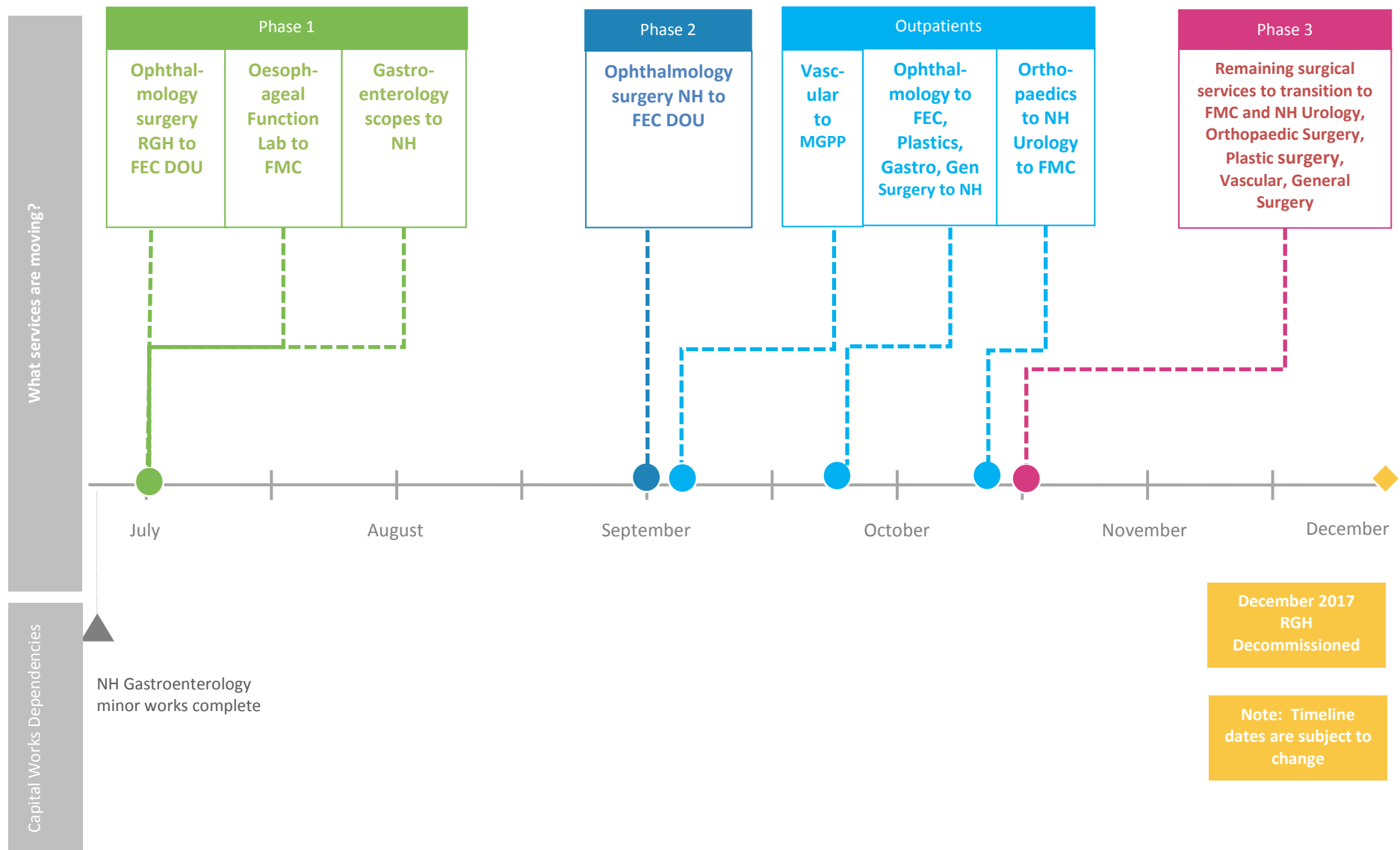
Transition Arrangements will be established and applied for in-scope medical officers, subject to consultation with SASMOA to facilitate the implementation of this Service Plan. The Transition Arrangements will be underpinned by the applicable Awards and Enterprise Arrangements.

Where appropriate and as required Expression of Interest (EOI) processes will be undertaken to facilitate the realignment of in-scope staff.

