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Version: 3.0

Name of Policy: Operating Theatre Performance (Scheduled Sessions) Policy

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Ratified Theatre PAAT
Review Date 01/10/2012
Sponsor Director of Nursing and Midwifery
Expiry Date 31/07/2013
Withdrawn Date

This policy supersedes all previous issues.
## Version Control

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1. **Introduction**

This is the Operating Theatre Performance (Scheduled Sessions) Policy for Gateshead Health NHS Foundation Trust. This document has been developed in consultation with all key stakeholders and supports the Patient Access (Waiting List/Waiting Times) policy. The document has been prepared in the context of the new Consultant contract, providing a 4 hour PA and the Trusts Improving Clinical Performance Programme intended to provide a framework for matching demand with capacity and providing as efficient service as possible by eliminating waste and managing variation.

This document relates to all scheduled theatre sessions i.e. elective, trauma and NCEPOD sessions.

2. **Trust commitment**

The Trust is committed to ensuring optimal use of operating theatre capacity and resources, maximising operating theatre performance and avoiding cancelled operations in order to provide high quality health care to patients admitted for surgery. In essence, theatre access needs to be safe and timely.

The economic climate calls for maximum efficient use of our resources and work in the Trust relating to Improving Clinical Performance recognises theatre as a key area in the successful delivery of cost effective, safe, high quality care.

3. **Policy purpose**

- Details the aspirations of the Trust.
- Contributes to a whole system approach to performance improvement.
- Ensures all Trust staff are aware of procedures, performance standards and definitions relating to operating theatres.
- Links to the Trust Patient Access (Waiting List/Waiting Times) Policy and Pre-Assessment Policy

To maintain the relevance of the policy a review will be conducted on an biannual basis or more frequently if agreed through TPAAT.

4. **National and local priorities**

The Government's policy is to minimise the number of patients on NHS waiting lists, and to see and treat patients in a timely manner. The 18 week threshold is currently a statutory right for patients and breaches of this target bring risks to the organisation in relation to potential claims.

Local procedures and performance standards relating to operating theatres detailed in this document aim to ensure optimal use of operating theatre capacity and resources, which is integral to reducing waiting lists, achieve
access targets, improve clinical performance and ensure best value for money, while offering the best possible service to our patients.

5. Planning and management

Effective planning and management is essential to improve services for patients, ensure optimum use of theatre capacity, maximise operating theatre performance and avoid cancelled operations.

5.1 Theatre management group

In order to ensure effective planning and management the Trust has a theatre management group – the Theatre Patient Access Action Team (TPAAT). The TPAAT has agreed Terms of Reference and membership (see Appendix 1), and is responsible for strategic planning, ensuring policies and procedures are in place, monitoring and management of theatre performance. The TPAAT has the authority to make decisions regarding theatre usage, without presenting to Central Team. The TPAAT will, however, report to the Business and Service Development Committee.

5.2 Management information

Good quality information is required both for planning and monitoring activity. The Trust has a computerised theatre management system, ORMIS (Operating Room Management Information System) which is able to provide information to assist both strategic and operational management of theatres. All Trust staff have a responsibility for data quality (see Trust Data Quality Policy) to ensure that the information obtained from the theatre system is reliable.

5.3 Theatre policies

Formal policy documents, agreed by all stakeholders via TPAAT, can assist in the efficient performance of operating theatres. For this reason this Operating Theatre Performance (Scheduled Sessions) Policy has been produced detailing:

- definitions relating to theatre sessions
- arrangements for booking theatre cases
- arrangements for compiling and amending theatre lists, and how these should be communicated
- procedure for cancelling theatre sessions
- procedure for requesting additional theatre sessions
- procedure for cancelling operations

6. Theatre session definitions

Job plan agreements of Consultant Anaesthetists and Surgeons support the concept of maximising our efficiency through theatre sessions by ensuring a structured and seamless model exists to ensure collaboration between all members of the theatre team.
6.1 *Theatre session timing points*

<table>
<thead>
<tr>
<th>Start time of session</th>
<th>Time first patient’s anaesthetic commences</th>
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<tr>
<td>Finish time of session</td>
<td>Time last patient leaves operating theatre</td>
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6.2 *Session start and finish times*

The aim of this policy is to drive the team to aim for the following start and finish times, recognising that this may be an incremental approach to ultimately achieve these aims. All day lists now have a scheduled half hour break for anaesthetist, giving a 7.5 hour session to surgeons, the ultimate aim being to support 8 hours of operating on all day lists. A team brief and a surgical safety checklist should take place prior to every theatre list and should be completed prior to the specified list start time.

