

## Theatre Scheduling Policy – Elective Procedures

Issue Date	Review Date	Version
April 2018	April 2023	V7.1

### Purpose

The objective of this policy is to ensure safe, effective planning and management of operating sessions. This is in order to optimise the efficiency of operating lists in line with safe practice and good communication.

All theatre e lists should detail the procedure, side, and any specific kit requirements, including any requirements for a Surgical First Assistant. A list preview must be undertaken one week prior to the operating list taking place, by Service Lines and Theatre Team Leaders.

Theatre lists for all specialities must be finalised by 13:00 the day before the list, failure to do so may result in the theatre list being unstaffed. The only exception is Cardiac who must finalise their list by 14:00. Any changes to theatre lists after 13:00 (14:00 for Cardiac) must be discussed with the Theatre Coordinators, to ensure the appropriate communication takes place.

### Who should read this document?

All theatre personnel within Plymouth Hospitals NHS Trust, including Tavistock theatres, Stratton, Liskeard and Mount Gould.

All Surgeons, Anaesthetists, Service Line Managers and any Theatre Schedulers, Theatre Coordinators, Ward Managers involved in the scheduling of lists or patients.

### Key Messages

All personnel involved in scheduling will be required to adhere to key disciplines of safe scheduling.

Where variation in required standard is necessary to meet specialist service line requirement – there will be a locally agreed service level agreement with the Surgical Care Group Director.

Core accountabilities		
<b>Owner</b>	Cindy McConnachie – Senior Matron Theatres and Anaesthetics Governance Jemma Edge – Service Line Cluster Manager Theatres and Anaesthetics Kath Miller - Operational Support Manager Theatres	
<b>Review</b>	Mr Somaiah Aroori– Service Line Director Theatres Mr Ian Wren – Surgical Care Group Manager Dr Richard Struthers – Care Group Director	
<b>Ratification</b>	Dr Richard Struthers – Surgical Care Group Director, Clinical Governance Lead - Theatre Clinical Governance Committee	
<b>Dissemination</b>	Cindy McConnachie – Senior Matron Theatres and Anaesthetics	
<b>Compliance</b>	Theatre Central Administration and Service Line Management Team	
Links to other policies and procedures		
Standard Operating Procedure: Scheduling of Emergency Surgery 2017. Standard Operating Procedure: Theatre Relet 6,4,2 Policy 2017.		
Version History		
<b>V1</b>	24 <sup>th</sup> July 2013	Approved and published
<b>V2</b>	12 <sup>th</sup> June 2014	Review
<b>V3</b>	1 <sup>st</sup> October 2015	Review
<b>V4</b>	1 <sup>st</sup> April 2016	Review, Approved & Published
<b>V5</b>	August 2016	Trust policy compliant with National Safety Standards for Invasive Procedures (NatSSIP's) (NHS England, 2015).
<b>V6</b>	August 2017	Updated
<b>V7</b>	March 2018	Updated
<b>V7.1</b>	April 2018	Removal of day case to be placed first on list from policy Updated to say that cardiac finalise their lists by 14:00

*The Trust is committed to creating a fully inclusive and accessible service. Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.*

**An electronic version of this document is available on Trust Documents on StaffNET. Larger text, Braille and Audio versions can be made available upon request.**

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## 1 Introduction

The Trust is committed to developing systems and processes that match demand and capacity for elective and emergency surgery. Effective planning and management of operating sessions is essential to improve services to patients and ensure optimum use of operating theatre sessions and safe practices.

Patient safety during the performance of invasive procedures is dependent upon adequate preparation, the accurate scheduling of procedures and management of procedure lists.

The outcome of effective planning will be improved communication between the surgeons, service line and operating theatres/procedural areas; whereby ensuring safe practice is maintained, waiting lists are reduced and unnecessary cancellations are avoided.

## 2 Purpose

This policy is relevant to all areas scheduling elective operating lists to include Theatres, Outpatient Departments including the Rowans Unit, Tavistock, Stratton, Liskeard and Mount Gould Hospitals.

All personnel involved in scheduling will be required to adhere to key disciplines of safe scheduling. It is recognised that there will be some minor variations in how some specialties schedule based on their specialist requirement. Where variations from the standard are necessary – there will be a locally agreed service level agreement with Surgical Care Group Director.