9. Realignment of Outpatients Services

The proposed reconfiguration of SALHN outpatient services will be aligned to the proposed SALHN SAPOM clinical reconfiguration services plan Version 1.0 April 2007..

10. SAPOM services proposed transition timelines across



1 Theatre Schedule - proposed schedule subject to further consultation

Location	SALHN Week	Theatre		Mon	Tue	Wed	Thu	Fri
FMC	1	OT 1	1	VASCULAR	VASCULAR	VASCULAR	VASCULAR	GENERAL
			2	VASCULAR	VASCULAR	VASCULAR	VASCULAR	GENERAL
		OT 2	1	OBSTETRICS & GYNAECOLOGY	HEPATOPANCREATOBILIARY UNIT	OBSTETRICS & GYNAECOLOGY LSCS	HEPATOPANCREATOBILIARY UNIT	OESOPHAGO-GASTRIC SURGICAL UNIT
			2	OBSTETRICS & GYNAECOLOGY LSCS	HEPATOPANCREATOBILIARY UNIT	PAEDIATRICS	HEPATOPANCREATOBILIARY UNIT	OESOPHAGO-GASTRIC SURGICAL UNIT
		OT 3	1	PAEDIATRICS	COLO RECTAL SURGERY	COLO RECTAL SURGERY	OBSTETRICS & GYNAECOLOGY VTOP	BARIATRIC
			2	COLO RECTAL SURGERY	COLO RECTAL SURGERY	COLO RECTAL SURGERY	OBSTETRICS & GYNAECOLOGY	BARIATRIC
		OT 4	1	GYNAECOLOGY ONCOLOGY	GYNAECOLOGY ONCOLOGY	OBSTETRICS & GYNAECOLOGY	OBSTETRICS & GYNAECOLOGY	OBSTETRICS & GYNAECOLOGY
			2	GYNAECOLOGY ONCOLOGY	OBSTETRICS & GYNAECOLOGY	OBSTETRICS & GYNAECOLOGY	OBSTETRICS & GYNAECOLOGY	OBSTETRICS & GYNAECOLOGY LSCS
		OT 5		24 HOUR EMERGENCY	24 HOUR EMERGENCY	24 HOUR EMERGENCY	24 HOUR EMERGENCY	24 HOUR EMERGENCY
		OT 6	1	MINOR PLASTICS PATHWAY	ORTHOPAEDICS	ORTHOPAEDICS	ORTHOPAEDICS	MINOR PLASTICS PATHWAY
			2	2nd EMERGENCY	2nd EMERGENCY	2nd EMERGENCY	2nd EMERGENCY	2nd EMERGENCY
		OT 7		ORTHOPAEDICS	ORTHOPAEDICS	ORTHOPAEDICS	ORTHOPAEDICS	ORTHOPAEDICS
		OT 8	1	NEURO-SURGERY	OBSTETRICS & GYNAECOLOGY LSCS	NEURO-SURGERY	NEURO-SURGERY	PLASTICS
			2	NEURO-SURGERY	OBSTETRICS & GYNAECOLOGY	NEURO-SURGERY	NEURO-SURGERY	PLASTICS
		OT 9	1	UROLOGY	UROLOGY	UROLOGY	UROLOGY	UROLOGY
			2	UROLOGY	UROLOGY	UROLOGY	UROLOGY	UROLOGY
		OT 10	1	E.N.T.	E.N.T.	E.N.T.	E.N.T.	E.N.T.
			2	E.N.T.	E.N.T.	E.N.T.	E.N.T.	COLO RECTAL SURGERY
		OT 11	1	ORTHOPAEDICS	ORTHOPAEDICS	ORTHOPAEDICS	GEN ORTHOPAEDIC	GEN ORTHOPAEDIC
			2	ORTHOPAEDICS	ORTHOPAEDICS	ORTHOPAEDICS	GEN ORTHOPAEDIC	GEN ORTHOPAEDIC
		OT 12	1	ORTHOPAEDICS	MINOR PLASTICS PATHWAY	PLASTICS	NEURO-SURGERY	PLASTICS
			2	ORTHOPAEDICS	PLASTICS	PLASTICS	OBSTETRICS & GYNAECOLOGY FRM	MINOR PLASTICS PATHWAY
			3		PLASTICS			