**Elective sessions**

- **Morning session**
  - Start time: 08:30
  - Finish time: 13:00
  - (4 hours operating)

- **Afternoon session**
  - Start time: 13:30
  - Finish time: 18:00
  - (4 hours operating)

- **All day session**
  - Start time: 08:30
  - Finish time: 18:00
  - (8 hours operating)

*(with provision for meal and comfort breaks, to not exceed planned operating session time of 8 hours)*

**Morning / all day lists aim for knife to skin at 09:00**

**Afternoon lists aim for knife to skin at 14:00**

**Trauma sessions**

- **Monday – Friday**
  - Start time: 09:00
  - Finish time: 17:30

- **Saturday**
  - Start time: 08:30
  - Finish time: 12:30

*Weekday lists aim for knife to skin at 09:30; ½ hour scheduled break giving 7½ hours operating time per day.*

*Saturday lists aim for knife to skin at 09:00 giving a 3½ operating session*

It is recognised that evening sessions are less productive and as such, will be kept to a minimum, to be used only when increased pressure on capacity indicates that it a last option. Evening sessions are shorter in length, as detailed below.

- **Evening session**
  - Start time: 17:30
  - Finish time: 19:30
  - (2 hours)

- **Afternoon and evening**
  - Start time: 13:30
  - Finish time: 19:30
  - (6 hours)

- **All day and evening**
  - Start time: 08:30
  - Finish time: 19:30
  - (9.5 hours)

*(with provision for meal and comfort breaks, to not exceed planned session time of 9.5 hours)*
All day/all day plus evening sessions using the same theatre team, including surgeon and anaesthetist are particularly efficient. There should be provision for meal and comfort breaks however, and overall operating time should not be in excess of the planned session time.

6.3 Planned changes to start/finish times
Where it is anticipated that the complexity of the procedure(s) or the nature of the operative case(s) will result in a longer than scheduled operating time it is the responsibility of both the Consultant surgeon and Anaesthetist to liaise with the Theatre Modernisation Project Manager, Theatre Matron or Theatre Sister to discuss the potential for an early start/late finish and the organisation of appropriate resources (see Appendix 2 for contact details).

7. Booking theatre cases
Efficient use of theatre capacity, time and resources relies upon effective communication and co-ordination of theatre cases. This can be achieved by implementing procedures for notifying theatres of forthcoming cases with as much notice as possible which also allows for planning skill mix and required equipment, or planning for special circumstances i.e. allergies, infections.

7.1 Cases for elective sessions
When planning elective theatre sessions it is the responsibility of the Consultant to whom the session belongs to ensure that, as far as is reasonably practicable, allocated operating session times are not exceeded, in order to effectively utilise theatre resources. Realistic scheduling of procedures can assist in avoiding cancellation of operations due to lack of theatre time or impact on other theatre users.

In order to provide as much notice as possible to theatres of forthcoming cases the procedure detailed below must be followed:

- as soon as a patient is placed onto a waiting list or a date is agreed for surgery to take place in Trust operating theatres the Consultant’s secretary (or in their absence the staff member covering their post) will complete the electronic Theatre Booking Form in PAS letters (see Appendix 3).
- The form will be emailed to the Surgery Centre Reception (as detailed on the bottom of the booking form) immediately.
- The Scheduler will enter the booking details onto ORMIS, including any alerts (e.g. allergies, infections).
- If the planned date of surgery is cancelled the Consultant’s secretary will cancel the TCI on PAS and email the Surgery Centre Reception with notification, including the full reason for cancellation. If the planned date of surgery is changed the Consultant’s secretary will amend the details on PAS and complete another Theatre Booking Form (using PAS letters) with the amended details. The amended booking form will be emailed to the Surgery Centre Reception specifying a full reason for the cancellation of the original date.
- The Scheduler will cancel the original booking on ORMIS with the relevant cancellation code and will rebook the patient if necessary.
- The Scheduler will ensure the cases are scheduled in the correct order once the theatre list has been received (see 8. Theatre lists).
7.2 **Cases for scheduled Trauma sessions**

It is acknowledged that there is a lesser degree of control over planning of scheduled Trauma sessions when compared to elective sessions. However effective communication and co-ordination of Trauma cases is still required and therefore when planning scheduled Trauma sessions it is the responsibility of the Consultant on-call to ensure that, as far as is reasonably practicable, allocated operating session times are not exceeded. Notification of Trauma cases to theatres will be via the Trauma theatre list (see 8. Theatre lists).

7.3 **Process for booking Emergency cases for Theatre**

Once a decision to operate has been confirmed the procedure detailed below should be followed by the Consultant Surgeon or his designated deputy.

- Bleep the on-call Anaesthetist on Bleep 2012.
  - Be prepared to discuss the case and to provide medical history.

- Bleep the Theatre Co-ordinator on Bleep 1301.
  - Be prepared to provide information as per the emergency booking proforma, including the NCEPOD classification.

If the decision is made to operate the next day the procedure detailed below should be followed.

- If the decision to operate is made between 08:00 and 22:00, contact the on-call Anaesthetist and Theatres, as detailed above, **on the day the decision to operate is made**.