This policy covers:

- Timetable for notification of elective operating lists.
- Responsibilities for compilation, notification and submissions of all operating lists.
- Procedure for cancellation of operating sessions.
- Timescale of notification of surgeon and anaesthetist leave.
- Identification of specialist requirements, staff and equipment.
- Procedure for changing operating lists after finalisation.
- Specialist bed requirement i.e. ITU/HDU/Level 1

## 3 Definitions

List schedulers: This role maybe undertaken by a variety of staff depending on the overarching service line

LocSSIP's: Local Safety Standards for Invasive Procedures

NatSSIP's: National Safety Standards for Invasive Procedures

## 4 Duties

**4.1 The Trust Board** is responsible for:

- Ensuring that local standards (LocSSIP's) are created for all invasive procedures, and that they are harmonised with national standards (NatSSIP's).

- Ensuring employees involved in the performance of invasive procedures are educated in good safety practice, train as teams, and understand the human factors that underpin the delivery of ever safer patient care.

**4.2 The Medical Director and Director of Nursing** are responsible for:

- Ensuring all areas where invasive procedures have been identified.
- Ensuring local standards exist and are compliant with NatSSIP's.
- Ensuring audit of compliance with scheduling practice is conducted regularly and that the results of the audit are reported to trust board and acted upon appropriately.

**4.3 Local Governance or Safety Lead** is responsible for:

- Ensuring local standards for scheduling are in place or developed, as well as monitoring compliance, which meet the minimum requirements within NatSSIP's.

**4.4 Service Line Director/ Manager / Head of Nursing of Care Group** are responsible for:

- Ensuring local standards for scheduling have been developed for invasive procedures undertaken within area of practice.
- Ensuring that the healthcare professionals directly involved in the delivery of invasive procedures work together to create, adapt and adopt local standards that are compliant with NatSSIP's.

**4.5 Theatres:**

**4.5.1 Service Line Director:**

- Takes an overview of performance utilisation information, in conjunction with Service Line Cluster Manager and Operational Support Managers.
- Feedback to Clinical colleague specific issues related to scheduling of lists
- Where list reviews / finalisations are not being completed; liaise with service lines and surgeons.

**4.5.2 Theatres Service Line Manager/ Operational Support Manager:**

- Coordinates requests for temporary/permanent changes to allocation and timetable.
- Reviews theatre utilisation and ensures that performance information is communicated to Speciality Service Line Managers as required.
- Escalates to Speciality Service Line Manager / Cluster Manager, specific issues relating to scheduling.

#### **4.5.3 Theatre Operational Support Manager/Clinical Admin Manager**

- Leads on the monitoring of effective list utilisation.
- Reports weekly to the Service Line Cluster Manager on the effectiveness of list scheduling and theatre utilisation.
- Provides direct feedback to speciality service line issues relating to scheduling and theatre utilisation.

#### **4.5.4 Clinical Admin Manager / Theatre Coordinators:**

- Ensure the weekly review of the schedules / timetables in line with 6,4,2, Policy
- Relets theatre sessions which are not used to other specialities, based on their demand and backlog, in line with the 6,4,2 re-let Policy.

#### **4.5.5 Theatre Team Leaders:**

- Preview the theatre lists for weeks 1-2 prior to surgery and check that all necessary information is available. For weeks 1, check that the list is fully utilised and that there are no safety concerns. Also to monitor any changes to lists, as communicated by the service line. These **must** be discussed with the surgeon and a solution established prior to day of surgery.
- Preview the list at the 2pm Operational Meeting to ensure it remains safe and that all the information necessary is available. Any identified queries to be directed to the speciality service line manager and surgeon.

#### **4.5.6 Theatre Service Line Representative / Governance Admin Support**

- Monitors compliance that theatre e-lists are finalised by 13:00 (14:00 for cardiac) the day prior to the list (Appendix 1); escalating, when required, back to the relevant service line where a non-compliance has occurred. Where non-compliance is persistent, this is escalated to the Care Group Service Line Manager / Cluster Manager.

### **4.6 Speciality Service Lines**

#### **4.6.1 Service Line Manager / Representative:**

- Liaises with the speciality list scheduler to ensure theatre utilisation is optimised, with specific focus on week's 1-3.
- Ensures theatre sessions within the speciality are managed according to the Trust 6, 4, 2 Policy.
- Formally requests temporary / permanent changes to planned timetable allocation to the Theatre Service Line Manager or the Operational Support Manager.