*Table 2.0. Proposed transition timelines for SAPOM services

Location	SALHN Week	Theatre		Mon	Tue	Wed	Thu	Fri
FMC	2	OT 1	1	VASCULAR	VASCULAR	VASCULAR	VASCULAR	GENERAL
			2	VASCULAR	VASCULAR	VASCULAR	VASCULAR	GENERAL
		OT 2	1	OBSTETRICS & GYNAECOLOGY	HEPATOPANCREATOBILIARY UNIT	OBSTETRICS & GYNAECOLOGY LSCS	HEPATOPANCREATOBILIARY UNIT	OESOPHAGO-GASTRIC SURGICAL UNIT
			2	OBSTETRICS & GYNAECOLOGY LSCS	HEPATOPANCREATOBILIARY UNIT	PAEDIATRICS	HEPATOPANCREATOBILIARY UNIT	OESOPHAGO-GASTRIC SURGICAL UNIT
		OT 3	1	PAEDIATRICS	OESOPHAGO-GASTRIC SURGICAL UNIT	COLO RECTAL SURGERY	3rd EMERGENCY	EBUS
			2	COLO RECTAL SURGERY	OESOPHAGO-GASTRIC SURGICAL UNIT	COLO RECTAL SURGERY	OBSTETRICS & GYNAECOLOGY	PAIN
		OT 4	1	GYNAECOLOGY ONCOLOGY	OBSTETRICS & GYNAECOLOGY LSCS	OBSTETRICS & GYNAECOLOGY	OBSTETRICS & GYNAECOLOGY	OBSTETRICS & GYNAECOLOGY
			2	GYNAECOLOGY ONCOLOGY	OBSTETRICS & GYNAECOLOGY	OBSTETRICS & GYNAECOLOGY	OBSTETRICS & GYNAECOLOGY	OBSTETRICS & GYNAECOLOGY LSCS
		OT 5		24 HOUR EMERGENCY	24 HOUR EMERGENCY	24 HOUR EMERGENCY	24 HOUR EMERGENCY	24 HOUR EMERGENCY
		OT 6	1	MINOR PLASTICS PATHWAY	ORTHOPAEDICS	ORTHOPAEDICS	ORTHOPAEDICS	MINOR PLASTICS PATHWAY
			2	2nd EMERGENCY	2nd EMERGENCY	2nd EMERGENCY	2nd EMERGENCY	2nd EMERGENCY
		OT 7		ORTHOPAEDICS	ORTHOPAEDICS	ORTHOPAEDICS	ORTHOPAEDICS	ORTHOPAEDICS
		OT 8	1	NEURO-SURGERY	PLASTICS	NEURO-SURGERY	NEURO-SURGERY	PLASTICS
			2	NEURO-SURGERY	PLASTICS	NEURO-SURGERY	NEURO-SURGERY	PLASTICS
		OT 9	1	UROLOGY	UROLOGY	UROLOGY	UROLOGY	UROLOGY
			2	UROLOGY	UROLOGY	UROLOGY	UROLOGY	UROLOGY
		OT 10	1	E.N.T.	E.N.T.	E.N.T.	E.N.T.	E.N.T.
			2	E.N.T.	E.N.T.	E.N.T.	E.N.T.	COLO RECTAL SURGERY
		OT 11	1	ORTHOPAEDICS	ORTHOPAEDICS	ORTHOPAEDICS	GEN ORTHOPAEDIC	GEN ORTHOPAEDIC
			2	ORTHOPAEDICS	ORTHOPAEDICS	ORTHOPAEDICS	GEN ORTHOPAEDIC	GEN ORTHOPAEDIC
		OT 12	1	NEURO-SURGERY	MINOR PLASTICS PATHWAY	PLASTICS	PLASTICS	PLASTICS
			2	PLASTICS	PLASTICS	PLASTICS	PLASTICS	PLASTICS