- If the decision to operate is made between 22:00 and 08:00, contact Theatres as above, but only contact the on-call Anaesthetist if there are concerns regarding medical optimisation for theatre. Otherwise the on-call Anaesthetist should be contacted on Bleep 2012 at 08:00.

If the decision is made not to proceed with the case inform the on-call Anaesthetist and Theatres as soon as possible, providing a reason for the cancellation.

Prioritisation of emergency cases is the responsibility of the relevant on-call Consultant Surgeons.

8. **Theatre lists**

Operating theatre users can contribute to efficient theatre utilisation through effective communication of theatre lists.
As previously highlighted it is the responsibility of the Consultant surgeon when planning scheduled operating lists to ensure that, as far as is reasonably practicable, allocated operating session times are not exceeded, in order to effectively utilise theatre resources.

The information provided on a theatre list should be accurate (using correct patient details and detailing all procedures to be performed for each case), clear and easy to understand (free from abbreviations as this may cause confusion) and should specify any equipment/prosthesis required, or alerts.
(allergies, infections etc). In order to standardise content and format of theatre
lists, templates for both elective and trauma theatre lists should be used.
The later a theatre list is submitted to theatres the more accurate it is likely to
be, however early notification facilitates effective planning of resources,
including specialist equipment. The optimum timing for submission of the
theatre list therefore requires a balance between the two.

8.1 Lists for elective sessions
Operating theatres will have received booking forms for all forthcoming
elective cases at the time when the patient was entered onto the waiting list or
a date of surgery was agreed with the patient. However confirmation of cases
and their order on each theatre session is via a theatre list.

- Using information provided by the Consultant to whom the theatre session
  belongs, the theatre list will be compiled by the Consultant’s secretary (or
  in their absence the staff member covering their post) using the Elective
  Theatre List Template (see Appendix 4).
- The theatre list will be emailed to Theatres and the Department of
  Anaesthetics by **2.00pm** the working day before the scheduled session at
  the latest (in the case of scheduled sessions on a Monday, by 2.00pm on
  the Friday before).
- The Scheduler will use the theatre list to confirm all bookings have been
  received and to ensure cases are in the correct order on ORMIS.
- Copies of the theatre lists will be circulated by email by the Consultant’s
  secretary (or in their absence the staff member covering their post) to
  other Trust Departments/individuals as required.

8.1.1 Termination of Pregnancy theatre session
The only exception to the above is for the Termination of Pregnancy theatre
session. Due to the timing of clinics all cases may not be confirmed until late
afternoon. Booking forms will be submitted as soon as cases are confirmed
and the theatre list will be submitted by **5.00pm** the day before the scheduled
session.

8.2 Lists for Trauma sessions
For scheduled Trauma sessions notification of planned cases and their order
will be via a published theatre list.

- Using information agreed at the daily (08.00) Trauma meeting, the trauma
  theatre list will be compiled at the Trauma meeting by a junior member of
  the clinical team using the Trauma Theatre List Template (see Appendix
  5).
- The trauma list will be emailed to the agreed distribution list (to include
  Theatres, the Department of Anaesthetics and Radiology) at approximately
  **8.30am**.
- The Scheduler will use the trauma list to enter bookings and order of cases
  on ORMIS.
- Amendments to the published trauma list, for example further to the ward
  round or anaesthetic review, will be prepared (**noting the new version
  number**) and circulated to the agreed distribution list by the Trauma
  secretary (or in their absence the staff member covering their post).
8.3 Amending theatre lists (elective and trauma)
Changes to the order and content of a published theatre list can lead to potential problems such as:
- the wrong equipment and supplies being prepared, perhaps leading to cancelled operations
- the wrong patient being sent for from the ward
- compromising patient safety
It must be acknowledged therefore that to change the order of a list creates the potential for error and that changes to a published list should occur only when absolutely necessary. If changes to the published list are necessary these will be communicated immediately as detailed below.

8.3.1 Prior to the day of the scheduled session
- Up to 5.00pm the working day before the scheduled session, an amended list will be prepared by the Consultant’s secretary (or in their absence the staff member covering their post) using the relevant theatre list template, noting the new version number on the amended list.
- The amended theatre list will be emailed to Theatres and the Department of Anaesthetics, with the email specifying the changes made.
- The Scheduler will use the amended theatre list to make appropriate changes on ORMIS.
- Copies of the theatre lists will be circulated by email by the Consultant’s secretary (or in their absence the staff member covering their post) to other Trust Departments or individuals as required.

8.3.2 On the day of the scheduled session
If changes to the published theatre list (including order of cases on the list) are required on the day of the scheduled session, the Consultant should contact a Theatre Sister or the Theatre Matron to discuss and agree the proposed change(s). See Appendix 2 for contact details.

9. Cancelling theatre sessions
The impact of the cancellation of scheduled theatre sessions on theatres, other Trust Departments and patients can be minimised by providing sufficient notice. Arrangements can then be made to either reallocate such sessions or cancel them, thereby ensuring that resources are not wasted.

