University Hospitals of Derby and Burton NHS Foundation Trust

THEATRE OPERATIONAL STANDARD OPERATING PROCEDURE (SOP) – BURTON SITE S ONLY

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Intended Recipients: Surgeons, anaesthetists, theatre staff, operational managers

Training and Dissemination: Induction process and booklet, intranet access

To be read in conjunction with:

- Infection Control & Prevention Policy
- Medicine Management Policy
- Uniform Policy for Clinical Staff
- Extended Stay Unit Operational Policy
- Medical Devices Training Policy
- Surgical Site Marking Protocol
- Completion of Peri-Operative/WHO Checklist Operational Procedure
- Swab, Needle & Instrument Count Procedure
- Recovery Practice SOPs
- Scheduling of Emergency Patients in the Operating Theatre Policy
- Transfer of Patients Policy
- Management of Specimens in Theatre SOPs
- Critical Care Surge Plan
- Release of Body from Ward/Dept to the Mortuary

In consultation with and Date: Safer Surgery Group, Deputy General manager/ Theatre Lead

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Burton Hospitals NHS Foundation Trust
Theatre Operational Policy

1: The Policy

This SOPis written to provide a set of instructions that will be followed for the scheduling of theatre lists, the management of patients and their care within the Theatre Suites of Burton Hospitals NHS Foundation Trust.

2: Introduction

The purpose of this SOPis to ensure that all staff have an understanding of the operational systems and processes that support effective and efficient service delivery of theatre services.

This document describes the Theatre service in Burton Hospitals NHS Foundation Trust. The Theatre Department is within the Theatres, Anaesthetics, Intensive care services and Orthopaedic Business Unit which is part of the Surgical Directorate.

3: Aim of the Service

The aim is to provide high quality, efficient surgical care to all patients in a safe, professional environment. Trust Policies are followed and there are Theatre Local Procedures and SOPs.

The Theatres provide both an NHS and Private elective and emergency service for the following specialties:

	Burton Site		SRP Site
	NHS	PP	NHS
ENT	√	√	
General Surgery and sub specialties	√	√	√
Gynaecology	√	√	√
Obstetrics	√		
Urology	√	√	√
Ophthalmology	√	√	
Orthopaedics	√	√	√
Trauma	√		
Breast Plastics	√	√	
Endoscopy	√	√	√
Emergency	√	√	

Both adult and paediatric patients are treated at the Queens site and adult patients (16 years and over) at the Treatment Centre and Sir Robert Peel.

4: Location and Composition of Theatres

Theatres are over 3 sites:

- Queens Hospital (QHB) Burton
- Treatment Centre (TC) Burton
- Sir Robert Peel (SRP) Tamworth

Queens Hospital
Theatres are on the first floor of the hospital. There are 9 operating theatres in the following areas:
Main Theatre Suite – 5 theatres
Orthopaedic Theatre Suite – 3 theatres: these have ultra- clean air flow management.
Delivery Suite – 1 theatre

Access to these Suites is restricted and security is controlled by a swipe card system. The access in and out of the suites in QHB is the same for both patients, staff, supplies and waste,

Treatment Centre
Theatres are situated on the ground floor of the hospital. There are 6 operating theatres and 1 procedure room. Two of the operating theatres have ultra-clean airflow management.

Access to the Theatre Suite is via swipe or keypad access. The patient flow and the supplies and waste routes are separate.

Sir Robert Peel
Theatres are situated on the ground floor of the hospital. It consists of 1 Daycase Theatre, a 3 bedded Recovery and there is also 1 endoscopy treatment room situated within the theatre suite. Access to the Theatre Suite is via swipe or keypad access.

The table below indicates the following rooms which make up the suites

	Main Suite	Ortho Suite	Obstetric Theatre	Treatment Centre	Sir Robert Peel
Reception area	√	√		√	√
Male and female changing	√	√	√	√	√
Staff toilets	√	√	√	√	√
Store rooms	√	√	√	√	√
Recovery room	√	√	√	√	√
Staff rest room/lounge	√	√		√	√
Anaesthetic room	√	√			√
Operating room	√	√	√	√	√
Set up room	√	√			√
Scrub room	√	√	√		√
Dirty utility	√	√	√	√	√

Office for Senior Leads	√	√		√	√
Training room	√				Wiggin Centre
Domestics store	√	√		√	√

Function of Theatres
This is to provide a dedicated, efficient and appropriately equipped clinical environment for elective and emergency procedures across the described specialties, to perform under local, regional, or general anaesthesia.

Theatres are designated as follows with the primary use:

Theatre 1	ENT
Theatre 2	Dedicated emergency
Theatre 3	Urology/Gynaecology
Theatre 4	General Surgery
Theatre 5	General Surgery/Ophthalmics
Theatre 6	Orthopaedics
Theatre 7	Orthopaedics
Theatre 8	Trauma
Theatre 9	Obstetrics
TC1	Ophthalmics
TC2	ENT
TC3	General Surgery/ Urology
TC4	Gynaecology
TC5	Orthopaedics
TC6	Orthopaedics
TCTR	Urology
SPR	All specialities listed in Section 3 (Daycase Elective Only)

Main suite / Orthopaedic suite/ SPR

Anaesthetic Room
Induction of anaesthesia takes place in the anaesthetic room, unless deemed inappropriate. Each room has full medical services, mobile anaesthetic machines and monitoring. Each anaesthetic room has a controlled drug cupboard, a locked pharmacy cupboards and a locked drug fridge.

Operating Theatre
The preparation of surgical trays and consumables takes place in the theatre. Each theatre has full anaesthetic services via ceiling mounted pendants and mobile anaesthetic machines. Each theatre has an operating theatre table, operating light, electrosurgical generator and suction unit. Specialised equipment for each specialty theatre is available. The Orthopaedic Theatres have laminar air flow system.

Scrub Room
The scrub sinks are located in the adjoining area and “scrubbing up” takes place in this environment.

Recovery Room
This is to provide post-operative nursing care for patients undergoing surgical procedures under local, regional or general anaesthesia until discharge to the Ward/HDU/ICU. There are 7 bays in the Main Suite Recovery Room, 3 bays on the Orthopaedic Recovery Room and 2 bays at SRP, with monitoring in-situ, each area has a further bay that could be brought into service with additional monitoring. Each bay has full medical bed head services and dedicated non-invasive monitoring. Each bay is segregated by curtains. The first bay in the Main suite is used for the paediatric patients.

There is a controlled drug cupboard, locked pharmacy cupboards and a locked drug fridge.

The Resuscitation equipment is located in Recovery in Main and Orthopaedic Suites and outside Recovery at SRP.

Store Rooms
These provide a suitable environment for the receipt and storage of consumables and sterile supplies.

Theatre Reception
This provides a location for the management of day to day activities within the suites.

In addition to the above, there is a staff lounge, a changing facility, set up and dirty utility rooms, various storage areas and Managers office.

