Operating Theatre Performance (Scheduled Sessions) Policy

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This policy supersedes all previous issues
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Operating Theatre Performance (Scheduled Sessions) Policy

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 bi-annual basis or more frequently if agreed through the Theatre User Group (TUG).

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 User Group (TUG). The TUG has agreed Terms of Reference and membership (see Appendix 1), and oversees the quality of peri-operative services for patients and users ensuring efficient and effective use of theatre resources. The TUG reports to the Safecare Council.

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.

*PLEASE NOTE THAT SECTIONS 6.1 AND 6.2 HAVE NOT YET BEEN REVIEWED. THESE WILL BE REVIEWED FOLLOWING THE OUTCOME OF THE WORK TAKING PLACE IN CONJUNCTION WITH FOUR EYES.*

6.1 **Theatre session timing points**

<table>
<thead>
<tr>
<th>Start time of session</th>
<th>Time first patient’s anaesthetic commences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Finish time of session</td>
<td>Time last patient leaves operating theatre</td>
</tr>
</tbody>
</table>

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**

<table>
<thead>
<tr>
<th>Session</th>
<th>Start Time</th>
<th>Finish Time</th>
<th>Operating Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morning session</td>
<td>08:30</td>
<td>13:00</td>
<td>4 hours</td>
</tr>
<tr>
<td>Afternoon session</td>
<td>13:30</td>
<td>18:00</td>
<td>4 hours</td>
</tr>
<tr>
<td>All day session</td>
<td>08:30</td>
<td>18:00</td>
<td>8 hours</td>
</tr>
</tbody>
</table>

*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**

<table>
<thead>
<tr>
<th>Day</th>
<th>Start Time</th>
<th>Finish Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday – Friday</td>
<td>09:00</td>
<td>17:30</td>
</tr>
<tr>
<td>Saturday</td>
<td>08:30</td>
<td>13:00</td>
</tr>
</tbody>
</table>

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 4 hour 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.

<table>
<thead>
<tr>
<th>Session</th>
<th>Start Time</th>
<th>Finish Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evening</td>
<td>17:30</td>
<td>19:30</td>
</tr>
<tr>
<td>Afternoon and evening</td>
<td>13:30</td>
<td>19:30</td>
</tr>
<tr>
<td>All day and evening</td>
<td>08:30</td>
<td>19:30</td>
</tr>
</tbody>
</table>

*(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 Medway (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 Medway 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 Medway and complete another Theatre Booking Form (using Medway) 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 After 4pm the working day before, or on the day of the scheduled session

If changes to the published theatre list (including order of cases on the list) are required after 4pm the working day before, or on the day of the scheduled session, the change should be verbally notified to the Theatre Sister.

- If a change is made by the Consultant/Surgeon they should inform the Consultant’s secretary (or in their absence the staff member covering their post). The secretary will contact the Theatre Sister via Bleep 2759 to inform them of the change, and will prepare and circulate an amended theatre list as described above.
- If a change is made by the Consultant’s secretary they should inform the Consultant/Surgeon of the change. The secretary will contact the Theatre Sister via Bleep 2759 to inform them of the change, and will prepare and circulate an amended theatre list as described above.

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.

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.

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 will approach Tyneside Surgical Services to request that they provide an Anaesthetist if appropriate. A record of lists covered by a TSS-provided Anaesthetist will be kept by the Anaesthetic Secretary and the Theatre Modernisation Project Manager.

If Tyneside Surgical Services are unable to provide cover and therefore Anaesthetic cover is not available the Department of Anaesthetics must notify the Theatre Modernisation Project Manager (or in their absence the Surgery Centre Administration Manager) with as much notice as possible prior to the session date.

Should there be lack of anaesthetic cover a decision will be made regarding which session should be cancelled by the Theatre Modernisation Project Manager (or in their absence the Surgery Centre Administration Manager) and the Service Line Managers/Associate Director for the Surgical Business Unit. 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 **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. The Anaesthetic rota is available to view, at least 6 weeks in advance, on the Intranet (http://staffzone/ddi/departments/a-i-c-a-p-m/index.php). All approved annual leave will be noted on the rota therefore this should be checked if verification is needed that a particular Anaesthetist is required.

Any further queries should be directed to the Anaesthetic Secretaries on Ext: 3993.

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, lack of theatre staff etc.

The Theatre Modernisation Project Manager or Surgery Centre Administration Manager and the Theatre Matron (in conjunction with Service Line Managers/Associate Director for the Surgical Business Unit) 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 four weeks in advance) then the Theatre Modernisation Project Manager or Surgery Centre Administration Manager will notify the relevant parties as detailed below, and will amend and re-circulate the theatre schedule, and amend the theatre management system.