The following sections describe the process to be followed when a scheduled theatre session is cancelled.

9.1 Notification of cancellations made by the Consultant Surgeon
Notification of theatre sessions to be cancelled by the Consultant Surgeon must be made at least six weeks prior to the session date. Specialty-specific arrangements for cancelling theatre sessions are detailed in the box overleaf.

Notification must be made on the Theatre Session Cancellation Proforma (see Appendix 6) and forwarded by the Consultant’s secretary by email to the Theatre Modernisation Project Manager and the Surgery Centre Administration Manager (see Appendix 2 for contact details). At this stage Theatres or Anaesthetics should not be notified of the cancellation. The notification should detail the Consultant Surgeon name, date and time (am,
pm or all day) of session to be cancelled and the specific reason for cancellation.

**Specialty-specific arrangements**

When a Consultant is on leave/unavailable the following applies:

**Anaesthetist** – When Anaesthetists are on annual or other leave it is, in most instances, possible to cover theatre sessions with another member of the Anaesthetic team. However in order to ensure appropriate skill mix for cases scheduled on such lists it is necessary for the Anaesthetic Department to inform surgeons when their regular Anaesthetist is not available.

**General Surgery** – theatre sessions should be cancelled rather than being utilised by a more junior member of the team.

**Gynaecology** – theatre sessions should be cancelled rather than being utilised by a more junior member of the team except in the case of Mr Das who has two concurrent sessions on a Tuesday morning. In this case one session will be cancelled and the other utilised by a more junior member of the team. If the junior team member is unavailable the second session should also be cancelled.

**Gynaecology** – theatre sessions will be utilised by another member of the team. If the team member is unavailable the session should be cancelled.

**Trauma & Orthopaedics** – where theatre sessions are cancelled within Orthopaedics, reallocation outwith Consultants’ NHS contracts will be offered through OASIS.

Theatre activity (in terms of number of lists completed) will be monitored through a measure of expected against actual activity for each individual Consultant as pertaining to their agreed job plans.

Cancellations of sessions within six weeks, due to sickness or other unforeseen circumstances, must be made, as above, as soon as the decision has been made to cancel the session.

**9.2 Notification of cancellations made by the Department of Anaesthetics**

In some circumstances it may be necessary for the Department of Anaesthetics to cancel theatre sessions. Such a decision would only be taken if absolutely necessary, for example due to lack of cover, sickness or unforeseen circumstances.

Every endeavour must be made by the Department of Anaesthetics to cover each theatre session, however this may not always be possible. If cover is not available the Department of Anaesthetics must notify the Theatre Modernisation Project Manager (or in their absence the Surgery Centre Administration Manager) at least six weeks prior to the session date. Cancellations of sessions within six weeks, due to sickness or other unforeseen circumstances, must be made as soon as it becomes apparent that there is a lack of anaesthetic cover.

Should there be lack of anaesthetic cover the Theatre Modernisation Project Manager (or in their absence the Surgery Centre Administration Manager) and the (in conjunction with Divisional Managers/Assistant Divisional Managers
and Divisional Directors if necessary) will make a decision regarding which session should be cancelled. This decision will be responsive to the current situation regarding waiting lists/times, cases booked on lists (i.e. cancer patients), previous cancellations and skill mix of available anaesthetists.

9.2.1 Notification of Anaesthetist leave
When Anaesthetists are on annual or other leave it is, in most instances, possible to cover theatre sessions with another member of the Anaesthetic team. However in order to ensure appropriate skill mix for cases scheduled on such lists it is necessary for the Anaesthetic Department to inform surgeons when their regular Anaesthetist is not available.

Notification of Anaesthetist annual/other leave must be made as soon as leave has been agreed, but at least six weeks prior to the session date. Notification of leave with less than six weeks notice, i.e. due to unforeseen circumstances, must be made as soon as the leave has been agreed.

- To notify a surgeon of their regular Anaesthetist being on leave the Anaesthetic Secretary will complete the Anaesthetist Leave Notification proforma (see Appendix 7) as soon as leave is agreed.
- The Anaesthetic Secretary will notify the surgeon, via the Anaesthetist Leave Notification proforma, of the grade of the Anaesthetic team member covering their theatre session if known at this time. It is possible that this information is not available at this time as the rota for that date may not have been prepared. In such cases ‘TBC’ will be noted on the proforma.
- The Anaesthetic Secretary will email the proforma to the relevant Surgeon’s secretary for the attention of the Consultant.

For those sessions where the grade of the Anaesthetic team member has not been confirmed, confirmation of the team member covering the session can be obtained from the Anaesthetic Secretary on request approximately four weeks prior to the session date.

9.3 Notification of cancellations made by Theatres
In exceptional circumstances it may be necessary for Theatres to cancel theatre sessions. Such a decision would only be taken if absolutely necessary, for reasons such as theatre equipment failure, unplanned theatre maintenance, major work to theatres etc.