Obstetric Theatre

This is a dedicated and appropriately equipped clinical environment for obstetric procedures requiring an operating theatre. Induction of anaesthesia and preparation of trays and consumables take place in this environment. There is a controlled drug cupboard, locked pharmacy cupboards and a locked drug fridge. There are full anaesthetic services via wall or ceiling mounted pendant.

Scrub Room
The scrub sinks are located in the adjoining area and “scrubbing up” takes place in this environment

Recovery Room
This is to provide post-operative nursing care undergoing surgical procedures under local, regional or general anaesthesia until discharge to the Ward/Delivery suite/HDU/ICU. The Resuscitation equipment is located in Recovery.

Treatment Centre Theatres

Within each operating theatre the induction of anaesthesia takes place, having full medical services and mobile anaesthetic machines and monitoring. Each theatre has a controlled drug cupboard and locked pharmacy drawers. The preparation of surgical trays and consumables takes place in the theatre. Each theatre has full anaesthetic services via ceiling mounted pendants, operating light, electrosurgical generator and suction equipment. Specialised equipment for each specialty theatre is available. The scrub sinks are located in the operating room.

Recovery
There are 6 bays in the Treatment Centre Recovery Area, with patients being discharged into the male or female wards. The area provides post-operative nursing care for patients undergoing surgical procedures under local, regional or general anaesthesia until discharge to the ward. Each bay has full medical bed head services and dedicated non-invasive monitoring. Each bay is segregated by screens. There is a controlled drug cupboard and locked pharmacy cupboards. The Resuscitation equipment is located in Recovery.

Store Rooms
These provide a suitable environment for the receipt and storage of consumables and sterile supplies.

Theatre Reception
This provides a location for the management of day to day activities within the suites.

In addition to the above, there is a staff lounge, a changing facility and Managers office.

5: General Management of the Theatre Service

The Divisional Director for Surgery has overall responsibility for governance and finance
The Theatre Management Team are responsible for operational management and accountable for the Theatre budget
The Theatre Co-ordinator is responsible for day to day management of theatres and the staff and finance within their own teams and specialities
Designated team leaders have delegated responsibility for the supervision and support of junior staff
Clinical responsibility remains with the Consultant Surgeon and Consultant Anaesthetist who are either involved with, directly, or indirectly supervising the care of the patient.
The department is open to suggestions and keen to improve the service based on complaints, incidents, positive feedback and service users.

6: Theatre Scheduling

Burton Sites

All lists will be managed in line with Theatre List Submission Guidance which can be found on the Intranet Theatre SOP pages. The waiting list office and / or Surgeons secretaries will plan the list in order to make maximum use of the resources and time available.

Management of Emergency Procedures

Emergency Theatre provision is accessible over 24 hours per day, 365 days of the year. The emergency service is delivered across three theatre suites **Main suite, Orthopaedics & Maternity**.

The emergency provision is as follows:

	Main Theatre	Orthopaedics	Obstetrics
Monday-Friday	Theatre 2 11am - 5.30pm After 5.30pm the session merges with Trauma	Theatre 8 9am - 5.30pm After 5.30pm the session merges with NCEPOD	Theatre 9 Weekday mornings there is combined elective LSCS & emergency. Emergency cover afternoons and OOH
Saturday	9am- 1 pm After 1pm session merges with Trauma	9 am- 1 pm After 1pm session merges with Main Th.	24 hours
Sunday	1 combined emergency session including Trauma	(See Main Th.)	24 hours

Bookings are managed in line with the Scheduling of Emergency Patients in the Operating Theatres Policy (Available on the Intranet Theatre SOP pages).

- Wherever possible emergency surgery should take place within normal working hours. Only NCEPOD criteria as urgent should have emergency surgery between 10 pm and 8 am.
- Patients pending diagnostic investigations should not be booked for theatre.
- Patients should be booked as per the guidance on the policy. Emergency patients should be booked via bleep 362 both in hours and out of hours using the booking form
- Trauma patients should be booked following the trauma meeting in hours and via bleep 362 out of hours using the booking form
- Details should include patients name, hospital number, date of birth, ward, details of the operation and the NCEPOD category.
- The surgeon must inform the anaesthetist on bleep 511. The patient must be assessed by an anaesthetist before the patient is brought to theatre.
- If the patient is going to theatre after 10pm the Consultant surgeon and the Consultant anaesthetist must agree that it is an appropriate emergency and it is within NCEPOD SOPs. The on call team will be contacted after 9.30 pm and asked to attend by the resident Theatre Co-ordinator.
- The department works in collaboration with capacity escalation across the Trust
- The Theatre Team will implement the Trust Major Incident Policy and Theatre Major Incident Plan as required.
- Theatre has only one Theatre Team on site after 9.30pm for Obstetric emergencies and a team on-call as outlined in Managing Theatres at Night Plan (Appendix 1).
- In the event of an emergency surgical procedure needing to take place overnight at the TC staff follow the Action Plan for Emergency Theatre at the Treatment Centre for Out of Hours Plan (Appendix 2).

SRP Site

All lists will be managed in line with Theatre List Submission Guidance which can be found on the Intranet Theatre SOP pages. The waiting list office and / or Surgeons secretaries will plan the list in order to make maximum use of the resources and time available.

At All sites elective operating lists must be completed taking into account the following:

Operating time available
GA/ LA session
Expected duration of surgical procedure including anaesthetic time
Case mix
Grade of operating Surgeon/ Anaesthetist
Any special equipment/implants/additional resources
Bed availability, for inpatients
Clinical indications i.e. Diabetes, Urgent, MRSA etc
Previous cancelled on the day patients
Paediatrics (to be chronologically ordered per session)

7: Staffing Principles

Skill Mix:

Theatres will provide a team of trained healthcare professionals for all surgical activity. Elective sessions will have:

2x Scrub Practitioners,
1x Circulator
1x Anaesthetic Department Practitioner (or equivalent)
And will be recovered by a Recovery Practitioner

The minimum staffing for a patient will consist of:

1x Scrub Practitioner
1x Circulator
1x Anaesthetic Department Practitioner (or equivalent)
And will be recovered by a Recovery Practitioner

At the Burton Site the Electronic Workbook is used to ensure that theatres are staffed appropriately with the best skill mix available within that session (Appendix 4), at the SPR Site a paper diary is utilised.

All healthcare professionals have a duty to set a standard by which to practice. The objectives of theatre training are:

To ensure a standard of care is delivered to each individual that is equitable and fair.

To identify the standards of care to be delivered to patients through all areas within the operating theatres i.e. the anaesthetic room, operating theatre and recovery room.

- To ensure all staff meet the minimum of their Mandatory Training as identified on their person training matrix – e.g. BLS, Manual Handling, Infection Control.
  To ensure all staff are aware of the standards of care to be delivered to patients whilst in the Operating Department
- To provide information to all staff of the department's expectation for the standards of care to be delivered to all patients.
  To ensure safe care and practice for all patients in the department, this includes safeguarding of adults and children and all vulnerable groups.
- To ensure staff are able to manage incidents occurring within the department in line with the Trust governance procedures – e.g. falls resulting in fractures, death in the department.

