

Operational Policy & Procedure for Annual Pre-booked Theatre Profile & Positive Booking of Operating Theatre Lists

Reference Number	Version	Status	Executive Lead(s) Name and Job Title	Author(s) Name and Job Title	
263	1	Current	Prof. Mike Richmond, Medical Director	Jacky Rawlins General Manager, OSCCA	
Approval Body		TEG		Date Approved	25/05/2011
Ratified by		TBC		Date Ratified	TBC
Date Issued		07/06/2011		Review Date	01/05/2012
Contact for Review Name and Job Title: Jacky Rawlins, General Manager OSCCA					

**Associated Documentation:
Appendix 1 – Arrangements for Theatre Lists**

Trust Controlled Documents

External Documentation

Legal Framework

For more information on this document please contact:-

Version History

Version	Date Issued	Brief Summary of amendments	Owner's Name:
1	07/06/2011	New Policy	Jacky Rawlins

(Please note that if there is insufficient space on this page to show all versions, it is only necessary to show the previous 2 versions)

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Executive Summary

Operational Policy & Procedure for Annual Pre-booked Theatre Profile & Positive Booking of Operating Theatre Lists

Document Objectives:

- To deliver an effective process that meets the needs of both surgical directorates and OSCCA and enables the Trust to meet contract targets making the most efficient use of its resources aligning capacity with demand.
- To implement a pre-booked annual profile which identifies the number of operating lists per week that are guaranteed to take place throughout the year (from April 1st 2011).
- To positively book surgeons against pre-booked lists at 4 weeks to allow the alignment of correct staffing skills and appropriate operating room/equipment.
- To provide in the majority a scheduled, list of patients (at one week) ensuring on each list operating time is maximised.

Group/Persons Consulted:

General Managers, Surgeons, Theatre User Groups, Surgical Speciality Managers, Waiting List clerks, secretaries, service managers, Lead Practitioners, schedulers, theatre staff, Lead Practitioners, Anaesthesia.

Monitoring Arrangements and Indicators:

Audit of compliance. Financial. ORMIS data. Incident reporting. Patient cancellations. KPI's.

Training Implications:

Waiting List clerks, secretaries, service managers, Lead Practitioners, schedulers.

Equality Impact Assessment:

N/A

Resource implications:

Built into HPOT training.

Intended Recipients:

TEG members, CD's, GM's, CSM's, ND, ORMIS, Surgical Consultant Secretaries and Waiting List, Speciality Service Managers, Theatres Personnel

Who should:-

- be **aware** of the document and where to access it
TEG members, CD's, GM's, CSM's, ND, ORMIS, Surgeons, Anaesthetists, Junior Medical Staff, Surgical Consultant Secretaries and Waiting List, Speciality Service Managers, Theatres Personnel
- **understand** the document
TEG members, CD's, GM's, CSM's, ND, ORMIS, Surgeons, Anaesthetists, Junior Medical Staff, Surgical Consultant Secretaries and Waiting List, Speciality Service Managers, Theatres Personnel
- have a **good working knowledge** of the document
TEG members, CD's, GM's, CSM's, ND, ORMIS, Surgeons, Anaesthetists, Junior Medical Staff, Surgical Consultant Secretaries and Waiting List, Speciality Service Managers, Theatres Personnel

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APPENDIX 1 – [Arrangements for Theatre Lists](#)

1) Policy Aims and Principles

As part of the further development of 'Building Teams for Safer Surgical Care' incorporating the Highly Productive Theatre Programme and the current financial climate, it has been agreed that the current system of positive booking of theatre lists will be reviewed and changed across the Trust to maximise theatre utilisation and further improve in list operating time.

The aims of this Operational Policy include the following:

- To deliver an effective process that meets the needs of both surgical directorates and OSCCA and enables the Trust to meet contract targets and make the most efficient use of its resources
- All operating lists intended for the following financial year will be pre-booked as per profile in line with expected contractual activity. Formulation will be part of the annual contracting negotiations and signed off by the General Managers
- The current 4 weeks positive booking system will facilitate the alignment of Surgical, Theatre and Anaesthetic staffing plus patients and required equipment.
- It will increase the utilisation of the theatre in list time
- It will reduce the current unused resource
- It will allow Operating Services to make robust plans for periods of theatre shutdown for essential maintenance or peak holiday times without compromising utilisation
- It will allow Operating Services to ensure that the correct resources are aligned with patient needs, and that the most appropriate Anaesthetic and Theatre staff can be assigned to their care.¹
- The positive booking system will assist the pre-booked theatre profile with exact matching of operating sessions with surgical availability, further promoting increased efficiency of utilisation and surgeon availability thus ensuring a list.
- All elective lists must have sufficient patient activity booked before it can be confirmed
- Staff will have at least 1 week's notice (with TCI on issue) of the patients on lists giving adequate preparation time. **NB.** There is a recognition that cases may change due to urgency.