The Theatre Modernisation Project Manager or Surgery Centre Administration Manager and the Theatre Matron (in conjunction with Divisional Managers/Assistant Managers and Divisional Directors if necessary) will make a decision regarding which session should be cancelled. This decision will be responsive to the current situation regarding waiting lists/times, cases booked on lists (i.e. cancer patients), previous cancellations and skill mix of anaesthetists/theatre teams available.

If cancellations involve a theatre session on which patients have been booked, the procedure outlined in 11. Cancelled Operations must be referred to.

9.4 Reallocation of cancelled sessions
Sessions should not be reallocated within Specialties until confirmation that it is acceptable to do so has been provided by either the Theatre Modernisation Project Manager or the Surgery Centre Administration Manager. This is as
anaesthetic and other staff leave can at times be arranged to coincide with the cancelled session rather than coinciding with a scheduled session necessitating use of locum/agency staff or a cancellation. The procedure for requesting additional theatre sessions and reallocation of cancelled theatre sessions is detailed in 10. Requesting additional theatre sessions.

9.5 Notification of reallocated/cancelled theatre sessions
If a theatre session is reallocated or cancelled the Theatre Modernisation Project Manager or Surgery Centre Administration Manager will make the necessary amendments to the theatre schedules and theatre management system. If the reallocation/cancellation is after the theatre schedule has been circulated (usually circulated two weeks in advance) then the Theatre Modernisation Project Manager or Surgery Centre Administration Manager will notify the relevant parties by email (see below) by amending and re-circulating the theatre schedule and amending the theatre management system.

- Department of Anaesthetics
- Theatre Reception/Surgery Centre Reception
- Theatre Sisters (Scrub and Anaesthetic/Recovery)
- POD area

10. Requesting additional theatre sessions
All requests for additional theatre sessions (required due to urgent cases, previously cancelled cases or waiting list pressures) will be made via the Theatre Modernisation Project Manager or the Surgery Centre Administration Manager. For contact details see Appendix 2. Theatres or the Department of Anaesthetics should not be contacted direct to request additional theatre sessions.

In the first instance the Theatre Modernisation Project Manager/Surgery Centre Administration Manager will attempt to reallocate an unrequired theatre session, should resources/skill mix allow. If this is not possible (often due to surgeon availability) the Theatre Modernisation Project Manager/Surgery Centre Administration Manager will explore arranging an additional theatre session by confirming availability/suitability of resources with Theatres and Anaesthetics.

The Theatre Modernisation Project Manager or Surgery Centre Administration Manager will arrange all resources for agreed additional theatre sessions, and will confirm the additional theatre session to the Consultant and their medical secretary by email. A Read Receipt will be attached to this email and this receipt will be taken as acceptance of the theatre session.

11. Cancelled operations
Careful planning, including realistic scheduling of procedures, is key to reducing cancellations and achieving the NHS Plan guarantee on cancelled operations. The guarantee states that when a patient’s operation is cancelled by the hospital on the day of admission, after admission or on the day of surgery for non-clinical reasons, the hospital will have to offer another binding
date within a maximum of the next 28 days or fund the patient’s treatment at
the time and hospital of the patient’s choice.

_Tackling Cancelled Operations_, published by the Modernisation Agency,
focuses on the reasons for cancellations that can be influenced by the
planning and management of operating theatres – operating list overruns;
consultant and theatre staff availability; emergencies and trauma; and
equipment failure and availability. However, reducing cancelled operations
should not be tackled in isolation but should be seen in the context of a wider
system, including elective and emergency admissions, bed occupancy levels
and discharge planning.

11.1 CANCELLING OPERATIONS

11.1.1 CANCELLATIONS BY THE PATIENT

- Patients who self-defer their operation for a valid reason (i.e., the offered
date is inconvenient or the patient is unfit/unwell) will be informed of the
likely arrangements for their future admission by the Consultant’s secretary
(or in their absence, the staff member covering their post). Wherever
possible, they will be given a re-arranged date at the time of deferral.
- Patients who indicate that they no longer wish to have, or need, the
operation will be removed from the waiting list and referred back to their
GP.

Staff should refer to the Patient Access (Waiting List/Waiting Times) Policy for
rules regarding suspension and DNA rules.