Behaviour:

All staff will work a shift system that meets the needs of the service and they will be flexible to respond in covering times of sickness and annual leave.
All staff will be required to work in line with their job description requirements and report to the appropriate line manager as outlined by the structure.

- Risk assessment will be undertaken by the appropriate line manager with staff who requires it – e.g. expectant mothers, staff returning from long term sick, chronic condition approved through Occupational Health.
  All staff are expected to behave in a professional manner at all times, being courteous to patients and other staff and be respectful to all persons they come into contact with in line with their Professional Code of Conduct.
  All staff will be accountable for their standard of care within their own scope of practice working within their own Code of Professional Conduct.
- All staff will ensure that the patients' rights to privacy, dignity and confidentiality are maintained throughout their time in the Theatre Department.
  Staff who act unprofessionally will be reported to their line manager using the professional standards and complainants report and a file note kept on their person file (Appendix 4).
  Staff failing to work to the agreed competence standards may be supported in their practice in line with the Trust policy.
  Staff are expected to maintain information security in line with all Trust policies and this includes use of social media and social networks.
  Staff are expected to adhere to all Trust Infection Control Policies and Hand Hygiene standards.
  Staff are expected to inform the department when they are sick as expediently as possible and in line with the Trust Absence policy.
  Food and drinks are not allowed in the operating theatres unless previously agreed for medical reasons. It is recognised on occasions that food and drinks may need to be taken in the anaesthetic rooms due to NO break facility, but this should be kept to a minimum, minimal odour foods, out of sight of patients and removed by the end of the sessions if not before.

Uniform:

In line with national guidance theatre staff wear scrubs which are laundered by the hospitals contracted service. (Uniform policy for Clinical Staff)
Staff attire consists of

- Sky blue tunic and trousers – a variety of sizes available
- Protective footwear in line with Health & Safety guidance
- Colour coded disposable hats (cloth caps can be worn but must be laundered daily by the user)
- Face protection – a variety of which is provided.
- Disposable sterile gowns and glove, a variety of ranges and sizes are available

Scrubs and **must not** be worn outside of the building: e.g. staff must get changed when travelling between the TC and Main site and theatre hats **must not** be worn outside of the theatre area.

All staffs are expected to change into theatre scrubs prior to taking team brief in the anaesthetic room

8: Service Delivery

Pre-operatively

The WHO checklist is carried out for every patient as laid out in the Completion of Peri-operative/WHO Checklist Procedure.

All patients are seen immediately prior to surgery by the anaesthetist and surgical medical staff.
All patients have consent for their operation taken before they come to theatre in line with trust policy
Site and side marking to be undertaken in line with Trust surgical site marking protocol and policy.
A team brief is undertaken prior to the patient arriving in theatre.
Following team brief the theatre staff must ensure the relevant equipment is available. If equipment is not available, the surgeon should be informed before the anaesthesia commences.
No patient will be accepted into theatre without a signed consent form and duplicate of the front page of the peri-operative form.
Patients will walk to theatre accompanied by a member of staff or be transferred in a wheelchair, on a trolley or bed accompanied by both a member of staff and an Orderly/Porter.
Patients will not be left unattended in the Anaesthetic room

- All patients undergo the “anaesthetic room/ transfer bay check” as part of the peri-operative care provision. This adapted from the Surgical Safety checklist sign in.

Intra-operatively

- All patients will undergo the “Stop moment” and the “Sign out” as detailed in the Completion of Peri-operative/WHO Checklist Procedure and is completed

on the Peri-operative Care Theatre Documentation and recorded on the Theatre profile.

The patient theatre profile will be completed, documenting the patient care and the key times in the patient journey.

All staff must follow asepsis at all times.

All staff must follow the Trust policies and procedures for assessing, managing, and reporting incidents via the Trust safeguarding system to ensure any incidents are dealt with swiftly and effectively. Incidents and risks are to be reported to the Theatre Co-ordinator in order that further action can be taken where necessary. Swab needle and instrument checks to be undertaken in line with the Theatre Swab, Needle and Instrument Count Procedure.

Specimens to be managed in line with SOPs for the Management of Specimens in Theatres

Staff to be trained in the use of the medical equipment they use in line with the Trust Medical Devices Training policy.

As far as is practicable, procedure packs will be used that will contain the most common items for a given procedure

Post-operatively

All patients that require post-operative care will be recovered by a Recovery Practitioner, who will work within the Recovery Practice for Patients SOPs.

The Anaesthetist will give a clear handover that will include patient identification, the operation performed, any patient alerts or allergies and specific post op instructions.

- The Recovery Team will assess the patients' condition against the units discharge criteria.

Patient Flow

Queens Hospital

For elective sessions, patients are either admitted to the Elective Admission Lounge (EAL) from where the patients will walk to theatre escorted by the EAL staff, or admitted to the ward (if not suitable for EAL admission protocols). Patents can walk to theatre if they are able and wish to do so, when the theatre is ready for a patient the ward/EAL is notified and a member of the ward/EAL staff will escort them. The Theatre Orderly will retrieve the patients' bed in time for the patient to be transferred onto it following surgery. On occasions the patient may be transported to theatre in a wheelchair.

For those patients who will not be walking to theatre, a Theatre Orderly will go to the ward to assist with the transportation of the patient on a bed/theatre trolley. A member of the ward team will escort the patient to theatre.

On arrival in Main Theatre, the patient will be transferred onto a theatre trolley either in the anaesthetic room or in the designated transfer place.

In Orthopaedic Theatre the patient will be transferred onto the operating table in the designated transfer area.

The ward/EAL team member will remain with the patient until a full handover has been given to the Theatre Operating Department Practitioner (ODP).

On some occasions the patient will be transferred directly into the operating theatre at the instructions of the Anaesthetist / Surgeon/ Theatre Team.

Treatment Centre

Patients will be received at the main reception area and escorted through to the ward area at their appointed admission time. Admission times can be arranged to facilitate the efficiency of the list and to reduce patient waiting times. Patients will then change into appropriate theatre attire. Patients belongings will be stored in secure lockers. Patients will be admitted onto a day surgery patient trolley, and will await transfer to the operating theatre.

A member of the operating team will receive a handover from pre-op and will escort the patient to theatres - patients walk to theatre if it is suitable for them to do so.
Post-operatively, the patient will be escorted to Recovery or a suitable Ward area, depending on the procedure and mode of anaesthesia they have had, and a handover given by theatre staff.

If the patient is in Recovery they will be discharged to the ward once Recovery Discharge Criteria has been reached.

Once the patient has passed the final criteria for discharge home, their belongings will be returned to them. For those patients in the main ward area, they will change in their cubicle, and for those in the ward lounge, changing rooms are made available. Patient exit will be via the main reception when they have received all appropriate advice and documentation together with any take home medications (TTOs).