- Department of Anaesthetics – verbally or by email
- Theatre Sisters via Bleep 2759
- All other parties – via emailed revised theatre schedule

### 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 7).

- 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, or 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 Sister, Theatre Matron, Divisional Manager for Surgical Services or Service Line Manager for the Surgical Business Unit 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, or 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 peter.hodgson@ghnt.nhs.uk and toni-leigh.duff@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.
APPENDIX 1

———

Gateshead Health NHS
NHS Foundation Trust

TERMS OF REFERENCE
THEATRE USER GROUP

1 Purpose

The Theatre User Group (the group) will oversee the quality of peri-operative services for patients and users ensuring efficient and effective use of theatre resources. The group will provide a forum for discussing issues relating to performance, processes and operational issues relevant to the peri-operative area.

The group will report to the SafeCare Council.

2 Membership & Quorum

The membership of the group shall comprise of theatre users and representatives from support services and Estates, together with theatre management and a Governor representative. Core members OR their deputy should attend meetings. See below for membership list.

In addition to the core membership, the group may co-opt additional members as appropriate to enable it to undertake its role.

The Clinical Head of Clinical Support and Screening Services shall assume the role of Chair, and the Associate Director of Surgical Services the role of Vice Chair.

Quorate group will comprise of the Chair or Vice Chair, one senior clinician and the Associate Director of Surgical Services or deputy.

3 Meetings

The group will meet once every two months, on a Wednesday, between 12.30pm and 1.30pm.

Minutes of the meetings will be submitted to the SafeCare Council.

4 Sub-Groups

The group will have the authority to set up and disband sub-groups and working groups in order to effectively discharge its function. All sub-groups and working groups will be regularly evaluated by the group to ensure their effectiveness.
THEATRE USER GROUP

CORE MEMBERSHIP

Clinical Head of Clinical Support and Screening Services (Chair)
Associate Director, Surgical Services (Vice Chair)

Administration Manager, Surgery Centre
Clinical Lead, Anaesthetics
Clinical Lead, General Surgery
Clinical Lead, Gynaecology
Clinical Lead, Gynae Oncology
Clinical Lead, Orthopaedics
Divisional Director, Surgical Services
Infection Prevention and Control Nurse
Matrons, Surgical Services
Matron, Delivery Suite or Consultant Obstetrician
Peri-operative Band 7’s
Risk Manager, Surgical Services
Service Line Managers, Surgical Services
Sterile Services Manager
Technical Manager, Estates
Theatre and Mobile Lead, Radiology
Theatre Modernisation Project Manager
Trust Governor

Minutes for information
Assistant Director of Finance – Finance and Business Support
Clinical Lead, Critical Care
Consultant Microbiologist
Personnel 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

**Associate Director, Surgical Business Unit**
Steve Atkinson  
Extension: 3049; Email: steve.atkinson@ghnt.nhs.uk

**Service Line Manager, Surgical Business Unit**
Gillian Appleby  
Extension: 5651; Email: gillian.appleby@ghnt.nhs.uk

Lewis Atkinson  
Extension: 5867; Email: lewis.atkinson@ghnt.nhs.uk

Rachel Lonsdale  
Extension: 2255; Email: rachel.lonsdale@ghnt.nhs.uk

**Theatre Sisters**
Paula Hardcastle – Email: paula.hardcastle@ghnt.nhs.uk  
Ruth McDonald – Email: ruth.mcdonald@ghnt.nhs.uk  
Florence Pitcairn – Email: florence.pitcairn@ghnt.nhs.uk  
Karen Roxby – Email: karen.roxby@ghnt.nhs.uk

Extension: 2232, Bleep: 2759
## Theatrical 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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<tr>
<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>Contact Numbers:</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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<tr>
<td>Loan Equipment Required</td>
<td>Date Ordered:</td>
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</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:
GATESHEAD HEALTH NHS FOUNDATION TRUST

THEATRE LIST

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
### Consultant Surgeon:

**Day:**

**Date:**

**Time:**

**Theatre:**

<table>
<thead>
<tr>
<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

|    |         |      |     |      |                                |                   |                     |                   |
|    |         |      |     |      |                                |                   |                     |                   |
|    |         |      |     |      |                                |                   |                     |                   |
|    |         |      |     |      |                                |                   |                     |                   |
|    |         |      |     |      |                                |                   |                     |                   |
# THEATRE SESSION CANCELLATION PROFORMA

<table>
<thead>
<tr>
<th>CONSULTANT</th>
<th>SPECIALITY</th>
</tr>
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</table>

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

To be completed by Theatre Modernisation Project Manager/Administration Manager

To be completed by Directorate Representative

<table>
<thead>
<tr>
<th>Date of Theatre Session</th>
<th>Time of Theatre Session AM/PM/DAY</th>
<th>Specific Reason for Cancellation</th>
<th>Can Session be reallocated? Yes/No</th>
<th>Theatre</th>
<th>Date offered to Consultants</th>
<th>Reallocated? Yes/No</th>
<th>If Yes, name of Consultant</th>
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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 notification of cancellation / reallocation sent

Operating Theatre Performance (Scheduled Sessions) Policy v4 21
Appendix 7

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)
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: …………………………………....