11.1.2 CANCELLATIONS BY THE TRUST

- The Trust is committed not to cancel urgent operations and this will occur
in very rare circumstances. However, if it is necessary to cancel an urgent
operation, staff should follow the Trust operational procedure (Appendix 8).
- Where an elective operation is cancelled by the Trust prior to admission a
verbal explanation together with an apology will be given to the patient by
the Consultant’s secretary (or in their absence, the staff member covering
their post) on behalf of the Consultant. The aim must be to offer a new
operation date at the time of cancellation wherever possible.
- Where an elective operation is cancelled by the Trust after admission for
clinical reasons, a verbal explanation will be given to the patient by the
Consultant, the Ward Manager or Senior Nurse on behalf of the
Consultant.
- If it becomes apparent that an elective operation may be cancelled due to
non-clinical reasons, either the Theatre Matron, Divisional Manager for
Surgical Services or Divisional Manager for Clinical Support (or in their
absence, a Theatre Sister) should be contacted so that all options to
perform the operation can be explored. If it is not possible to perform the
operation, then a verbal explanation together with an apology must be
given to the patient by the Consultant, the Ward Manager or Senior
Nurse on behalf of the Consultant. The aim must be to offer a new
operation date at the time of cancellation wherever possible.
- In the case of operations cancelled by the Trust for non-clinical reasons on
the day of admission, after admission or on the day of surgery, the patient
must be offered an admission date that is within 28 days of the
cancellation in order to meet the NHS Plan guarantee on cancelled
operations. This should be noted on the waiting list record to ensure that
the patient is not cancelled again. Operations cancelled at the last-minute for non-clinical reasons form part of the SITREP monitoring.

11.2 SITREP monitoring of cancelled operations
The Trust is required to report to the Department of Health the total number of cancelled elective operations. For this purpose the definition of a cancelled operation is; the total number of operations that were cancelled by the hospital, at the last minute, for non-clinical reasons. Last minute means on the day the patient was due to arrive; after the patient has arrived in hospital; or on the day of the operation.

This includes patients who have not actually arrived in hospital and have been telephoned at home prior to their arrival. It includes reasons such as list overrun, lack of beds (ward/critical care), equipment unavailable etc.

An operation which is cancelled but then subsequently carried out with 24 hours, without the patient being discharged, is recorded as a postponement and not a cancellation.

11.2.1 Reporting procedure
The Trust Information Department is responsible for reporting the total number of cancelled elective operations to the Department of Health. The Division of Surgical Services is responsible for providing the Information Department with details regarding cancelled operations via the Cancelled Operations Proforma.

- Every weekday morning (except Bank Holidays) the Surgery Centre Scheduling team should complete the proforma for all required cancellations from the previous day (on Mondays for cancelled operations on Friday to Sunday).
- The Scheduling team should also check the cancelled operations that were reported the previous day to confirm whether the operations were rescheduled and performed within 24 hours. If so, the Scheduling team should verify whether the patient was discharged prior to their rescheduled operation. If not then this should be noted on the proforma in the relevant column.
- The completed proforma should then be emailed to SITREP@ghnt.nhs.uk by 9.30am.

11.2.2 Cancelled operations target
In line with the Health Care Commission targets for SITREP reportable cancelled operations the Trust should not exceed 0.8% (number of cancelled operations/number of elective admissions).

11.3 Communicating information regarding cancellations
As mentioned in the sections above information regarding cancelled cases must be communicated immediately. See 7. Booking theatre cases and 8. Theatre lists for details regarding notifying a cancelled case, rebooking a case and amending a theatre list.
THEATRE PATIENT ACCESS ACTION TEAM (THEATRE PAAT)

Terms of Reference

1. Statement of Purpose

To review the current service and service delivery within Queen Elizabeth Hospital and North East NHS Surgery Centre Theatres, and to devise a strategy for the development/improvement of the service. The Group does not have authority over external users of Surgery Centre Theatres. Required levels of activity/theatre utilisation will be specified in individual contracts.

2. Key Tasks for the Group

- review current allocation and utilisation of theatres
- explore options to increase existing theatre capacity
- devise action plans following review and option appraisal
- following implementation of action plans continuously monitor utilisation of theatres
- review existing policy documents and revise where necessary
- review the recruitment and retention processes within theatres
- review the processes in place for emergency working
- regularly review information obtained from the theatre management system in order to inform key tasks identified above:
  - under and over runs
  - number of planned sessions
  - number of cancelled sessions
  - number of cancelled operations
- review incidents/near misses from theatres