- Liaises with the Service Line Manager/ Cluster Manager /Executive Review Panel to agree additional capacity/initiative lists.
- Liaises with Service Line Manager / Cluster Manager for Theatres and Care Group Manager for Surgery to agree permanent changes to the Theatre Timetable.
- Reviews effectiveness of lists scheduling weekly with Theatre Team Leaders.
- Escalates to Speciality Service Line Cluster Manager, specific issues, to include List scheduling errors, inadequate scheduling, and failure to finalise.
- Ensures that theatre e lists are finalised by 13:00 the day prior to the list (14:00 for Cardiac).
- Ensures that the Theatres Central Weeks 1-2 Checklist is completed and returned to [plh-tr.theatrecoordinators@nhs.net](mailto:plh-tr.theatrecoordinators@nhs.net) on a weekly basis (Appendix 5), highlighting any issues.

#### **4.6.2 Surgeon of Theatre List:**

- Reviews and finalises theatre lists with list scheduler to ensure accuracy of the information relating to patients, including kit requirements
- Ensure list finalisation is complete by 13:00 hours (14:00 for Cardiac) the day prior to the list, including kit requirements.
- Communicates their availability with the list scheduler and Service line Manager, in line with the 6, 4, 2 re-let policy.
- Provides the appropriate leave of absence notice to ensure efficient use of operating lists.

#### **4.6.3 List Scheduler**

This role maybe undertaken by a variety of staff depending on the overarching service line

- Manage waiting lists and list patients for surgery using e-lists through Corporate Information Services
- Ensure theatre utilisation is optimised using the Theatre Scheduling Tool and in liaison with the Surgeon. <G:\PTL\Inpatients & Theatres\Theatre Scheduling Form.xlsm>
- Ensures theatre sessions within the speciality are managed according to the Trust 6,4,2 Policy.
- Escalates any issues relating to scheduling to the Speciality Service Line Manager / Cluster Manager
- Ensures that the Surgeon has signed off their lists and finalised them by 13:00 (14:00 for Cardiac) the day prior to surgery (Appendix 1 – list submission and finalisation timetable)
- Ensures that changes are communicated to the Theatre Team Leaders / Theatre Operational Manager / Theatre Coordinators as required
- Ensures that Cancellations are carried out in line with the Cancellation Policy

#### **Following the 1400 Sate Staffing & Scheduling Meeting**

- Where lists are not finalised, the Theatre Operational Support Manager must liaise with the Service Line Cluster Manager or Care Group regarding a decision to cancel the list.

### List Compilation, Notification and Submission

- Every List scheduler will have access to the theatre timetable. The Theatre Timetable is located in: G:\TrustRotas\Theatre Timetable, which will be managed in line with the 6, 4, 2 Policy.
- Schedules **must** be sent to the Theatre Coordinators inbox every Thursday by 09:00am. This **will** be updated by The Theatre Coordinators weekly to reflect changes to the planned format in line with the 6, 4, 2 Policy.
- There **must** be unambiguous use of language in ALL communications relating to scheduling and listing of procedures. Laterality must always be written in full, i.e. 'left' or 'right'
- The use of abbreviations should be avoided; when common abbreviations are used, it **must** not be assumed that all personnel will be familiar with the abbreviation.
- A list of locally approved abbreviations **must** be readily available to all staff. Special consideration should be given to use of abbreviations that can be confusing or misread across specialities.
- Elective surgery operating lists **must** be produced on the Corporate Information e-listing system by 13:00 (14:00 for Cardiac) the day before the list; otherwise the list will be unstaffed.
- Lists used for emergency patients should describe this on the e list, using the generic emergency patient option on IPM (XX Emergency).
- The information that accompanies the scheduling of a procedure and list **must** include when relevant but is not limited to:

Patient name

Date of Birth

Gender

Identification number,(i.e. NHS number and hospital number)

Planned procedure to include sub-procedures

Site and side of procedure if relevant

Waiting list priority including patient status e.g. PTL patient with a see by date or private patient

NCEPOD classification of intervention

Any specialist conditions/further information relating to patient or procedure

Significant comorbidities

Infection risk

Allergies, e.g. to latex or iodine

Any specialist/non-standard equipment requirements or non-stock prosthesis

Body mass index

Cross match, Group and Save

X-Ray required and booked

Information regarding and previous complications or cancellation

Source of the patient, e.g. ward or admissions lounge

Surgeon name

Anaesthetist name (if required)

Date of operation

Anaesthetic information i.e. GA, LA

Planned post-procedural admission to high dependency, intensive care, extended recovery or level 1 area