Location	SALHN Week	Theatre		Mon	Tue	Wed	Thu	Fri
FMC	3	OT 1	1	VASCULAR	VASCULAR	VASCULAR	VASCULAR	
			2	VASCULAR	VASCULAR	VASCULAR	VASCULAR	
		OT 2	1	OBSTETRICS & GYNAECOLOGY	HEPATOPANCREATOBILIARY UNIT	OBSTETRICS & GYNAECOLOGY LSCS	HEPATOPANCREATOBILIARY UNIT	OESOPHAGO-GASTRIC SURGICAL UNIT
			2	OBSTETRICS & GYNAECOLOGY LSCS	HEPATOPANCREATOBILIARY UNIT	PAEDIATRICS	HEPATOPANCREATOBILIARY UNIT	OESOPHAGO-GASTRIC SURGICAL UNIT
		OT 3	1	PAEDIATRICS	COLO RECTAL SURGERY	COLO RECTAL SURGERY	OBSTETRICS & GYNAECOLOGY VTOP	GYNAECOLOGY ONCOLOGY
			2	COLO RECTAL SURGERY	COLO RECTAL SURGERY	COLO RECTAL SURGERY	OBSTETRICS & GYNAECOLOGY	OBSTETRICS & GYNAECOLOGY FRM
		OT 4	1	GYNAECOLOGY ONCOLOGY	OBSTETRICS & GYNAECOLOGY LSCS	GENERAL		OBSTETRICS & GYNAECOLOGY
			2	GYNAECOLOGY ONCOLOGY	OBSTETRICS & GYNAECOLOGY	GENERAL		OBSTETRICS & GYNAECOLOGY LSCS
		OT 5		24 HOUR EMERGENCY	24 HOUR EMERGENCY	24 HOUR EMERGENCY	24 HOUR EMERGENCY	24 HOUR EMERGENCY
		OT 6	1	MINOR PLASTICS PATHWAY	ORTHOPAEDICS	ORTHOPAEDICS	ORTHOPAEDICS	MINOR PLASTICS PATHWAY
			2	2nd EMERGENCY	2nd EMERGENCY	2nd EMERGENCY	2nd EMERGENCY	2nd EMERGENCY
		OT 7		ORTHOPAEDICS	ORTHOPAEDICS	ORTHOPAEDICS	ORTHOPAEDICS	ORTHOPAEDICS
		OT 8	1	NEURO-SURGERY	MINOR PLASTICS PATHWAY	NEURO-SURGERY	NEURO-SURGERY	PLASTICS
			2	NEURO-SURGERY	OBSTETRICS & GYNAECOLOGY	NEURO-SURGERY	NEURO-SURGERY	MINOR PLASTICS PATHWAY
		OT 9	1	UROLOGY	UROLOGY	UROLOGY	UROLOGY	UROLOGY
			2	UROLOGY	UROLOGY	UROLOGY	UROLOGY	UROLOGY
		OT 10	1	E.N.T.	E.N.T.	E.N.T.	E.N.T.	E.N.T.
			2	PLASTICS	E.N.T.	E.N.T.	E.N.T.	COLO RECTAL SURGERY
		OT 11	1	ORTHOPAEDICS	ORTHOPAEDICS	ORTHOPAEDICS	GEN ORTHOPAEDIC	GEN ORTHOPAEDIC
			2	ORTHOPAEDICS	ORTHOPAEDICS	ORTHOPAEDICS	GEN ORTHOPAEDIC	GEN ORTHOPAEDIC
		OT 12	1	ORTHOPAEDICS	PLASTICS	PLASTICS	NEURO-SURGERY	PLASTICS
			2	ORTHOPAEDICS	PLASTICS	PLASTICS	NEURO-SURGERY	PLASTICS