3. Outcomes of the Group

- maximise theatre utilisation
- increase theatre capacity
- improve service delivery (including prioritisation of allocation of sessions)
- improve recruitment and retention of theatre staff
- reduce number of cancelled sessions
- reduce number of cancelled operations
4. **Core Membership**
Dr F McAuley (Chair), Divisional Director, Clinical Support
Mr D Browell (Vice Chair), Divisional Director, Surgical Services
Mr I Aird, Consultant Gynaecologist
Ms L Armstrong, Personnel Manager
Mr S Atkinson, Divisional Manager, Surgical Services
Mrs P Bell, Administration Manager, Surgery Centre
Mr V Bhattacharya, Clinical Lead, General Surgery
Ms E Blair, Senior Midwife
Ms A Cobb, Infection Prevention and Control Nurse
Mrs J Coleman, Matron, Surgical Services
Mr M Coughlin, Assistant Director of Finance
Mrs C Devine, Sterile Services Manager
Ms E Glancey, Theatre Modernisation Project Manager
Mr K Godfrey, Deputy Medical Director
Mrs P Hardcastle, Sister, Theatres
Ms J Henderson, Senior Radiographer
Ms P Hetherington, Assistant Divisional Manager, Surgical Services
Mr A Hinsche, Consultant Orthopaedic Surgeon
Ms L Hodgson, Director of Finance
Dr S Hudson, Consultant Microbiologist, Infection Control
Dr H May, Clinical Lead, Anaesthetics
Mrs M May, Educational Facilitator, Theatres
Mrs R McDonald, Sister, Theatres
Mr M Mercer-Jones, Consultant General Surgeon
Ms L Mitchinson, Trauma Co-ordinator
Ms D Moffitt, Datix Systems Manager
Mrs C Muwanga, Matron, Theatres
Mr R Naik, Clinical Lead, Gyneae Oncology
Mr J Noddings, Development Manager
Ms A O’Brien, Risk Manager
Mrs S Richardson, Divisional Manager, Clinical Support
Mr P Robinson, Diagnostic Imaging
Ms P Simpson, Senior Midwife
Mr K Smeaton, Engineering
Mr N Tumia, Consultant Orthopaedic Surgeon
Mrs D Turley, Sister, Theatres
Mrs L Turner, Assistant Divisional Manager, Surgical Services
Mrs K Yarwood, Sister, Theatres
Ms P Young, Risk Management Sister, Surgical Services

Other staff members to be co-opted as and when necessary.
Core members are requested to send a deputy if they are unable to attend.

5. **Reporting Arrangements**
Theatre PAAT has been given the authority to make decisions regarding theatre usage, without presenting to Central Team. The Group will, however, report to the Business and Service Development Committee.
Minutes of meetings will be circulated to those identified as Core Members.

6. **Frequency of Meetings**
Meetings will be held on a bi-monthly basis.

7. **Quorum**
Quorate group will comprise of the Chair or Vice Chair, one senior clinician and one Divisional Manager/Assistant Manager.
APPENDIX 2

Contact Details

Theatre Modernisation Project Manager
Emma Glancey
Extension: 3130; Email: emma.glancey@ghnt.nhs.uk

Surgery Centre Administration Manager
Paula Bell
Extension: 3003; Email: paula.bell@ghnt.nhs.uk

Divisional Manager, Surgical Services
Steve Atkinson
Extension: 3049; Email: steve.atkinson@ghnt.nhs.uk

Divisional Manager, Clinical Support
Sue Richardson
Extension: 2176; Email: sue.richardson@ghnt.nhs.uk

Assistant Divisional Managers, Surgical Services
Paula Hetherington
Extension: 2527; Bleep: 2585; Email: paula.hetherington@ghnt.nhs.uk
Lesley Turner
Extension: 2745; Bleep: 2750; Email: lesley.turner@ghnt.nhs.uk

Theatre Matron
Carol Muwanga
Extension: 3002; Bleep 2624; Email: carol.muwanga@ghnt.nhs.uk

Theatre Sisters
Paula Hardcastle
Extension: 2235; Bleep 2346; Email: paula.hardcastle@ghnt.nhs.uk
Ruth McDonald
Extension: 3024; Bleep 1425; Email: ruth.mcdonald@ghnt.nhs.uk
Dawn Turley
Extension: 3010; Bleep 2759; Email: dawn.turley@ghnt.nhs.uk
Karen Yarwood
Extension: 3009; Email: karen.yarwood@ghnt.nhs.uk
# Theatre Booking Form

<table>
<thead>
<tr>
<th>Date of Admission:</th>
<th>Date of Surgery:</th>
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<tbody>
<tr>
<td>Patient Name:</td>
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<td>Gender:</td>
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<td>PAS Number:</td>
<td>NHS Number:</td>
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<td>Date of Birth:</td>
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<td>Address:</td>
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<td>GP Name &amp; Address:</td>
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<td>Admission Type:</td>
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<td>Ward (if known):</td>
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<td>Consultant:</td>
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<td>Operating Surgeon:</td>
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<td>Operation(s):</td>
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<td>(Specify side/site)</td>
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<td>Type of Anaesthetic:</td>
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<td>Alerts:</td>
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<td>eg. allergies/MRSA+</td>
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<tr>
<td>Is Image Intensifier required?</td>
<td>Yes/No</td>
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<td>Loan Equipment Required</td>
<td>Date Ordered:</td>
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</tbody>
</table>

If this booking is to replace a cancelled booking please specify:

| Cancelled date of surgery: | |
| Date cancellation made:   | |
| Reason for cancellation:  | |

A booking cannot be processed unless all information is complete. Forms will be returned if they are incomplete.

