

Theatre Relet Policy – 6,4,2

Date	Version	
March 2017	Version 2	
Purpose		
<p>To fully utilise theatre capacity through the relet process and provide a clear process for the handing back of unused theatre sessions in a timely manner.</p> <p>To enable other Service Lines to use the sessions with sufficient time to contact and book patients in line with the timescales laid down in the PHNT Access Policy for Planned Care Services.</p>		
Who should read this document?		
<p>All staff who are responsible for the ownership of theatre/operating sessions within Plymouth Hospitals NHS Trust and associated peripheral sites, to include interventional and theatre suites.</p>		
Key messages		
<p>All staff responsible for the use of theatre sessions are to provide weekly assurance of the use of their allocated theatre sessions for the subsequent six weeks to assist with timely planning and full utilisation of theatre lists.</p> <p>All sessions will require a named surgeon to be allocated at six weeks.</p> <p>Booking of lists to be done in accordance with guidelines laid down in the Theatre Scheduling Policy (2015).</p>		
Accountabilities		
Production	Support Manager – Theatres and Anaesthetics.	
Review and approval	Service Line Director and Service Line Cluster Manager for Theatres Surgical Care Group Director and Manager	
Ratification	Surgical Care Group Clinical Director	
Dissemination	Senior Matron Theatres and Anaesthetics Clinical Administration Manager – Theatres and Anaesthetics	
Compliance	All Service Lines and users of theatres/procedural rooms.	
Links to other policies and procedures		
<p>Access Policy for Planned Care Services Scheduling Policy (2015)</p>		
Version History		
V1	August 2015	Initial draft
V2	March 2017	Revised policy to incorporate changes to practice.
Last Approval		Due for Review
		July 2020

The Trust is committed to creating a fully inclusive and accessible service. By making equality and diversity an integral part of the business, it 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.
Larger text, Braille and Audio versions can be made available upon request.**

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1 Introduction

This policy will provide clear guidelines for all staff involved with the theatre relet process and the timescales they are required to meet.

Particular attention **must** be given to confirming a named surgeon for each theatre session 'owned' and confirm the point at which the list is to be handed back to Theatre Central for letting to other Service Lines; with a surgeon available and a need to operate.

Theatre lists should be relet internally between leave being submitted and four weeks before the list date. Lists not covered at four weeks will be taken off the speciality by Theatre Central and relet across the surgical specialities. Lists not covered at two weeks will be unstaffed. Priority will be given to those specialities that have a backlog/waiting list problem, in line with the 6,4,2 standard.

2 Purpose, including legal or regulatory background

This document will be relevant to all staff involved in the management of theatre lists.

All staff involved in the scheduling of lists must ensure their lists are compliant with the scheduling policy and that theatre lists are appropriately utilised

Poor utilisation of lists (under/over booked lists) will be escalated to the speciality and to the Surgical Care Group.

3 Duties

Service Lines

- Will provide weekly schedules for timetabled sessions.
- The schedules will provide a six week plan of named Surgeons operating within the allocated timetabled sessions.
- Unused / TBC Sessions within six to four weeks will be relet within Service Line Clusters.
- Will ensure a representative of their team attends the weekly relet meeting with the Lead Theatre Coordinator and Clinical Admin Manager.

Theatre Coordinators

- Will ensure the live theatre timetable is updated to reflect the Service Line schedules with named surgeons against the planned session on a daily basis.
- Will ensure the relet process is managed efficiently, escalating areas of noncompliance.
- Will ensure, four weeks prior to scheduled session, there are **NO** 'To be Confirmed' surgeons on the Theatre timetable. If there are, these will be offered by Theatre Central to other Service Lines.
- Sessions that are not covered two weeks before scheduled list will be closed in preparation for staff reallocation or standing staff down.
- Escalation to the Care Group Manager will be undertaken where an area is non-compliant with the relet process.

On a weekly basis Service Lines will provide updated schedules for a six week period to the theatre central co-ordinators. This must include a named surgeon timetabled for the session.

A weekly face to face meeting with **ALL** Service Lines will take place. There is a **mandatory** requirement for the specialities to send a representative at their allocated times, agreed with Lead Theatre Co-ordinator.

At four weeks, if no specific Surgeon name is allocated to a theatre session, then Theatre Central will take the list back.

The Theatre Coordinators will amend the theatre time table and will offer out the theatre session to other users of the service for the period of four to two weeks.

Two weeks prior the scheduled session will be closed in preparation to reallocate staff.

All relets/ change of specialty, from the published timetable, must be agreed via the Lead Theatre Coordinator or Clinical Admin Manager.