The principle of this Operational Policy is that:

- A pre-booked annual plan (theatre profile) is in place to meet the contract signed off by the General Managers thereby providing the Trust with an alignment of theatre department capacity, demand and resources by better planning.
- Effective joint working between surgical directorates and OSCCA is essential to ensure its objectives are met. A central hub in OSCCA will provide a point for all communication concerning booking surgeons against lists and enable timely information.
- Robust escalation systems to avoid cancellations thereby improving the service to meet patients needs.
- Focusing all team members' efforts towards maximising operating opportunities within an affordable financial envelope.

N.B. Policy linked to: [Arrangements for Theatre Lists](#) (Appendix 1)

¹ This will be facilitated by current innovations such as the development of a web-based electronic theatre diary, which will enable theatre and anaesthetic staff to have access to more timely and accurate information about which patients are being scheduled onto lists.

2) Operational Procedure for Positive Booking System

2.1 Communication Principles:

- The annual pre-booked profile is agreed with General Managers and the Chief Operating Office and issued to all relevant areas during the contracting round in preparation for the coming year.
- OSCCA staffing needs will be realigned to accommodate increases or decreases against previous year baseline.
- The “Ops Room”, located in office J20 on J floor at RHH, will be the central hub for all communication around the 4 week Positive Booking system that aligns the pre-booked lists with surgeons.
- Service Managers will liaise directly with OSCCA's Clinical Service Managers in DSU/NGH/RHH theatres on a weekly basis to ensure correct scheduling of patients on all lists. It is essential lists are fully populated for all services to deliver contract and financial targets for the year.
- As the annual profile is guaranteed minor changes in the weekly allocation for flexibility can be arranged following discussion. As surgeons are allocated, should a speciality be requesting a higher level of activity and compensated by a reduction of another an agreement must be reached with the Clinical Services Managers (CSM's) and Anaesthetic Service Manager to ensure available skill and equipment across the service. Gabrielle Greenall to liaise directly with CSM's.

Each surgical specialty will have a named contact person (and a deputy/ cover arrangements in place) for the Ops Room to liaise with. Requests will have to be submitted by these named people, and it is this named list of contacts that the Ops Room will send all communication to about the positive booking. It is therefore essential that the surgical specialties keep the Ops Room informed if there are any changes to their nominated contact names, to ensure communication continues.

All queries should be directed to this office, via telephone numbers 12383 (in normal working hours). The named contact person is Gabrielle Greenall. Out of hours, urgent messages can be left with bleep holder 192 for NGH and 446 for RHH or CSM's 66785, 11819 or 66031. In extreme circumstances, General Managers can contact Jacky Rawlins via ext. 14802.

2.2 Information Pro Formas

The principles are of a 4 week rolling schedule of surgeon allocation. Each specialty will be sent a master copy of their specific positive booking template. It is expected the specialities in each group will co-ordinate their surgical cover to use all lists identified on the profile. This will need to be saved as a master copy. When it has had information entered onto it relating to a particular period's activity, it will need to be resaved in the following format:

- “SPECIALTY NAME” POSTIVE BOOKING PRO FORMA dd.mm.yy.xls
eg. ORTHO POSITIVE BOOKING PRO FORMA 08.11.10.xls.

The Ops Room will then populate a theatre schedule template for a particular period with surgeons. These will be saved on a shared drive on the STH network, to which the named contact people (see 2.1) will have read-only access. Therefore, once the positive booking pro formas have been requested each specialty will be able to access a schedule for a particular period via the shared drive.

2.3 Procedural Instructions:

2.3.1.(a) The group currently hold 4 weeks positively booked information therefore by the Friday of each week the Ops Room require the intended activity for the 5th week hence.

2.3.2 At 5 Weeks-

2.3.2.(a) The Ops Room will email the named contact distribution list to remind them to submit their completed positive booking pro formas for the theatre activity for the period in question, which will be available to view via the shared folder. Specialities will populate the given number of pre-planned lists within Group.

2.3.2.(b) The completed positive booking pro formas must be returned to the Ops Room via email by the cut off date given identifying the Consultant.

2.3.2.(c) The Ops Room will then collate and populate the initial theatre schedule for the activity taking place in the period in question.

2.3.2.(d) The Dept. of Anaesthetics will then populate the theatre schedule with appropriate anaesthetic cover for the period and theatre staff will be allocated.

2.3.2.(e) Confirmed positively booked sessions will then be highlighted in a particular colour (see 2.4) on the master schedule for that period.