Patient Transfers from the Treatment Centre to Queens Hospital

Events may occur while the patient is at the TC that requires them to be transferred to the QHB site. The TC staff will make the arrangements to safely transfer a patient to the other facility should the patient's condition warrant it. Clear guidance for the transfer can be found within the Trust Transfer of Patients policy and the Extended Stay Operational policy (Appendix 2).

Sir Robert Peel

All patients are admitted to the daycase ward. The patients are escorted to the theatre suite by the surgical ward staff, who remain with them until a full handover is completed with the Theatre Operating Department Practitioner (ODP).

Generally patients walk to theatre, but wheelchair and trolley transfers occasionally take place.

Once patients have undergone their procedure and have recovered sufficiently, they are transferred back to the surgical ward who will undertake the discharge process

Patient Transfers from Sir Robert Peel to Burton / Heart of England Foundation Trust (HEFT)

In an event that a transfer is required, the appropriate location is determined and a 999 ambulance called. (Appendix 3)

9: Theatre Sessions & Cancellations

Theatre utilisation is closely monitored. Any delays in start and finish times, dropped sessions, under runs, overruns and other inefficiencies are reviewed to develop an understanding of the causes and to allow for better decision making.

Elective Session Times

	QHB	TC	SRP
Morning session	9am - 1pm	9am - 1pm	9am - 1pm
Afternoon session	2pm - 5.30pm	2pm – 5.30pm	2pm – 5pm
All day session	9am – 5.30pm	9am – 5.30pm	9am – 5pm

Every effort must be made to fully utilise the time allocated for the list.

The first patient of the morning should be commencing anaesthetic no later than 9 am
The last patient of the morning should be in recovery by 1 pm
The first patient of the afternoon should be commencing anaesthetic no later than 2 pm
The last patient should be in recovery at 5.30pm at the Burton Sites and 5pm at Sir Robert Peel.
The first patient on the list should always be first unless there is a clinical reason to change the order.
All day lists run throughout the day but must include a 30 minute lunch break which may be a staggered break or a complete stop.

Cancellation of Sessions

Burton Sites (Appendix 6)

- 6 weeks' notice must be given of cancellations to theatre sessions.
  If a session is not being used by the consultant or a member of the team, the session is offered out firstly within specialty for 2 weeks and then to other specialities for a further week. Cancelled sessions can be utilised by an available surgeon who requires capacity and the additional list has been approved. Lists will be offered out at the sessional confirmation meetings and on the live theatre template.
  The session will be cancelled, at the sessional confirmation meeting, the 3 weeks prior to the session taking place if there is no surgeon available (1 week for cancer sessions).

A theatre session cannot be reinstated after the sessional confirmation meeting without the approval of the Theatre Manager and Rota Co-Ordinator in Anaesthetics.

Any last minute cancellation/ unutilised theatre sessions will be used for additional emergency capacity.

SRP Site

- 6 weeks' notice must be given of cancellations to theatre sessions

  If a session is not being used by the consultant or a member of the team, the session is offered out firstly within specialty (if required) and then to other specialities (if required). Cancelled sessions can be utilised by an available surgeon who **requires** capacity and the additional list has been approved. Lists will be offered out via email sent from the Operational Team to the surgeons and their medical secretary

  Sessions are cancelled 3 weeks in advance if necessary. Decisions are made between Assistant Operational Manager and Theatre Senior Sister.

  A theatre session cannot be reinstated without the approval of the senior sister and Lead Clinician in Anaesthetics.

Cancellation of Patients on the Day

Burton Sites

Any decision to cancel or postpone elective surgery for clinical reasons will be made by the Consultant / Surgeon leading the list.

Cancellations on the day due to bed issues will be kept to a minimum and the Theatre Co-ordinator will liaise with the Surgical Lead regarding extended stay in the Recovery Room.

Prior to cancellation on the Main Site due to bed issues, lists will be re considered for potential to transfer to the Treatment Centre (Appendix 7)

When discussing cancellations on the day the clinical need of elective patients and patient access standards must be taken into consideration (Appendix 8)

Any decision to cancel elective surgery for non-clinical reasons will be made with a Senior Manager in discussion with the Consultant. (Appendix 9).

Cancellation on the day will be reported to the Surgical Lead for Surgery and the AD for Surgery and arrangements made by waiting list to arrange an alternative date.

Cancellation of Elective Patients for Emergency Provision:

If it is determined by the clinical team that elective patients might need to be cancelled to increase emergency capacity, this should be discussed with the relevant operational manger (or assistant) prior to the cancellation taking place, so that operational issues can also be taken into account and planned for.

10: Resource Management

- Budgetary control and management of staffing resources is the responsibility of the Theatre Manager. Band 7's have delegated responsibility for ensuring available resources are used efficiently and effectively.
  The Information Department are able to run reports based on data sets requested by the Theatre Management Team. This data is obtained from the Theatre Database which is completed by theatre staff (See Appendix 9)
  The sessional confirmation meeting serves as a support to ensure maximum theatre utilisation.
  Any changes in practice that significantly impact on the expenditure in theatres will require a case of need which must be approved by the Clinical Theatre Manager and Clinical Lead.
  Yearly stock takes are carried out.

11: Quality and Audit

Clinical incidents will be reported and investigated through the Trust Safeguarding system
There will be a designated Clinical Lead for Audit and will link with the Trust Audit department.
The WHO checklist will be audited monthly.
Health and Safety and COSHH standards will be managed in line with Trust policy.
Infection prevention and control are in line with Trust policy and saving lives are recorded as part of the Ward Commendation scheme for the Trust.
Monthly environment audit is carried out by the Clinical Theatre Manager
There are link staff for Infection Control, Tissue Viability and Champions for Manual Handling.
Weekly checks in line with the Medicines Management policy relating to CQC outcomes are carried out by the Clinical Theatre Manager or designated Band 7, including the checks of Resuscitation equipment.

Medical Devices

An asset register of equipment will be maintained on the Department.
PAT testing will be undertaken in line with Trust policy.
Staff will be trained to use medical devices and a record of training will be kept for each member of staff.

12: Support Services

Theatres interface with a range of support services. Co-operative working arrangements and effective communication is essential to maintain safety and quality and meet the expectations of staff and users of the service.

Hospital Sterile Supply Unit (HSSU)

A routine collection and delivery service is in place to maintain throughput and flow of equipment. Sterile instrument trays are provided by HSSU, being taken

and delivered in appropriate transport carts. Theatre porters/ orderlies store the instrument trays in the correct place.

- A system is in place to “fast track” instruments within an agreed timescale when case mix dictates.
  HSSU manage the replacement and repair of basic instruments.
  HSSU have a quality and tracking system.
  HSSU deliver and collect throughout the day (Appendix 10)

Porter Service

QHB Theatres employ Orderlies between 8 am and 9 pm 7 days per week.
Outside of these times the Trust Porter Service is available.
At the TC the Trust Porter Service is available.
SRP utilise the general hospital porters as required.
The portering service removes clinical waste and soiled linen from designated collection points.

