

## Theatre Operating Session Scheduling Guideline

<b>Key Document Code:</b>	WAHT-KD-016
<b>Key Document Owner:</b>	Stuart Coleman
<b>Approval Date:</b>	21 <sup>st</sup> August 2024
<b>Review Date:</b> <b>This is the most current document and should be used until a revised version is in place</b>	21 <sup>st</sup> August 2027

### Key Amendments

Date	Amendment	Approved by
March 2021	New document approved	Theatre Users Safety Committee
April 2024	Document extended for 3 months whilst under review	Stuart Coleman
August 2024	Document approved at Theatre Anaesthetic Governance	James Hutchinson

## 1.0 Guideline Statement and Objectives

### 1.1 Guideline Statement

Effective planning and management of operating sessions is essential to improve services to patients and ensure optimum use of operating theatre capacity.

More efficient use of theatre lists and effective patient scheduling will reduce waiting times for patients and avoid unnecessary patient cancellations.

Forward planning and early notification of planned operating lists allows Surgeons to fully utilise the time available to them. It also enables relevant theatre teams, e.g. Matrons, Band 7s, Anaesthetists, Sterile Services Department, Procurement, X-ray and other relevant members of staff, to ensure specialist equipment and appropriate staff are available to prevent patient delays and cancellations on the day.

Bluespир is the prime source of patient information for speciality performance reports, and supports effective management of the surgical patient's journey. It also provides the mechanism to support the day-to-day operational management processes of the patient journey through theatres.

### 1.2 Guideline Objectives

- To optimise the use of theatre time and improve patient care through forward planning and organisation of elective admissions for day case and inpatient procedures.
- To implement a standardised process for the management, formulation and submission of theatre operating lists, including negotiating temporary/permanent changes to allocation and timetable within speciality and discipline.
- To achieve optimal utilisation of operating sessions.
- To promote safe and efficient throughput of our patients.

**WAHT-KD-016  
Theatre Key Documents**

- To ensure theatre staff skill mix is safe and within guidelines
- To minimise delays, prevent unavoidable patient cancellations on the day and maximise the use of staffing resource including Surgeon, Anaesthetist, Theatre Team, etc.
- Maximise use and impact of Bluespier.

**2.0 Key Roles and Responsibilities**

**2.1 Chair & Stakeholders**

- The meeting shall be chaired by the Clinical Director for Theatres & Anaesthetics or a nominated deputy, to ensure the meeting is quorate, in attendance there should be Theatre Matron, Directorate Manager for Theatres & Anaesthetics or nominated deputy, Deputy director of Operations for Surgery or nominated deputy.

**2.2 Specialty Teams (Surgeons, Secretaries, DMs, DSMs, Booking Clerks)**

- Undertake weekly review of theatre lists to ensure time is used as efficiently as possible.
- Inform 6 4 2 meeting of any temporary or permanent changes to the planned timetable within set timescale (6 weeks). This needs to be within specific speciality and disciplines within that speciality.
- Communicate special requirements (for example, non-standard patient needs or specific equipment) to SCSD Senior Matron/Matron and other relevant support services such as interpreters, HSDU, Procurement, X-Ray, ITU, anaesthetics and others.
- Schedule patients according to the theatre templates
- Review templates weekly to ensure that sessions are fully utilised.
- Ensure all booking information is accurately recorded on Bluespier.

**2.3 Theatre Forward (6 4 2) Look Senior Matron/ Matron Directorate managers and clinicians**

- Co-ordinate requests for temporary/permanent changes to session allocation and timetable within speciality and relevant discipline.
- Ensures availability of performance/ utilisation information for speciality and individuals.
- Team to ensure theatre utilisation is optimised (including the use of elective lists for emergencies or semi elective cases).
- Co-ordinate late additions to operating list, ensuring appropriate theatre staff and anaesthetic cover and any other support service are booked where available. This includes theatres being made aware of any X-ray requirements so that this can be arranged in advance. Procurement & Sterile Services would also need to be notified in advance of any specific equipment or consumables that are required for the cases.

## WAHT-KD-016 Theatre Key Documents

- Identifies potential over- and under-utilisation of theatre lists and liaises with specialty teams accordingly.
- Maintains accuracy of timetable information on Bluespier.
- Reviews, monitors and actions performance utilisation information in conjunction with Theatre Matrons and specialty teams.
- Confirms or rejects requests for additional operating sessions and out of hour's waiting lists following confirmation of staff availability.

### 3.0 Theatre List Scheduling

Robust forward planning of theatre lists, using agreed criteria for list compilation, allows allocated theatre sessions to be more fully utilised and enhances the throughput of patients.

Closer working relationships between the specialty and theatre teams enhances communication, team working and facilitates changes to practice and processes to improve patient care.