2.3.3 A "final" version of the master schedule will be circulated to all areas currently receiving theatre schedules on the (working) day after the cut off date. After this there must be no alterations to the theatre schedule for the period in question i.e. no further cancellations. Should waiting times become a problem and extra facilities are required General Managers from Services and OSCCA and COO to liaise and agree a way forward.

2.3.4 Example Timetable- 2011:

Theatre lists related to:	Request for pro forma sent out 5 wks prior	Deadline for returning completed positive booking pro forma	"Final" Schedule distributed to specialties 4 wks prior
For w/c 2nd May	Monday 28 th March	Friday 1 st April	Monday 4 th April
w/c 9th May	Monday 4 th April	Friday 8 th April	Monday 11 th April

2.4 Colour-coding on "live" Master Schedule:

Available
Pending
Confirmed

2.5.1 **Bookings**

- All elective lists are pre-booked annually as per profile and are expected to take place.
- Surgeons are all positively booked at 4 weeks. Anaesthesia will consider the cases booked and be placed appropriately to avoid cancellations without reducing flexibility within the team.
- All pre-booked lists against the profile will be staffed and therefore costs allocated. Flexibility will be possible across specialities in liaison with Clinical Service Managers. (Gabrielle to contact as soon as request made).
- It is the responsibility of Surgical Specialities to ensure appropriate surgical staff are placed to meet the need of patients.
- It is the responsibility of the speciality staff to schedule the patients appropriately (except DSU).
- It is the responsibility of OSCCA to ensure the appropriate anaesthetist and theatre teams are in place to meet the needs of the patient.
- It is the responsibility of all team members to support/inform and communicate with each other to ensure a successful list occurs.

2.5.2 **Patient Allocation**

- All lists must also be sufficiently populated with patients to be viable at least 7 working days before where possible (a minimum of 3 working days) and confirmed between speciality Service Managers and Clinical Services Managers (CSM's) in OSCCA. Specialities are requested to share TCI lists on issue to CSM's/Lead Practitioners. Short notice changes to be communicated to Lead Practitioners.
- General and local anaesthesia conversions are requested at TCI issue.
- Under and over populated lists will be challenged 1 week before and discussions and agreements with the speciality managers, CSM's and schedulers will be held to fill the list.
- Operating Services hold the right to channel the activity where lists are not full during bed problem times on consultation with the relevant Scheduling Team.
- Patients requiring specialist loan kit must be booked with enough time to confirm load and ensure sterilisation. (Note this will need to be extended due to Supercentre access.)

2.5.3 **Patient Cancellations**

- The principle will be to not cancel a patient unless clinically appropriate. Therefore every effort will be made to operate on every patient scheduled. Cancellations will become the exception and an individually reportable incident. On day cancellations of individual patients will continue to be monitored and specialities informed. Surgeons and anaesthetists are responsible for decision making around the need to cancel individual patients taking into account the needs of the operating department. Where there is any intention to cancel due to non medical reasons the lead practitioner must inform the CSM of the intention who in turn will explore all avenues to prevent the cancellation and inform the service manager where appropriate.

Before cancelling CSM's must:

- CSM to liaise with bed management to confirm the information is correct.
- Discuss with Co-ordinating Lead Practitioner and Anaesthetist.
- Look at options for moving to another theatre.
- Look at possibility of using Emergency theatre.
- CSM to liaise with speciality service managers with a view to re-plan on next day's list.
- CSM to liaise with speciality service manager with a view to the cancellation.
- Where decisions are made to cancel patients over the weekend due to bed pressures for Monday's theatre lists the bed management team must inform the bleep holder in theatre to ensure unnecessary preparation and waste is avoided (see bleep/extensions on page 4 of Arrangements for Theatre Lists).

2.5.4 List Cancellations

- The principle of the annual profile is that a guaranteed number of lists will occur each week as described. OSCCA's staffing establishment for the year is based on that principle therefore it is essential all lists take place and are viable. A loss of a list is a financial burden to all therefore should lists be cancelled from the profile TEG sponsor will be informed.

Therefore based on the principle the profile is met:

- The final theatre schedule for each site will be signed off by the CSM at completion of week 4. The correct resources will be allocated against the staff rotas. The in-list patient allocation will be signed off by CSM at 1 week and final review of staff skill completed.
- If the profile cannot be met within the surgical grouping and opportunities across groups/sites etc. have been exhausted at week 4 an investigation of cause will be undertaken as a matter of urgency by all involved. All avenues will be explored to ensure a list occurs. All efforts should be made to avoid future reoccurrences.
- The TEG sponsor will be informed via the General Managers.
- A Datex form will be completed following the investigation.
- A financial penalty may be awarded.

Inpatient Pathway

Theatre Operations Room Process & Communication Flows