Laundry

A daily delivery of theatre scrubs and linen is provided on a receive and return basis.
Scrubs are washed and maintained by the contracted laundry service

Pathology

Collection of specimens is twice daily in line with the SOPs for the Management of Specimens in Theatres (See Theatre SOPs on the Theatre Intranet Site).
There are specific arrangements for breast specimens as required.
Specimen containers and formalin are ordered routinely.

Emergency Endoscopy (Main Theatre Suite only)

Endoscopes for elective and emergency use are stored in the Scope cabinet in Main Theatres at QBH. Each scope is considered sterile for 31days from initial process if stored in the cabinet. Endoscopy will re-sterilise the scopes when they reach their time limit, or after use during normal working hours.
There is an Out Of Hours weekend re-sterilisation service for emergency scopes.

Pharmacy

Pharmacy provides a top-up service and has planned delivery days.
Flammable items will be stored in the appropriate manner
Anaesthetic volatile agents will be stored in locked cupboards in the medicines stores.
In adherence to the Medicine Management policy, drugs will be kept in locked cupboards.

There are lockable fridges in each anaesthetic room and recovery rooms for drugs which need to be stored at lower temperatures
When the theatre is in use, the theatre drug cupboards and fridges are unlocked in line with local risk assessments.
There is an appendix within the Trust Medicine Management policy for the Theatre Department.

Radiography (Queens Site only)

There is both an in hours and out of hours service. Orders are placed by the Surgical/Anaesthetic team via HISS.
The Theatre team bleep 296 when the Radiographer is required to reduce the time the Radiographer is away from their department.

Domestic Services

A daily domestic service is available to scrub out and hot mop the theatres as required in line with domestic work schedule.
Legionella flushing regime is carried out 3 times per week by the team and signed for in accordance with trust policy. This is monitored by the Clinical Theatre Manager on a monthly basis.

Purchasing

Systems are in place for the electronic ordering and prompt delivery of theatre stock and non-stock items.
Items are received either direct to theatre or via the Materials Management Department
Materials management will order and store agreed items of bulk stock which can be ordered by Theatre supply chain staff via the Materials Management system and delivered daily.
There is a designated Purchasing link person for Theatres

EBME

There is an in hours and out of hours EBME service
EBME manage the service contracts for specialised equipment and carry out their own servicing on agreed theatre electronic equipment
EBME provide a PAT testing service and this is performed in specific months per suite.
Any out of PAT test items can be sent to EBME on Fridays for PAT testing.
EBME will trouble shoot faulty equipment.
There is medical equipment defective report form to be completed and attached on all faulty equipment
EBME maintain an asset register

Estates

Planned preventative maintenance is carried out 6 monthly in theatres.

Emergency call outs to plant problems are responded to following reporting as required.
There is an Estates reporting link for staff to request Estates for additional work and repairs
Estates support the swipe access system
Estates support the maintenance of the Fire extinguishers and regular testing of the fire alarm system.
Estates manage the air handling units and monitor the air handling in theatres.
Estates manage the departmental piped gases.

Human Resources

There is a support for theatres from the Human resource adviser, the recruitment and the OH departments and the Bank office.

- The monitoring of the staff KPI's in collaboration with the HR adviser
    - **Appraisal**
    - **Sickness**
    - **Mandatory training**

Critical Care Department (Queens Site only)

The Theatre Department link with Critical Care Department for the care seriously ill patient.
The Theatre Department liaise and participate with the Organ Retrieval Team and ICU staff.
The Theatre Department support the ICU team in the event of capacity issues for the use of recovery room in line with the Critical Care Surge Plan.

System Support / IT

The department will provide advice and support to the theatre team for issues around the management of the Theatre module on HISS.
The IT department will troubleshoot and support the intranet and email services.
The IT and system support provide secure programmes for data collection and recording of theatre information.

Appendix 1:

Procedure to Manage Theatres at Night

There are two teams available on site until 9.30pm. One for Obstetric cases and one for all other emergencies.

The night cover starts at 9.30pm till 8am. The team is on site for any Obstetric emergencies.

A further team is on-call from home for any other cases. Staff can take up to 30 minutes to attend work when called in.

If the Obstetric team is not doing any obstetric emergency cases they can do any other specialty cases if required, they will retain or call the on-call team in, to be available on site for any emergency obstetric cases.

In extreme emergency situations, the Obstetric team may commence a life threatening procedure whilst the on call team are travelling in for duty, but only if labour ward is stable and the Obstetrician on call has been informed.

In the event where both teams are busy and a third team is required for an urgent case, the Co-ordinator rings off duty staff at home to gather a third team.

Should a Major Incident be called, invoke the Theatre Major Incident Action Plan.

Appendix 2:

Action Plan for Emergency Theatre at TC for Out of Hours

Treatment Centre Theatre Co-ordinator will be contactable via the TC bleep 602.

Treatment Centre Theatre Co-ordinator will notify the Main Theatre Co-ordinator on bleep 362 of any overnight stays at the Treatment Centre. If the decision for a patient to stay is made after Treatment Centre Co-ordinator has left then Ward Staff should inform the Main Theatre Co-ordinator themselves.

Treatment Centre Theatre Staff will leave Theatre Four set up every night as an Emergency Theatre unless notified differently. Appropriate emergency sets will be set out on the side according to the case mix of overnight stay patients.

Surgeons must identify if the emergency patient cannot be transferred over to the Main Site via an ambulance using the transfer procedure agreed by the Trust.

All bookings for Emergency Theatre procedures at the Treatment Centre at night will be made through the Co-ordinator on bleep 362.

When a procedure has been booked through the Theatre Co-ordinator they will identify an approximate time of arrival over to the Treatment Centre. This will then be cascaded to the appropriate people.