Case type, e.g. in-patient or day case

- All prompts on the theatre e-booking system regarding the patient and their operation **must** be accurately completed when booking the patient.
- Elective operating lists **must** be submitted 1 week prior to surgery for review by the Theatre Team Leader/Senior Nurse (or their deputy) with the speciality Service Line Manager, although there should be on-going communication with the Team Leader regarding short notice bookings for clinically urgent patients.
- Clinical priority **will** supersede PTL status on the list order; except where a day case is scheduled first to facilitate prompt start time of list.
- Specialist equipment **must** be highlighted on the operating list.
- Loan equipment **must** be requested at the earliest opportunity.
- All lists **must** be agreed and finalised by the surgeon no later than 13:00 (14:00 for Cardiac) the day prior to surgery (Appendix 1), who **must** sign list to confirm agreement.

- Hardcopy lists for elective surgery will be produced by the Theatre Coordinators by 1300 (14:00 for Cardiac) on the day preceding surgery.
- Any changes to a finalised list **must** be communicated to the Theatre Coordinators by person initiating the change (Appendix 4).
- Any list changes made after the deadline for publication of a final version of a list **must** be agreed with the identified key member of the procedural team and must be discussed by all members of the procedural team at the safety briefing.
- Theatre coordinators **must** ensure that all inaccurate lists are removed and the changed list is provided to the theatre team leader. The coordinators **must** inform Day of Surgery Admissions (DOSAs) and **must** keep a record of the change and a record of communication of change. It will be the responsibility of the Speciality Service line managers to inform inpatient wards and surgeons of changes.
- Changes made to the Operating list after finalisation **must** be communicated directly to the Theatre Coordinators either verbally or via their email address: [theatrecentralistchanges@nhs.net](mailto:theatrecentralistchanges@nhs.net)
- Theatre coordinators **must** ensure change is communicated to appropriate Team Leader or Deputy.

## 6 Overall Responsibility for the Document

The Theatre Central Senior Management team have responsibility for developing and monitoring performance and reviewing this document.

The Senior Management team comprises of:

- Service Line Director's for Theatres and Anaesthetics
- Service Line Cluster Manager – Theatres and Anaesthetics
- Senior Matron – Theatres and Anaesthetics
- Operational Matrons – Theatres and Anaesthetics

## **7 Consultation and Ratification**

The design and process of review and revision of this policy will comply with The Development and Management of Formal Documents.

The review period for this document is set as default of five years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.

This document will be reviewed by the Surgical Care Group Governance Committee and Theatre Clinical Governance Committee and ratified by the Medical Director or Theatre Clinical Governance Lead.

Non-significant amendments to this document may be made, under delegated authority from the Medical Director or Theatre Clinical Governance Lead.

, by the nominated owner. These must be ratified by the Medical Director or Theatre Clinical Governance Lead.

Significant reviews and revisions to this document will include a consultation with named groups, or grades across the Trust. For non-significant amendments, informal consultation will be restricted to named groups, or grades who are directly affected by the proposed changes.

## **8 Dissemination and Implementation**

Following approval and ratification, this policy will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process, currently the 'Vital Signs' electronic newsletter.

Document control arrangements will be in accordance with The Development and Management of Formal Documents.

The document owner will be responsible for agreeing the training requirements associated with the newly ratified document with the named Theatre Clinical Governance Lead. and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

## **9 Monitoring Compliance and Effectiveness**

Theatre list changes from finalisation, up to and including day of surgery will be monitored by Theatre Central Service Line Management Team and reported to the Surgical Care Group

Individual Service Line performance will be reported at performance review and subsequently to Senior Management Team. This information will be provided by the Theatre Central Service Line Team.

NHS England (2015) *National Safety Standards for Invasive Procedures*

## Dissemination Plan and Review Checklist

## Appendix 1

Dissemination Plan			
Document Title	Theatre Scheduling Policy – Elective Procedures		
Date Finalised	April 2018		
Previous Documents			
Action to retrieve old copies			
Dissemination Plan			
Recipient(s)	When	How	Responsibility
All Trust staff		Vital Signs	Information Governance Team