Location	SALHN Week	Theatre		Mon	Tue	Wed	Thu	Fri
FMC	4	OT 1	1	VASCULAR	VASCULAR	VASCULAR	VASCULAR	HEPATOPANCREATOBILIARY UNIT
			2	VASCULAR	VASCULAR	VASCULAR	VASCULAR	HEPATOPANCREATOBILIARY UNIT
		OT 2	1	OBSTETRICS & GYNAECOLOGY	HEPATOPANCREATOBILIARY UNIT	OBSTETRICS & GYNAECOLOGY	HEPATOPANCREATOBILIARY UNIT	OESOPHAGO-GASTRIC SURGICAL UNIT
			2	OBSTETRICS & GYNAECOLOGY LSCS	HEPATOPANCREATOBILIARY UNIT	PAEDIATRICS	HEPATOPANCREATOBILIARY UNIT	OESOPHAGO-GASTRIC SURGICAL UNIT
		OT 3	1	PAEDIATRICS	OESOPHAGO-GASTRIC SURGICAL UNIT	COLO RECTAL SURGERY	OESOPHAGO-GASTRIC SURGICAL UNIT	EBUS
			2	COLO RECTAL SURGERY	OESOPHAGO-GASTRIC SURGICAL UNIT	COLO RECTAL SURGERY	OESOPHAGO-GASTRIC SURGICAL UNIT	
		OT 4	1	GYNAECOLOGY ONCOLOGY	OBSTETRICS & GYNAECOLOGY LSCS	GENERAL	3rd EMERGENCY	OBSTETRICS & GYNAECOLOGY
			2	GYNAECOLOGY ONCOLOGY	OBSTETRICS & GYNAECOLOGY	GENERAL	OBSTETRICS & GYNAECOLOGY	OBSTETRICS & GYNAECOLOGY LSCS
		OT 5		24 HOUR EMERGENCY	24 HOUR EMERGENCY	24 HOUR EMERGENCY	24 HOUR EMERGENCY	24 HOUR EMERGENCY
		OT 6	1	MINOR PLASTICS PATHWAY	ORTHOPAEDICS	ORTHOPAEDICS	ORTHOPAEDICS	MINOR PLASTICS PATHWAY
			2	2nd EMERGENCY	2nd EMERGENCY	2nd EMERGENCY	2nd EMERGENCY	2nd EMERGENCY
		OT 7		ORTHOPAEDICS	ORTHOPAEDICS	ORTHOPAEDICS	ORTHOPAEDICS	ORTHOPAEDICS
		OT 8	1	NEURO-SURGERY	PLASTICS	NEURO-SURGERY	NEURO-SURGERY	PLASTICS
			2	NEURO-SURGERY	PLASTICS	NEURO-SURGERY	NEURO-SURGERY	PLASTICS
		OT 9	1	UROLOGY	ORTHOPAEDICS	UROLOGY	UROLOGY	UROLOGY
			2	UROLOGY	ORTHOPAEDICS	UROLOGY	UROLOGY	UROLOGY
		OT 10	1	E.N.T.	E.N.T.	E.N.T.	E.N.T.	E.N.T.
			2	E.N.T.	E.N.T.	E.N.T.	E.N.T.	COLO RECTAL SURGERY
		OT 11	1	ORTHOPAEDICS	ORTHOPAEDICS	ORTHOPAEDICS	GEN ORTHOPAEDIC	GEN ORTHOPAEDIC
			2	ORTHOPAEDICS	ORTHOPAEDICS	ORTHOPAEDICS	GEN ORTHOPAEDIC	GEN ORTHOPAEDIC
		OT 12	1	NEURO-SURGERY	MINOR PLASTICS PATHWAY	PLASTICS	NURSE MANDATORY TRAINING	PLASTICS
			2	PLASTICS	PLASTICS	PLASTICS	NURSE MANDATORY TRAINING	PLASTICS

Location	SALHN Week	Theatre		Mon	Tue	Wed	Thu	Fri	
NHS	1	OR1	1	UROLOGY		UROLOGY	UROLOGY	GYNAECOLOGY	
			2	VASCULAR VEINS	UROLOGY	UROLOGY	UROLOGY	FAU	
		OR2	1		PLASTICS	PLASTICS		PLASTICS	
			2		PLASTICS	PLASTICS		PLASTICS	
		OR5	1	ORTHOPAEDICS	RHEUMATOLOGY	ORTHOPAEDICS	ORTHOPAEDICS	ORTHOPAEDICS	
			2	ORTHOPAEDICS	PAIN CLINIC	ORTHOPAEDICS	ORTHOPAEDICS	ORTHOPAEDICS	
	OR6	1	GENERAL		GENERAL	OESOPHAGO-GASTRIC SURGICAL UNIT	GYNAECOLOGY		
		2	GENERAL		GENERAL	OESOPHAGO-GASTRIC SURGICAL UNIT	GYNAECOLOGY		
	NHS	2	OR1	1	UROLOGY		UROLOGY		GYNAECOLOGY
				2	UROLOGY	PAIN CLINIC	UROLOGY	UROLOGY	FAU
			OR2	1	ENT	PLASTICS	PLASTICS	PLASTICS	PLASTICS
				2	ENT	PLASTICS	PLASTICS	PLASTICS	PLASTICS
OR5			1	ORTHOPAEDICS	ORTHOPAEDICS		ORTHOPAEDICS	ORTHOPAEDICS	
			2	ORTHOPAEDICS	ORTHOPAEDICS		ORTHOPAEDICS	ORTHOPAEDICS	
OR6		1	GYNAECOLOGY	GENERAL	COLO RECTAL SURGERY	OESOPHAGO-GASTRIC SURGICAL UNIT			
		2	GYNAECOLOGY	GENERAL	COLO RECTAL SURGERY	VASCULAR VEINS			