Once you have completed your booking form please e-mail it to Treatment Centre Bookings

For Theatre Use Only | Date Booking form Received: |

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16
GATESHEAD HEALTH NHS FOUNDATION TRUST

THEATRE LIST

VERSION

Consultant Surgeon:     Specialty:
Day:         Date:      Time:    Theatre:

<table>
<thead>
<tr>
<th>Time</th>
<th>Unit No</th>
<th>Name</th>
<th>DOB</th>
<th>Pre Op</th>
<th>Post Op</th>
<th>Planned procedure (please note any special requirements/notes)</th>
<th>Fasting times</th>
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Distribution

*Enter own distribution list*
### GATESHEAD HEALTH NHS FOUNDATION TRUST

**TRAUMA LIST – VERSION**

Consultant Surgeon:

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<th>No</th>
<th>Unit No</th>
<th>Name</th>
<th>DOB</th>
<th>Ward</th>
<th>Planned procedure (with side)</th>
<th>II required (Y/N)</th>
<th>Special requirements</th>
<th>Operating surgeon</th>
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### POSSIBLE CASES FOR THEATRE – PENDING WARD ROUND/ANAESTHETIC REVIEW

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APPENDIX 5
# Theatre Session Cancellation Proforma

**To be completed by Secretary/Directorate Representative and sent to Theatre Modernisation Project Manager and Surgery Centre Administration Manager**

<table>
<thead>
<tr>
<th>Date of Theatre Session</th>
<th>Time of Theatre Session</th>
<th>Specific Reason for Cancellation</th>
<th>Can Session be reallocated?</th>
<th>Theatre</th>
<th>Date offered to Consultants</th>
<th>Reallocated?</th>
<th>If Yes, name of Consultant</th>
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<td>Yes/No</td>
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To be Emailed to Theatre Modernisation Project Manager and Administration Manager

**For Completion by Theatre Modernisation Project Manager/Administration Manager:**

- Date form sent to Directorate Representative
- Date form returned to Theatre Modernisation Project Manager/Administration Manager
- Date notification of cancellation / reallocation sent
Dear [Insert name of Consultant surgeon]

I wish to inform you that your regular anaesthetist [Insert name of anaesthetist] is unavailable for the following theatre session(s).

If known the Grade and name of the anaesthetic team member covering the session(s) is provided below. If not known at this time confirmation of the team member covering the session(s) can be obtained from the Anaesthetic Secretary on Ext: 2176 approximately four weeks prior to the session date.

<table>
<thead>
<tr>
<th>Date of Theatre Session</th>
<th>Time of Theatre Session</th>
<th>Grade and name of anaesthetic team member covering session (if known)</th>
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<tbody>
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<td>AM/PM/DAY</td>
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To be emailed to relevant Consultants secretary by Anaesthetic secretary
Appendix 8

Gateshead Health NHS Foundation Trust

Procedure for Cancelling Urgent Operations

Introduction

The Trust is committed not to cancel urgent operations and this will occur in very rare circumstances. This procedure details the process required when cancelling urgent operations.

An Urgent Operation classified by the National Confidential Enquiry into Perioperative Deaths (NCEPOD) as:

I. IMMEDIATE (NCEPOD 1) – immediate life, limb or organ-saving intervention – resuscitation simultaneous with intervention. Normally required within minutes.
   THESE PATIENTS MUST NEVER BE CANCELLED

II. URGENT (NCEPOD 2) – intervention for acute onset or clinical deterioration of potentially life-threatening conditions, for those conditions that may threaten the survival of limb or organ, for fixation of many fractures and for relief of pain or other distressing symptoms. Normally within hours of decision to operate.

(see flow chart below).
III EXPEDITED (NCEPOD 3) – patient requiring early treatment where the condition is not an immediate threat to life, limb or organ survival. Normally within days of decision to operate.

(see flow chart below)
GATESHEAD HEALTH NHS FOUNDATION TRUST
QUEEN ELIZABETH HOSPITAL

Procedure for Cancelling Urgent Operations

Introduction

In the event of an Urgent Operation having to be cancelled this form must be completed by the Service Manager of that specialty and forwarded to the Chief Executive by email or fax – 0191 4826001, with a copy to the SITREP writer (Information Department).

An Urgent Operation classified by the National Confidential Enquiry into Perioperative Deaths (NCEPOD) as:

I. IMMEDIATE (NCEPOD 1) – operation normally required within minutes.

THESE PATIENTS MUST NEVER BE CANCELLED

II URGENT (NCEPOD 2) – operation normally required within hours.

III EXPEDITED (NCEPOD 3) - patient requiring early treatment where the condition is not an immediate threat to life, limb or organ survival. Normally within days of decision to operate.

PLEASE STATE WHETHER NCEPOD 2 OR 3 ………………………………

Date: ……………………………………….

Directorate: ……………………………

Service Manager: …………………….   Telephone number: ………………….

Name of Patient: ……………………………………………………………………….

Reason for Cancellation: …………………………………………………………….

Has this operation been cancelled previously, if so when: ……………………….

Revised Date Offered: …………………………………

Signed: ……………………………………..    Date: …………………………….

Received by CEO’s Office: ……………….. Date: ……………………………….……