Review Checklist		
<b>Title</b>	Is the title clear and unambiguous?	
	Is it clear whether the document is a policy, procedure, protocol, and framework, APN or SOP?	
	Does the style & format comply?	
<b>Rationale</b>	Are reasons for development of the document stated?	
<b>Development Process</b>	Is the method described in brief?	
	Are people involved in the development identified?	
	Has a reasonable attempt has been made to ensure relevant expertise has been used?	
	Is there evidence of consultation with stakeholders and users?	
<b>Content</b>	Is the objective of the document clear?	
	Is the target population clear and unambiguous?	
	Are the intended outcomes described?	
	Are the statements clear and unambiguous?	
<b>Evidence Base</b>	Is the type of evidence to support the document identified explicitly?	
	Are key references cited and in full?	
	Are supporting documents referenced?	
<b>Approval</b>	Does the document identify which committee/group will review it?	
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	
	Does the document identify which Executive Director will ratify it?	
<b>Dissemination &amp; Implementation</b>	Is there an outline/plan to identify how this will be done?	
	Does the plan include the necessary training/support to ensure compliance?	
<b>Document Control</b>	Does the document identify where it will be held?	
	Have archiving arrangements for superseded documents been addressed?	

<b>Monitoring Compliance &amp; Effectiveness</b>	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	
	Is there a plan to review or audit compliance with the document?	
<b>Review Date</b>	Is the review date identified?	
	Is the frequency of review identified? If so is it acceptable?	
<b>Overall Responsibility</b>	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	

<b>Core Information</b>	
<b>Date</b>	April 2018
<b>Title</b>	Theatre Scheduling Policy – Elective Procedures
<b>What are the aims, objectives &amp; projected outcomes?</b>	<p>The objective of this policy is to ensure safe, effective planning and management of operating sessions. This is in order to optimise the efficiency of operating lists in line with safe practice and good communication.</p> <p>All theatre e lists should detail the procedure, side, and any specific kit requirements, including any requirements for a Surgical First Assistant. A list preview must be undertaken one week prior to the operating list taking place, by Service Lines and Theatre Team Leaders.</p> <p>Theatre lists for all specialities must be finalised by 13:00 the day before the list, failure to do so may result in the theatre list being unstaffed. The only exception is Cardiac who must finalise their list by 14:00. Any changes to theatre lists after 13:00 (14:00 for Cardiac) must be discussed with the Theatre Coordinators, to ensure the appropriate communication takes place.</p>
<b>Scope of the assessment</b>	
<b>Collecting data</b>	
<b>Race</b>	
<b>Religion</b>	
<b>Disability</b>	
<b>Sex</b>	
<b>Gender Identity</b>	
<b>Sexual Orientation</b>	
<b>Age</b>	
<b>Socio-Economic</b>	
<b>Human Rights</b>	
<b>What are the overall trends/patterns in the above data?</b>	
<b>Specific issues and data gaps that may need to be addressed through consultation or further research</b>	

Involving and consulting stakeholders				
Internal involvement and consultation				
External involvement and consultation				
Impact Assessment				
Overall assessment and analysis of the evidence				
Action Plan				
Action	Owner	Risks	Completion Date	Progress update

### Preview of Theatre lists

### Appendix 3

A speciality review will take place 1 week ahead of planned surgery. To enable this to happen, theatre lists must be on the Corporate Information e-listing theatre system 1 week before surgery is due to take place. I think that you need to include the roles required for the list reviews. Are you doing a different document to specify the expectation for the list reviews....if so, does this para need to point to that for the weeks leading up to 'one week ahead of planned surgery'?