Location	SALHN Week	Theatre		Mon	Tue	Wed	Thu	Fri		
NHS	3	OR1	1	UROLOGY	UROLOGY	GYNAECOLOGY	GYNAECOLOGY	GYNAECOLOGY		
			2	VASCULAR VEINS	UROLOGY	GYNAECOLOGY	GYNAECOLOGY	FAU		
		OR2	1		PLASTICS	PLASTICS	PLASTICS	PLASTICS		
			2		PLASTICS	PLASTICS	PLASTICS	PLASTICS		
		OR5	1	ORTHOPAEDICS	ORTHOPAEDICS	ORTHOPAEDICS	ORTHOPAEDICS	ORTHOPAEDICS		
			2	ORTHOPAEDICS	ORTHOPAEDICS	ORTHOPAEDICS	ORTHOPAEDICS	ORTHOPAEDICS		
		OR6	1	GENERAL	GYNAECOLOGY		OESOPHAGO-GASTRIC SURGICAL UNIT			
			2	GENERAL	GYNAECOLOGY	GENERAL	OESOPHAGO-GASTRIC SURGICAL UNIT			
		NHS	4	OR1	1	UROLOGY		GYNAECOLOGY	VASCULAR VEINS	
					2	UROLOGY	UROLOGY	GYNAECOLOGY	UROLOGY	FAU
				OR2	1	ENT	PLASTICS	PLASTICS	PLASTICS	PLASTICS
					2	ENT	PLASTICS	PLASTICS	PLASTICS	PLASTICS
OR5	1			ORTHOPAEDICS	ORTHOPAEDICS	ORTHOPAEDICS	ORTHOPAEDICS	ORTHOPAEDICS		
	2			ORTHOPAEDICS	ORTHOPAEDICS	ORTHOPAEDICS	ORTHOPAEDICS	ORTHOPAEDICS		
OR6	1			GENERAL	GYNAECOLOGY	COLORECTAL	OESOPHAGO-GASTRIC SURGICAL UNIT	GYNAECOLOGY		
	2			GYNAECOLOGY	GYNAECOLOGY	COLORECTAL	VASCULAR VEINS	GYNAECOLOGY		

2. Elective Surgery Session Summary (In Scope Services)

Current Theatre Schedule By Unit FMC, NHS & RGH In Scope Elective Operating and Procedural Sessions Session Count

Count of Unit Unit (c)	Location			Grand Total
	FMC	NHS	RGH	
GENERAL SURGERY		11	6	17
COLORECTAL SURGERY	20		4	24
OESOPHAGOGASTRIC SURGICAL UNIT	14		8	22
ENDOSCOPY	76	28	48	152
GYNAECOLOGY	48	16	0	64
OPHTHALMOLOGY	43	10	6	59
ORTHOPAEDICS	4	19	59	82
PAIN SERVICES			3	3
PLASTICS AND RECONSTRUCTIVE SURGERY	43	8	24	75
VASCULAR	32		5	37
UROLOGY	2	6	48	56
Grand Total	282	90	211	591

New Theatre Schedule By Unit FMC & NHS Elective Operating and Procedural Sessions Session count