In exceptional circumstances it may be possible to reinstate lists – these should be individually negotiated with the Theatre Support Manager / Theatre Service Line Cluster Manager who will assess the feasibility of filling the session by liaising with all stakeholders.

Sessions given back to Theatre Central which are still unused, within two weeks of the session date, will be cancelled and staff redeployed to other duties.

Where agency staff have been booked to cover unused sessions – the team leaders will be required to cancel the shifts.

Theatre and Anaesthetics Cluster Manager

Theatre and Anaesthetics Support Manager

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

The review period for this document is set as default of three 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 approved by the Surgical Care Group Board, the OPDG and the Head of Patient Access.

Non-significant amendments to this document may be made, under delegated authority from the Surgical Care Group Manager, by the nominated author. These must be ratified by the Surgical Care Group Manager and should be reported, retrospectively, to the approving Theatre Management Board.

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 that are directly affected by the proposed changes

7 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 Trust Wide Documents.

The document author(s) will be responsible for agreeing the training requirements associated with the newly ratified document with the named Executive Director and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

8 Monitoring Compliance and Effectiveness

Monitoring will be achieved through the weekly theatre relet meeting

Monitoring will be performed by the Clinical Administration Manager for Theatres with assistance from the Theatre Central Co-ordinators.

Monitoring will be performed on a rolling weekly basis

Should there be a failure to adhere, Service Line Managers will be informed in the first instance, and repeated failure will be reported to the Surgical Cluster Manager with a view to removing regular sessions that are not dealt with according to policy.

Results of the monitoring will be reported at the Theatre Management Board and by the Surgical Care Group Manager to Surgical Service Line Managers at their weekly meetings.

Future monitoring will continue through the weekly relet meeting and look ahead.

9 References and Associated Documentation

Plymouth Hospitals NHS Trust (PHNT) Access Policy for Planned Care Services

Referral to Treatment (RTT) Standards 2015 – 2016.

Plymouth Hospitals NHS Trust Theatre Scheduling Policy

Core Information				
Document Title	Theatre relet policy			
Date Finalised				
Dissemination Lead	Senior Matron Clinical Admin Manager			
Previous Documents				
Previous document in use?	N/A			
Action to retrieve old copies.	N/A			
Dissemination Plan				
Recipient(s)	When	How	Responsibility	Progress update
All staff		Email	Document Control	

Review		
Title	Is the title clear and unambiguous?	
	Is it clear whether the document is a policy, procedure, protocol, framework, APN or SOP?	
	Does the style & format comply?	
Rationale	Are reasons for development of the document stated?	
Development Process	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?	
Content	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?	
Evidence Base	Is the type of evidence to support the document identified explicitly?	
	Are key references cited and in full?	
	Are supporting documents referenced?	
Approval	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?	
Dissemination & Implementation	Is there an outline/plan to identify how this will be done?	
	Does the plan include the necessary training/support to ensure compliance?	
Document Control	Does the document identify where it will be held?	
	Have archiving arrangements for superseded documents been addressed?	
Monitoring Compliance & Effectiveness	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?	
Review Date	Is the review date identified?	
	Is the frequency of review identified? If so is it acceptable?	
Overall Responsibility	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	

Core Information	
Manager	Jemma Edge
Directorate	Theatre Central
Date	March 2017
Title	Theatre Relet Policy
What are the aims, objectives & projected outcomes?	To fully utilise theatre capacity through the relet process and provide a clear process for the handing back of unused theatre sessions in a timely manner, thus enabling other Service Lines to use the sessions with sufficient time to contact and book patients in line with the timescales laid down in the PHNT Access Policy for Planned Care Services.
Scope of the assessment	
Collecting data	
Race	There is no evidence to suggest there is a disproportionate impact on race regarding this policy.
Religion	There is no evidence to suggest there is a disproportionate impact on religion regarding this policy.
Disability	There is no evidence to suggest there is a disproportionate impact on disability regarding this policy.
Sex	There is no evidence to suggest there is a disproportionate impact on sex regarding this policy.
Gender Identity	There is no evidence to suggest there is a disproportionate impact on gender identity regarding this policy.
Sexual Orientation	There is no evidence to suggest there is a disproportionate impact on sexual orientation regarding this policy.
Age	There is no evidence to suggest there is a disproportionate impact on age regarding this policy.
Socio-Economic	There is currently no data collected to show the impact in this area.
Human Rights	There is currently no data collected to show the impact in this area.
What are the overall trends/patterns in the above data?	No trends or patterns have been identified at this stage.
Specific issues and data gaps that may need to be addressed through consultation or further research	No issues or gaps have been identified at this stage.
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