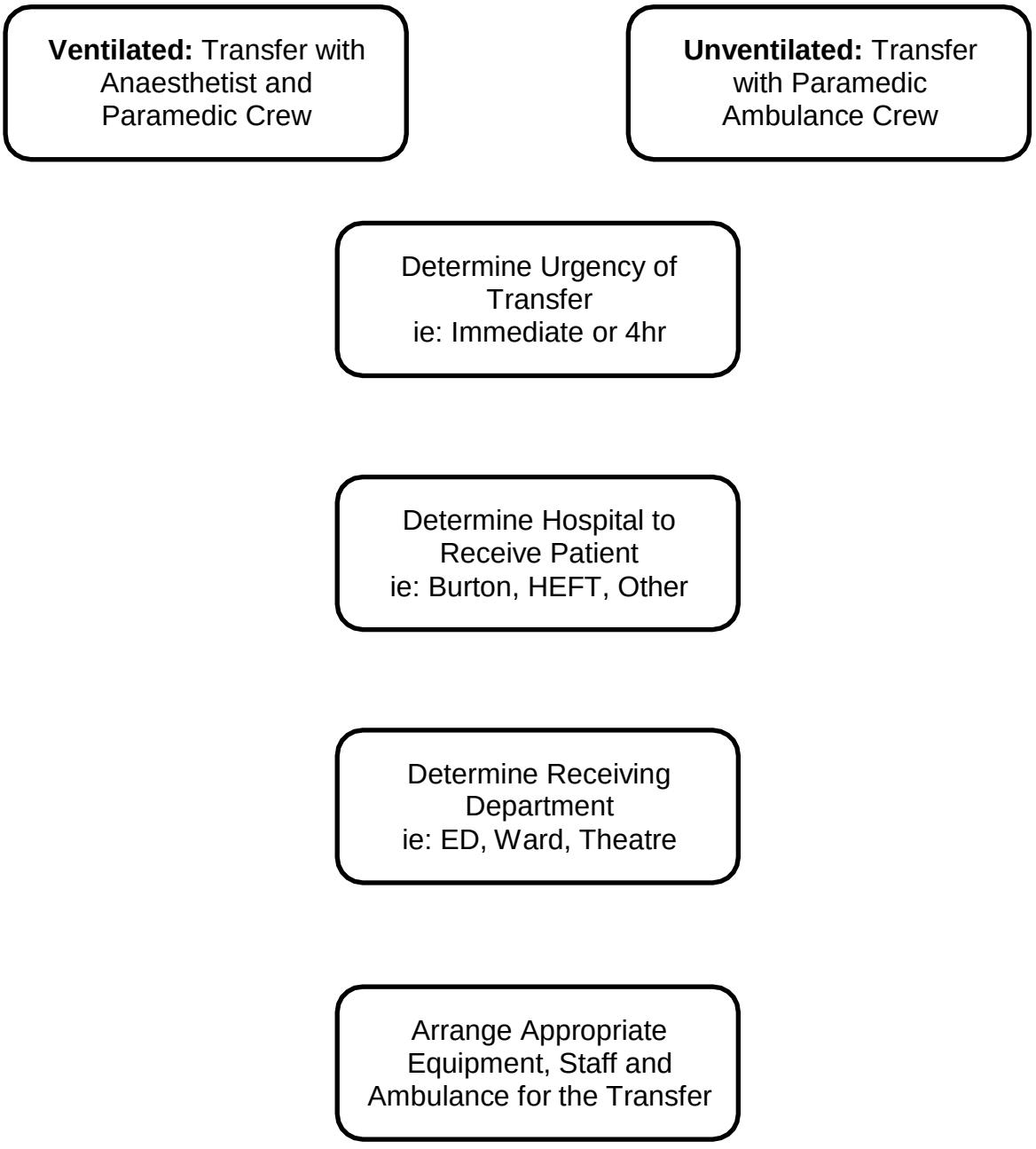
- When a booking has taken place the Treatment Centre Night Staff will locate the theatre drug's keys and switch on lights in the Emergency Theatre and corridor ready for the arrival of the Theatre Team.

  Out of hours access to the Treatment Centre will be via the weather lobby entrance using swipe card.

  At the end of the theatre case the Emergency Theatre must be closed down and set up again for any other potential emergency. The keys must then be signed back over to the ward team leader.

Appendix 3:

Action Plan for Emergency Transfer from Sir Robert Peel



Appendix 4 Electronic Workbook

The Electronic Workbook will:

- Act as a resource for the information regarding scheduling and staffing of the Theatre Department.
- Provide information from the current Theatre Plan and the Duty Rosters in conjunction with cancellation of sessions from the Surgical Division.
- Show Medical Education sessions, Anaesthetic Audit and planned Theatre maintenance.

The Electronic Workbook aims to:

- Identify all the planned theatre sessions.
- Highlight the cancelled sessions.
- Identify staff who have called in sick on that day.
- Show the proposed skill mix for each session.
- Highlight any staff discrepancies.
- Act as a reference point for staff

The SOP for Completing the Electronic Workbook:

- All staff members who work in the Theatre Department will have access to view the Electronic Workbook via the T-Drive on the hospital internal computer database system.
- Only authorised staff will be allowed to enter and alter information in the Electronic Workbook.
- The Electronic Workbook will cover all lists on the Main Hospital site; this includes Main Theatre, Orthopaedic Theatre and the Treatment Centre Theatres.
- The sessions will be identified with reference to the current Theatre Plan and notification of cancelled sessions.
- It will be completed 3 weeks in advance.
- It must be recognised that the Electronic Workbook is only a proposed staffing plan and is subject to change at short notice. The Workboards may not reflect the proposed plan from the Electronic Workbook due to pressures on the system requiring movement of staff on the day.

Appendix 5:

Burton Hospitals NHS
NHS Foundation Trust

Professional Standards and Complainants Report

1. Your full name:……..
2. Occupation and grade……..
3. Team leader ascertaining report:…….
4. Other member present:…….

5. Is the complaint that the member of staff has committed a breach of:

(a)	**Code of ethics**	**YES**	**NO**
	If so which paragraph(s) of the Code* (Specify paragraph numbers)		
	And/or		
(b)	**Professional Conduct rules?**	**YES**	**NO**

6. Please set out below as concisely as possible, the details of the complaint that has been made, specifying in particular any dates, names and places.

---

7. Provide here if you wish, any other information that you consider is relevant.

8. Is the complainant made, a persistent offence?

Yes / No

(If yes please state the date and time of previous event and what course of action was made previously).

To the best of my knowledge, the information in this complaint is true and complete.

Name of practitioner signature …….date:

Name of team leader signature……..date:

Name of witness ……date:

This document will be retained within your personal file and referred back to, when required.

Appendix 6:

Management of the Cancellation of Elective Theatre Sessions

Purpose:

This document relates to the cancellation of planned theatres sessions for the purposes of all types of authorised leave. It should be used in conjunction with the flow chart 'Management of the Cancellation of Elective Theatre Sessions' below.

Responsibility:

It is the responsibility of all staff involved in the management, booking and monitoring of planned theatre sessions to ensure patients can be cared for professionally at all times, whilst maximising the Trust's resources.

The responsible consultant or nominated member of their team will be responsible for timely notification of any cancellations or amendments to planned theatre sessions.

The Cancellation Process:

1. A minimum of six weeks' notice must be given of any changes to a planned theatre session.

2. It is acceptable that the speciality is allowed 2 weeks to fill this session internally.

3. At this point the final change/cancellation form should be completed by the Consultant not using their session. This is sent through to the theatre coordinator using the correct pro forma.

4. The Theatre Co-ordinator will amend the theatre rota on the shared drive accordingly

5. If this session cannot be filled internally then the lists will be offered out at the sessional confirmation meeting, when the operational team have the opportunity to arrange for other specialities to use the list. Any unused lists will be finally cancelled at the sessional confirmation meeting 3 weeks prior (except cancer sessions).