Count of Unit Unit (c)	Location		Grand Total
	FMC	NHS	
GENERAL SURGERY	8	10	18
COLORECTAL SURGERY	20	4	24
OESOPHAGOGASTRIC SURGICAL UNIT	16	6	22
ENDOSCOPY	76	76	152
GYNAECOLOGY	41	24	65
OPHTHALMOLOGY	61		61
ORTHOPAEDICS	46	36	82
PAIN SERVICES	1	2	3
PLASTICS AND RECONSTRUCTIVE SURGERY	45	30	75
VASCULAR	32	5	37
UROLOGY	38	18	56
Grand Total	384	199	595

- Sessions currently at NH, are proposed to transition from Fee for Service (FFS) to SALHN sessions upon consultation with surgeons and anaesthetists.
- The conversion of FFS sessions to public SALHN sessions is being proposed by the transitioning to a standard 8 hour operating day - this results in some increase in sessions for Ophthalmology (2), General Surgery (1) and Gynaecology (1)
- Surgery on paediatric patients at NH is undertaken by the Surgical Specialty Units and will transition to FMC as part of the Surgical Specialty Units

3. Workforce Summary

NURSING/MIDWIFERY INDICATIVE FTE

Current Workforce					
Nursing					
Site	Service	RN3	RN1/2	EN	FTE
FMC	Acute Pain Service	1.10	0.00	0.00	1.10
	Anaesthetics	0.00	25.29	3.23	28.52
	Ophthalmology Day Surgery	1.06	7.09	0.70	8.85
	Perioperative Nursing Leadership	5.65	2.03	0.00	7.68
	Post Anaesthesia Care Unit (PACU)	0.00	26.92	2.59	29.51
	Operating Theatres	0.00	58.44	6.57	65.01
	Pain Management Service	1.10	2.95	0.00	4.05
	Day of Surgery Admissions (DOSA)	1.05	10.83	2.13	14.01
	Endoscopy	1.10	12.54	0.00	13.64
	SCOOP	0.00	1.00	0.00	1.00
	Pre-Admission	1.12	3.87	0.00	4.99
	Elective Surgery Strategy	1.05	0.42	0.00	1.47
	ORMIS/Data	0.80	0.00	0.00	0.80
	NH	Operating Theatres and PACU	1.15	27.30	4.98
Elective Surgery Strategy		0.59	0.00	0.00	0.59
Pre-Admission Clinic		1.12	1.23	0.00	2.35
Day of Surgery Admissions (DOSA) and Day surgery (Collins ward)		1.10	5.62	3.94	10.66
RGH	Pre-Admission and Day of Surgery Admissions (DOSA) (Ward 7)	1.08	6.27	1.21	8.56
	Endoscopy/Gastroenterology/Investigations and Procedures Unit	1.10	6.77	0.74	8.61
	SCOOP	0.00	0.84	0.00	0.84
	Anaesthetics	1.05	13.61	3.33	17.99
	Operating Theatre	1.05	17.79	2.37	21.21
	Palliative and other pain services	1.11	0.00	0.00	1.11
	Perioperative Nursing Leadership	0.00	1.16	0.00	1.16
	Surgical Specialty - Urology	1.00	2.41	0.00	3.41
Surgical Specialty - Orthopaedics	1.94	2.00	0.00	3.94	
SALHN		26.32	236.38	31.79	294.49

Proposed Future Workforce					
Nursing					
Site	Service	RN3	RN1/2	EN	FTE
SALHN	FMC Acute Pain Service	1.10	0.00	0.00	1.10
	FMC Ophthalmology Day Surgery	1.06	9.40	1.30	11.76
	FMC Pain and Palliative Services	2.11	2.95	0.00	5.06
	FMC Day surgery/DOSA	1.05	12.22	2.73	16.00
	NH Day Surgery/DOSA) (Collins)	1.10	9.50	4.54	15.14
	NH Preadmission Unit	2.20	1.37	0.00	3.57
	FMC Preadmission Unit	1.12	4.88	0.00	6.00
	Perioperative Nursing Leadership	9.00	2.17	0.00	11.17
	FMC Operating Theatre (Scrub/Scout)	0.00	74.99	8.37	83.36
	NH Operating Theatre (Scrub/Scout)	0.00	17.13	2.80	19.93
	FMC PACU / Anaesthetics	0.00	59.47	8.72	68.19
	NH PACU/ Anaesthetics	0.00	11.70	2.59	14.29
	ORMIS / Data	0.80	1.50	0.00	2.30
	NH Endoscopy	1.10	9.89	0.74	11.73
	FMC Endoscopy	1.10	12.54	0.00	13.64
	SCOOP	0.00	1.84	0.00	1.84
	FMC Elective surgery strategy	1.05	0.42	0.00	1.47
	NH Elective surgery strategy	0.59	0.00	0.00	0.59
	Surgical Specialty - Urology	1.00	2.41	0.00	3.41
	Surgical Specialty - Orthopaedics	1.94	2.00	0.00	3.94
SALHN		26.32	236.38	31.79	294.49