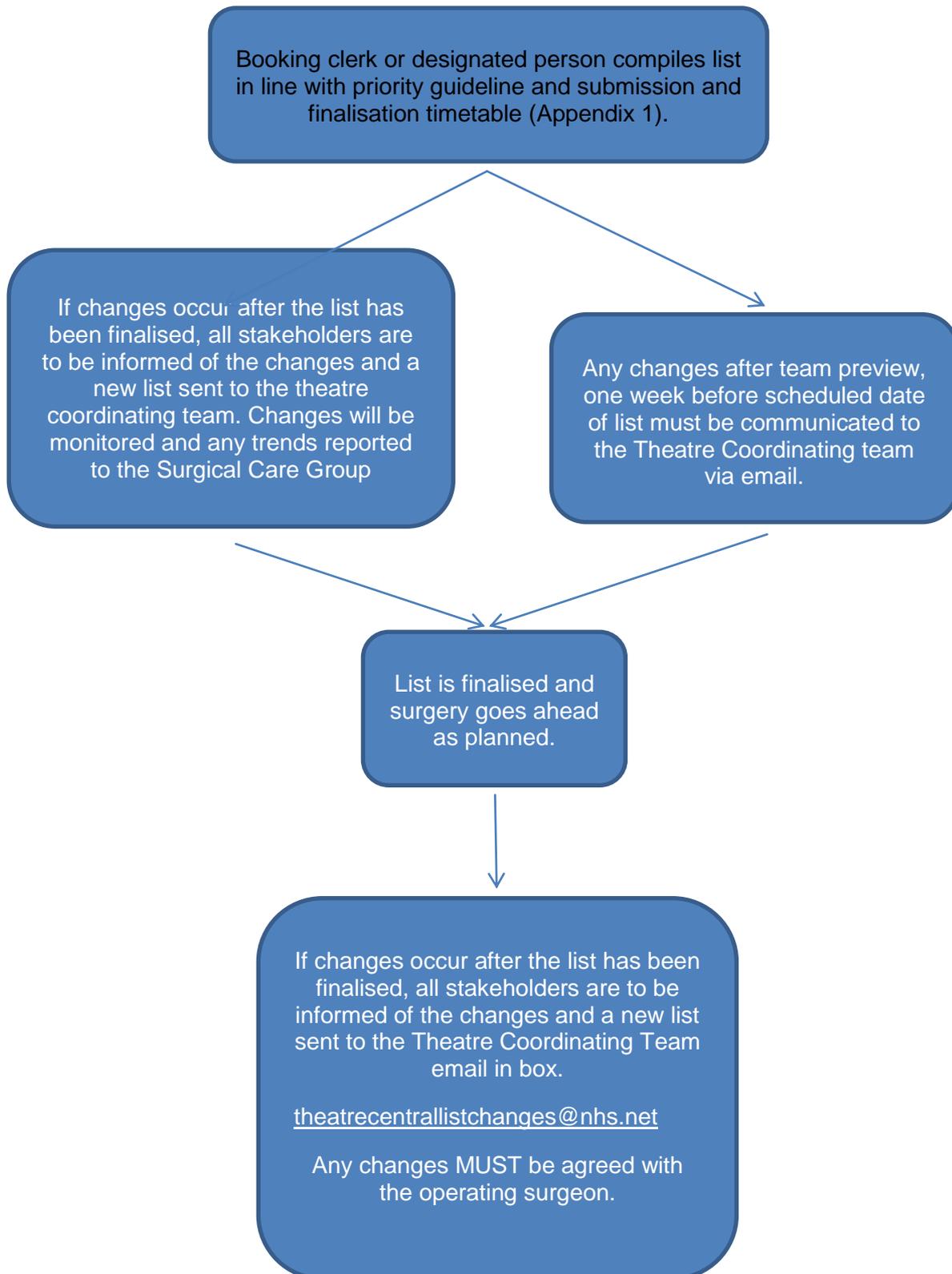
The day before surgery is to take place (the Friday before Monday lists) all lists are to be finalised by 1300, to allow for team leaders to review at the 1400 daily operational meeting. This is with exception of cardiac, who have an agreement to finalise their lists by 14:00.

### Stakeholder Communication list

### Appendix 4

- Surgeon / Clinicians
- Anaesthetist
- Theatre Team Leaders
- Service Line Management Teams
- Theatre Coordinators
- Radiographer
- Day of Surgery Admissions

- Insulin dependent diabetic's patients should go first on the operating list.
- If latex allergy patients on the list – treat whole list as latex free.
- Dirty cases to be booked last, previous MRSA, infections, debridement's, abscesses etc.
- Good practice is to book the same side surgery to run together where possible.
- Following the initial day case procedure the remainder of the list should be scheduled in order of clinical priority



**To be completed and returned weekly: Tuesday at 09:30 to:**

[plh-tr.theatrecoordinators@nhs.net](mailto:plh-tr.theatrecoordinators@nhs.net)

<b>Previous Week: Feedback</b>	
<b>Scheduling: Week 2</b>	<b>Yes / No (Comments)</b>
Are the lists filled?	
Case Mix	
Timing	
<b>Scheduling: Week 1</b>	<b>Yes / No (Comments)</b>
Are the lists filled?	
Case Mix	
Timing	
Staff	
Equipment	
Special Requirements	
<b>Scheduling Review Sign Off</b>	
Team Leader (Print and Sign): Date:	
Service Line Manager / Cluster Manager (Print & Sign): Date:	
Theatre Surgeon (Print & Sign) Date:	