6. Any available list will be offered to consultants on a basis of clinical necessity as a first priority.

7. Once filled the theatre coordinator will liaise with the Anaesthetists to ensure provision is available.

8. Final amended or cancellation of the session will happen no later than three weeks prior to the session.

Appendix 7:

Late Transfer of List to Treatment Centre

Can the list be transferred?		Agreed By:
Theatre Available	Yes / No	
Consultant Agreement	Yes / No	
Patients Fit - pre op or anaesthetist (check for letters written by anaesthetic department)	Yes / No	
TC ward capacity	Yes / No	
Radiographer and II available (if required)	Yes / No / NA	
If yes to all of the above:		
Confirm with theatres Main & TC (theatre & ward)		
Confirm with surgeon		
Confirm with anaesthetist		
Inform patients		
Inform EAL and request notes transferred		
Inform medical records at TC		
Inform FOH at TC		

Appendix 8:

Checks to Consider Before Cancelling A Patient's Procedure

28 day rule

Has the patient been previously cancelled on the day of their operation date? - if so they have to be given another date for surgery within 28 days and this must be adhered to - a 2nd cancellation **cannot** occur.

Urgent Patients

A patient's treatment is considered as urgent and must only be cancelled after agreement with the Consultant and a new date identified and discussed with the patient.

Routine Patients

Although a patient may have been added to the waiting list as routine please check the Medisec letters on PCI and discuss with the appropriate medical team before cancelling a patients procedure.

18 weeks - Incomplete Pathways

Will the patient breach their 18 week target date if not operated on their date - how will this affect the speciality level compliance with 92% achievement of the incomplete pathway.

26 weeks

No patient can wait over 26 weeks from the date the patient was put onto the waiting list if the patient cancels their TCI the 26 week target will be recalculated form the date the patient was originally due to come in– if cancelled by hospital their original 26 week target still stands.

31 days

If patient is receiving subsequent treatment for a diagnosed cancer the decision to admit to treatment has to be within 31days – an example of this are TURBT's in urology that have a re-occurrence identified following a check cystoscopy.

31 days also has to be adhered to for patients receiving their diagnostic procedures - This date should appear on the notice board on PCI – if unsure please contact the oncology data team

62 days

From the date of referral of a UCR (urgent cancer) to the definitive treatment for patients with a diagnosed cancer can be no longer than 62 days. This date should

appear on the notice board on PCI – if unsure please contact the oncology data team

6 week diagnostic target

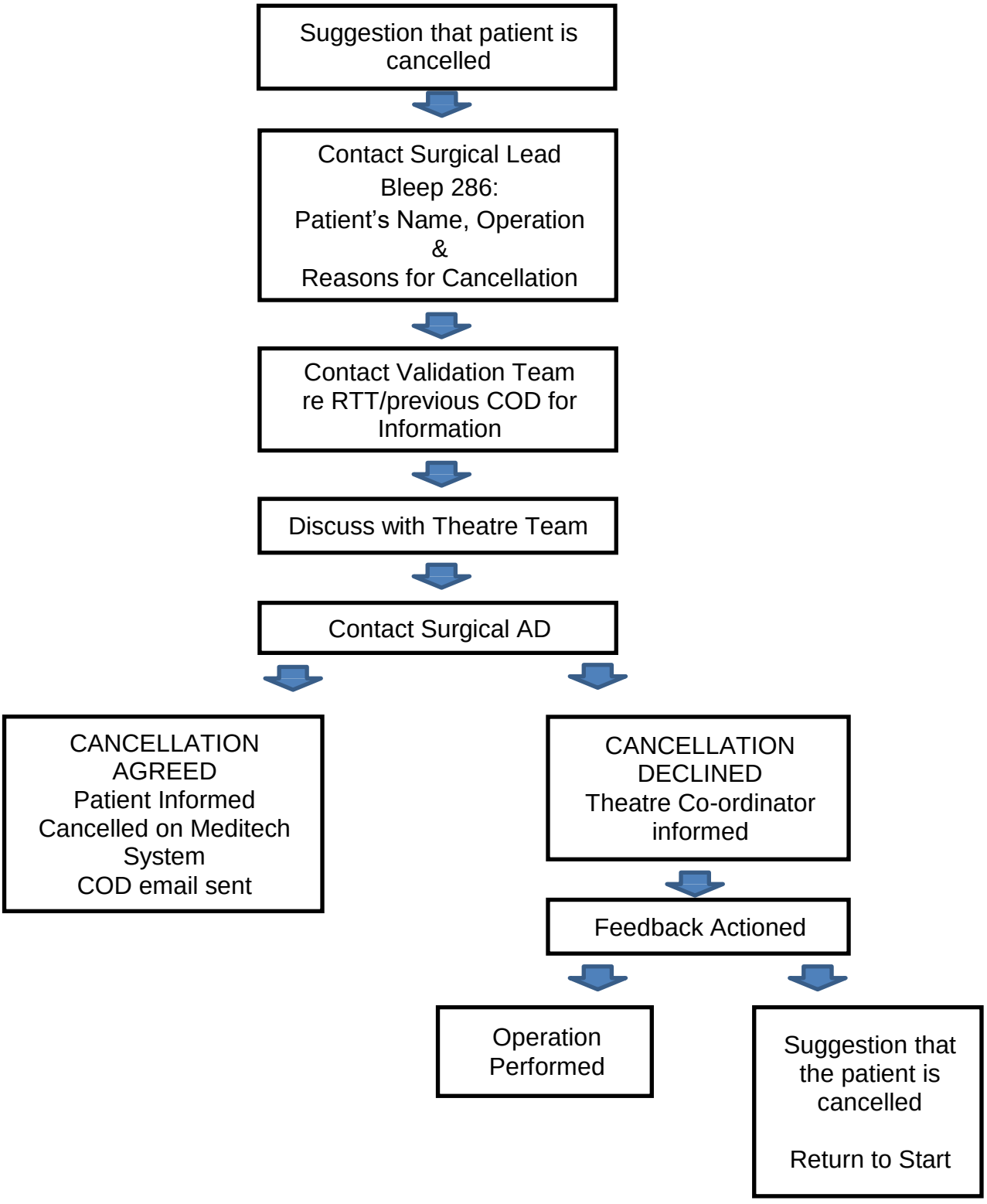
Although most of these procedures will happen in Outpatients/Endoscopy Unit and at the Treatment Centre – there are the occasional few patients who are only having a diagnostic procedure as an Inpatient patient – these patients have to have their diagnostic within 6 weeks of the date they were added to the waiting list – examples of these may include hysteroscopy and cone biopsies.

Other things to take into consideration

Has the kit been ordered in specifically for that patient?

If you are unsure about any of these please contact the relevant service manager or matron of that area before cancellation.

Appendix 9: Theatre Cancellation Process



Appendix 10:

Theatre Database Completion Procedure

The Theatre Database is used to collect information about Theatre sessions to provide a variety of reports for use by the Theatre Management Team and Senior Team Leaders, the Nursing Directors and the Medical Director. It is used to produce reports in relation to Theatre Utilisation for the Trust Board and Directorate Board.