ADMINISTRATION INDICATIVE FTE

Current Workforce Wages and Salaried Staff								
Site	Service	ASO6	ASO5	ASO4	ASO3	ASO2	ASO1	FTE
FMC	SAPOM	0.80	2.60	3.60	4.80	19.97	2.80	34.57
NH	SAPOM	0	0	1.00	0	9.00	0	10.00
RGH	SAPOM	0	0	0	0	15.60	0	15.60
SALHN	SAPOM	0.80	2.60	4.60	4.80	44.57	2.80	60.17

Proposed Future Workforce Wages and Salaried Staff								
Site	Service	ASO6	ASO5	ASO4	ASO3	ASO2	ASO1	FTE
FMC	SAPOM	0.80	2.60	3.60	4.80	33.97	1.80	47.57
NH	SAPOM	0	0	1.00	0	11.60	0	12.60
SALHN	SAPOM	0.80	2.60	4.60	4.80	45.57	1.80	60.17

CSSD STAFF INDICATIVE FTE

Current Workforce CSSD Weekly paid staff						
Site	Service	WHA4/5/6	WHA3	WHA2	OPS2	FTE
FMC	SAPOM	24.05	0	0	0	24.05
NH	SAPOM	7.07	0	0	0	8.02
RGH	SAPOM	10.00	0	0	0	10.00
SALHN	SAPOM	41.12	0	0	0.95	42.07

Proposed Future Workforce CSSD Weekly paid staff						
Site	Service	WHA4/5/6	WHA3	WHA2	OPS2	FTE
FMC	SAPOM	30.55	0	0	0	30.55
NH	SAPOM	10.57	0	0	0.95	11.52
SALHN	SAPOM	41.12	0	0	0.95	42.07

PROFESSIONAL OFFICER INDICATIVE FTE

Current Workforce Professional Officers			
Site	Service	PO2	FTE
RGH	SAPOM	1.60	1.60
SALHN	SAPOM	1.60	1.60

Proposed Future Workforce Professional Officers			
Site	Service	PO2	FTE
FMC	SAPOM	1.60	1.60
SALHN	SAPOM	1.60	1.60

ALLIED HEALTH INDICATIVE FTE

The Allied Health workforce associated with the Surgery and Perioperative Medicine Plan include FTE that is associated with the Pre-Admission clinics at RGH ward 7 and the Pain unit services. All other Allied Health associated with outpatient services and clinics are reported within the Outpatient Service Clinical Reconfiguration Plan, Version 1.0, April 2017.

Current Workforce Allied Health FTE associated with Pre-Admission and Pain unit services		
Discipline	Classification	Indicative FTE
Occupational Therapy	AHP1/2	0.13
Physiotherapy	AHP1/2	0.57
Psychologist	AHP2	0.80
Total		1.5

Proposed Future Workforce Allied Health FTE associated with Pre-Admission and Pain unit services		
Discipline	Classification	Indicative FTE
Occupational Therapy	AHP1/2 & 3	0.13
Physiotherapy	OPS & AHP1/2 & 3	0.57
Psychologist	AHP2	0.80
Total		1.5

TOTAL SAPOM FTE (Nursing, Administration, CSSD, Professional Officers and Allied Health staff (Pre-Admission and Pain Service only))

Current FTE Total	RN	294.49
	Allied Health	1.5
	Admin	60.17
	CSSD	42.07
	PO	1.60
Total Current FTE		399.83

Proposed Future FTE Total	RN	294.49
	Allied Health	1.5
	Admin	60.17
	CSSD	42.07
	PO	1.60
Total Proposed FTE		399.83