#### 3.1 Principles of Theatre List Scheduling

- It will be assumed that all theatre sessions will be used by the allocated speciality and/ or Consultant unless otherwise notified.
- In line with the Trust's policy for leave notification a minimum of six weeks' notice of Consultant non-availability for their allocated operating session is required.
- Lists should be compiled to facilitate patient throughput and safety in a logical format, for example infected cases last on the list, latex allergy patients first on the list etc.
- All equipment requirements that differ from the norm should be highlighted at the weekly forward look meeting to allow any adjustments to order, timing, equipment, procedure etc. to be made and communicated to Sterile Services & Procurement.
- **It is imperative that the information recorded on Bluespier matches the operating Surgeon if the specialty have arranged cross cover, as this will affect specialty information reports and is in line with clinical governance requirements.**
- **If the cancelled operating session is to be used for emergency cases, the session will need to be cancelled and re-instated as an emergency list. This will ensure that elective in-session utilisation data is properly amended and recorded and thus improve accuracy of the performance reports. If an elective list is regularly used for emergency patients, this must be formally reviewed by the specialty and re designated as an emergency list, if deemed more appropriate to meet that specialty's needs.**
- **Cancelled sessions should be closed down on the scheduling templates to reflect the changes and record the reason for closure and non-utilisation of the elective session**

#### 3.2 Theatre Forward Look Process

Theatre Forward Look is managed through weekly meetings chaired by SCSD Senior Matron/Surgery DM, with representation from Divisional Operational teams and support services.

The remit of the scheduling meetings is to:

- Confirm theatre list uptake by specialties and review unutilised capacity.
- Dropped lists are only to be taken by the same speciality and speciality discipline unless theatres have reviewed skill mix and deemed it safe to change speciality
- Identify unutilised lists with less than 6 weeks' notice and offer for uptake to other specialties.
- Lock down final schedules and stand down unutilised lists with two weeks' notice unless agreed in the 6-4-2-1 process for cancers and vascular cases. For any cancers or vascular cases, this would need to be communicated with all of the relevant stakeholders.
- Finalise operating lists including order.
- Finalise equipment requirements and availability & ensure communication with Sterile Services & Procurement.
- Ensure all key stake holders are informed of their attendance (if required) imaging etc.
- Ensure operating sessions are full (unless the specialty has allocated time for late addition of urgent/emergency patients).
- Ensure CSSD are informed of any extra lists that have been proposed or any specialised or loan equipment required. This also applies to Procurement who need to be informed in advance of any specific consumables that are required.

This process allows early identification of cancelled sessions that may become available for use by other specialities that require additional theatre operating sessions.

**WAHT-KD-016  
Theatre Key Documents**

The table below summarises the key responsibilities and associated timescales for efficient theatre scheduling.

<b><u>Confirming/Cancelling Allocated Theatre Operating Sessions WHO</u></b>	<b><u>WHAT</u></b>	<b><u>WHEN</u></b>
Specialty scheduling coordinators /Booking Clerk	Notifies Directorate Manager/ 6 4 2 of any operating sessions that cannot be used by allocated Surgeon. Sessions are offered within speciality	6 weeks prior to operating session date
<b>Directorate Managers</b>	<b>Notifies Theatres and CSSD of any loan kit requirements that have been made. These requests MUST be signed off by the relevant division and the relevant documentation forwarded to theatres and CSSD. NO loan kit requested after the 4 weeks will be considered unless for Trauma or CEPOD activity. Procurement must also be informed in advance of any consumables that are required.</b>	<b>4 weeks prior to operating session date</b>
6-4-2 team	Confirms template of planned operating sessions and highlights spare capacity  Communicates vacant sessions to other specialities  Responds to requests for additional sessions	4 weeks prior to operating session date  <b>Lists are only to be offered out to other specialities if THEATRE SKILL MIX can be confirmed</b>
Theatre Matrons	Confirms timetable is staffed in accordance with the current specialities including requests for additional sessions	3 week prior to operating session date
Senior theatre matron DSM/DSO Theatres	Identifies under or oversubscribed sessions	2 weeks prior to operating session date
Theatre Matrons/DM/ and Julie Briggs	Confirms no changes to list and all lists are supported. All lists that appear on Bluespier are to be locked for session utilisation. <b>All elective orthopaedic countywide lists and Kidderminster lists apart from breast and ENT lists will be locked in regards to session and also patients allocated to those sessions.</b>	2 weeks prior to operating session date

Please note that the key documents are not designed to be printed, but to be used on-line. This is to ensure that the correct and most up-to-date version is being used. If, in exceptional circumstances, you need to print a copy, please note that the information will only be valid for 24 hours and should be read in conjunction with the key document supporting information page