The information comes directly from the Theatre Department either by being entered by Senior Team Leaders or directly from the Theatre Module from HISS.

Assess to the Database is available as an edit or view only facility dependent on the need of the individual, the groups that have assess include the Theatre Management Team, Senior Team Leaders, Theatre Clerical Staff and Theatre Clinical Lead.

1: Current Theatre Plans

4 WEEK PLANS:

View 4 Week Plan for a Theatre

This is a view only option of the Theatre Plan. Access is for the Senior Theatre Team Leaders.

Change 4 Week Plan for a Theatre

This is an edit option for the Theatre Management Team to update the Theatre Plan when there are permanent changes to Theatre Sessions. Access is for the Theatre Management Team.

ACTUAL SESSIONS:

This section allows the Theatre Management Team, the Theatre Co-ordinator and the Senior Team Leaders to enter details pertaining to the elective sessions.

Information that appears on the opening screens comes from the weekly plan. This is **theatre, date, day, session, week number, planned speciality, planned consultant, P.P. / trauma session.**

The first blank field is completed by the Senior Team Leaders on the day to show whether an actual session took place

Did the session take place: **Y/N**

Changes to Elective Operating Sessions

Information is sent from the Consultant's Secretary to a designated Theatre Group, in line with the Standard Operating Procedure for the management of the cancellation of Planned (elective) Theatre Sessions.

The Theatre Database is used in conjunction with the Electronic Workbook to support the management of the Operating Sessions.

The following fields can be completed before the day or on the day:

Reason Planned Consultant Unavailable

When the Theatre Management Team / Theatre Co-ordinator is notified via email, the following information is entered:

- Annual Leave
- Annual Study Leave
- Professional Leave
- Special Leave
- Sick Leave
- Paternity / Maternity Leave
- Compassionate Leave
- Carers Leave
- Service Week
- Not Give / Other

Nominated Surgeon / Grade

When the Theatre Management Team / Theatre Co-ordinator is notified by the Consultant's Secretary via email, the following information is entered:

- SPR
- SGMO
- ASPEC
- SHO
- Unspecified
- Other

Actual Speciality (If different from plan)

When it is agreed that a different speciality will use a cancelled session there is a drop down menu to enter the new speciality. This is a comprehensive list but it also has an option to add a new speciality if required. This is usually entered in advance of the day.

Actual Consultant (If different to plan)

This is where the actual Consultant undertaking the session is entered when changed from the plan. In addition, there is an option to add a new Consultant to the list if this is required. This is usually entered in advance of the day.

Cancellation Date

This is where the cancellation date is added. The format is dd/mm/yy. This is usually entered in advance of the day, for sessions where there is no notification it can be added on the day.

Reason for Cancellation

When the Theatre Management team / Theatre Co-ordinator are notified by the Consultant's Secretary via email then the reason for cancellation will be entered into the database. The following is available in a drop down menu:

- Anaesthetist Unavailable
- Divisional Day
- Bank Holiday
- Educational Half Day
- Maintenance
- No Suitable Patients
- Not Given
- Surgeon Unavailable
- Other

This is usually entered in advance but can be added in the day. This must be completed in addition to the **Reason Planned Consultant Unavailable** field.

Offered Out Date (If applicable)

When a cancelled session is offered to a surgeon or speciality for consideration the date the session is offered is indicated in the format dd/mm/yy.

Date Reinstated

When there is an agreement to reinstate the session the date is indicated in the format dd/mm/yy.

Reinstated Reason

When a session is reinstated the Theatre Management Team / Theatre Co-ordinator will record the reasons using the free text facility in this field.

Comments

This can be used to record any supporting information regarding the session, it is a free text facility and can be added to at any time before, up to and after the session.

ACCESSING THE SESSIONS:

A range of options to access the sessions is available:

View / Amend Sessions for a Specific THEATRE / TIME

Enter the Theatre, then enter the start date and end date to show the theatre sessions for the chosen theatre in the date range.

View / Amend Sessions for a Specific DAY / DATE

Enter the date to show all theatre sessions for that date.

View / Amend all UNSIGNED Sessions for a Theatre

Enter the theatre to show all the **unsigned off** sessions in a chosen theatre.

View / Amend all (year to date) Sessions for a Specific SURGEON

Select a surgeon from the list to show all the planned sessions for the surgeon for the year to date.

2: Theatre Utilisation

Time Based Efficiency

Once a month the theatre times from the Theatre profiles are loaded into the Theatre Database to give theatre based efficiency for the elective sessions. Three reports are possible: **by surgeon**, **by theatre** and **by speciality**. The target for theatre utilisation is 86% and above.

Session Based Efficiency

This report is used to identify the number of sessions used within the time period of the report. Three reports are possible: **by surgeon**, **by theatre** and **by speciality.** The target for theatre session utilisation is 86% or above.

3: Cancelled Sessions

This report indicates how many sessions have been cancelled **by theatre**, **by planned Consultant** and **by session speciality**. It reports the following information:

- 6 weeks' notice
- 4 weeks' notice
- Less than 6 weeks' notice
- Cancelled after session date due
- No cancellation date
- Total of cancelled sessions

4: Delayed Starts

This report will highlight any sessions which start late. The delay is calculated as time from the actual session start time to **Anaesthetic Started** or **Into Theatre** (if

Anaesthetic Start is not appropriate). Three reports are possible: a summary **by theatre,** detail **by theatre and surgeon** and detail **by speciality and surgeon**.

5: Patient Details

The data collected is loaded into the system monthly. The **missing times** link will show the patient profiles with missing times which prevent that profile from being used in theatre utilisation data.

6: Procedural Effectiveness

The Theatre Database Procedure is subject to an annual audit.

Appendix 11

HSSU DELIVERY/COLLECTION SCHEDULE FOR QHB

7.00am	Theatres & Delivery SCBU
8.00am	Treatment centre
8:30am	Pharmacy, dental, cardio, clinics and A & E
9:30am	Theatres, ICU, SCBU

(On a Monday-Wednesday & Friday pick up used equipment from ward areas)

10:00am	Treatment Centre
10:30am	Theatres – SRP
11:00am	Theatres – Main, Ortho & Delivery
12:00pm	Treatment Centre
12:30pm	Dental, pharmacy and cardio
1:00pm	Treatment Centre
2:00pm	Theatres – Main, Ortho & Delivery
2:30pm	Theatres – SRP
3:00pm	Theatres – Main, Ortho & Delivery
4:00pm	Treatment centre
5:00pm	Theatres – Main, Ortho & Delivery
5:30pm	Maternity theatre, delivery unit, Dental, cardio and pharmacy

(On a Friday the clinics need to be picked up)

6:00pm	Theatres – Main, Ortho & Delivery
6:30pm	Treatment Centre

>>>

Ward deliveries of instruments will be delivered throughout the day when ever theatres are visited (This is a guide)

Sir Robert Peel Site

All items requiring collection from SRP must be at the porters lodge for these times.

Items delivered to the porters lodge will be brought to the theatre suite by the porters