DSM/DSO/CD Theatres	Confirms availability of Anaesthetic cover for required sessions	2 weeks prior to operating session date
Senior theatre matron DSM/DSO Theatres	Confirm availability and skill mix for sessions	2 weeks prior. If the appropriate staff are NOT available to cover the list the list will be put at risk and stood down 1 week prior to the list going ahead if skill mix is not adequate
6-4-2 meeting	Lock down all remaining theatre lists including MDT	1 week lock down of the remaining lists not utilised, and the cases that appear on that list. Ensure: Theatre team allocation is complete. Anaesthetic cover is secured. Kit allocation is complete and secured with HSDU. Procurement requirements are met. Radiographers booked if required & theatre staff are aware of the requirement for X-ray.
Theatre and anaesthetic CD	Produces prospective theatre schedules and chairs weekly scheduling meetings	Weekly
Informatics	Produces monthly utilisation summary of unutilised lists and number of waiting list initiatives. This is to include weekly look backs at % utilisation	Weekly

## Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and included as an appendix to key document when submitted to the appropriate committee for consideration and approval.



### Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form Please read EIA guidelines when completing this form

#### Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust	x	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

<b>Name of Lead for Activity</b>	<b>James Hutchinson</b>
----------------------------------	-------------------------

<b>Details of individuals completing this assessment</b>	<b>Name</b>	<b>Job title</b>	<b>e-mail contact</b>
	James Hutchinson	Anaesthetic consultant	James.hutchinson7@nhs.net
<b>Date assessment completed</b>	<b>27.8.2024</b>		

#### Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	<b>1. Title: Theatre Operating Session Scheduling</b>
What is the aim, purpose and/or intended outcomes of this Activity?	

Please note that the key documents are not designed to be printed, but to be used on-line. This is to ensure that the correct and most up-to-date version is being used. If, in exceptional circumstances, you need to print a copy, please note that the information will only be valid for 24 hours and should be read in conjunction with the key document supporting information page

Who will be affected by the development & implementation of this activity?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Staff
Is this:	<input type="checkbox"/> Review of an existing activity <input type="checkbox"/> <input type="checkbox"/>		
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.)	Local expertise		
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	Radiography lead		
Summary of relevant findings			

### **Section 3**

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale.** Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

<b>Equality Group</b>	<b>Potential positive impact</b>	<b>Potential neutral impact</b>	<b>Potential negative impact</b>	<b>Please explain your reasons for any potential positive, neutral or negative impact identified</b>
<b>Age</b>		X		
<b>Disability</b>		X		
<b>Gender Reassignment</b>		X		
<b>Marriage &amp; Civil Partnerships</b>		X		
<b>Pregnancy &amp; Maternity</b>		X		
<b>Race including Traveling Communities</b>		X		
<b>Religion &amp; Belief</b>		X		

Please note that the key documents are not designed to be printed, but to be used on-line. This is to ensure that the correct and most up-to-date version is being used. If, in exceptional circumstances, you need to print a copy, please note that the information will only be valid for 24 hours and should be read in conjunction with the key document supporting information page



<b>Equality Group</b>	<b>Potential positive impact</b>	<b>Potential neutral impact</b>	<b>Potential negative impact</b>	<b>Please explain your reasons for any potential positive, neutral or negative impact identified</b>
<b>Sex</b>		X		
<b>Sexual Orientation</b>		X		
<b>Other Vulnerable and Disadvantaged Groups</b> (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)		X		
<b>Health Inequalities</b> (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)		X		

**Section 4**

<b>What actions will you take to mitigate any potential negative impacts?</b>	<b>Risk identified</b>	<b>Actions required to reduce / eliminate negative impact</b>	<b>Who will lead on the action?</b>	<b>Timeframe</b>
	NA			
<b>How will you monitor these actions?</b>				
<b>When will you review this EIA?</b> (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)				

Please note that the key documents are not designed to be printed, but to be used on-line. This is to ensure that the correct and most up-to-date version is being used. If, in exceptional circumstances, you need to print a copy, please note that the information will only be valid for 24 hours and should be read in conjunction with the key document supporting information page



**Section 5** - Please read and agree to the following Equality Statement

**1. Equality Statement**

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

<b>Signature of person completing EIA</b>	
<b>Date signed</b>	27.8.2024
<b>Comments:</b>	
<b>Signature of person the Leader Person for this activity</b>	
<b>Date signed</b>	
<b>Comments:</b>	



Please note that the key documents are not designed to be printed, but to be used on-line. This is to ensure that the correct and most up-to-date version is being used. If, in exceptional circumstances, you need to print a copy, please note that the information will only be valid for 24 hours and should be read in conjunction with the key document supporting information page