Theatre Safety and Efficiency Action plan Lead: Carl Verrecchia / Harvey Caesar Date 19th November 2018										
#	IMPROVEMENT THEME	ACTION AGREED	LEAD	ANTICIPATED COMPLETION DATE	30 DAYS	FUTURE ACTIONS 60 DAYS	90 DAYS	STATUS	IMPROVEMENT MEASURE	COMMENTS/PROGRESS
1	Improve Preassessment quality and capacity	Review weekly list of patients cancelled on the day of surgery and whether there is any failed preassessment (action taken from Healthboard wide preassessment group)	LI/GP	31.3.19					Reduction in cancellations on the day due to inadequate preassessment.	Theatre dashboard interrogated weekly to pull off list of patients cancelled on the day to review if there were any failed preassessments that resulted in an avoidable cancellation. List generated by CV and reviewed clinically by Preassessment lead clinician (Dr Gareth Parry) any lessons learned are noted and remedial actions identified to prevent recurrence. Weekly performance report and meeting with Surgery senior team now embedded.
2		Rollout preassessment screening to Breast Surgery.	U/GP	31.1.19					Reduction in cancellations on the day due to inadequate preassessment. Quicker preassessment for breast patients helping with Single Cancer pathway	Breast service information gathered. Preparing to rollout preassessment screening in Breast surgery in Quarter 4. Surgeons on board need to confirm start date with clinic staff.
3		Appoint and Job plan new anaesthetic sessions to create more face to face preassessment slots.	KE/GS	31.10.18		-			More capacity to see patients requiring full anaesthetic preassessment.	Anaesthetic job planning round commences in December 2018. 3 x new Anaesthetic appointments starting in December, January and February with further sessions built in for face to face preassessment / optimisation.
5a		Consider options for potential relocation of preassessment unit within the POW infrastructure.	ML	31.1.19		-			Having a template that allows joint school, preassessment and cpex in the same location would seem beneficial but is dependent on other space being made available post December	This has been significantly delayed due to tiemscales on vacating a key pieced of real estate on POW site. Draft Plan drawn up by Preassessment staff. Awaiting permission to review potential future space in ward 21 but due to sensitivity cannot progress further at this time. Added to IMTP
6	Improve Theatre Planning and Scheduling	Weekly attendance at SCRUM to highlight which lists are being used by which specialty, what can be staffed and to allow better planning for use of specialist equipment.	GS/CV/CG	31.12.18			→		Any potential fallow theatre sessions will be reallocated with sufficient notice, with RTT, efficiency and financial benefit.	2 unfunded sessions (which were not being utilised well) have been discontinued at POW. There is a further session to be removed which is not substantively funded. Decision will be made by December 2018.
7		Review of Cancelled sessions and reason on wwekly basis to inform remedial actions which will help to reduce the short notice cancellations. This has been picked out in National Theatre Benchmark report.	CG/RCJ/HC/CV	1.3.19	-				Short Notice Cancellations should reduce and there will be better analysis and understanding of the problems to prevent recurring themes. More patients will have their treatment and capacity will be increased to treat patients.	Themes for short notice cancellations are discussed weekly. This has identified an orthopaedic list which in theatre terms is incredibly inefficient. Awaiting surgical job plan process to address this session.
8		Lists that are not being used effectively on a recurring basis are to be reallocated to other specialties within the POW surgical services on a short term basis.	CG/DP/RCJ	1.3.19	←				Poorly utilised lists will cease. Greater capacity to treat elective patients and opportunity for other specialties.	Now a much tighter process in SCRUM but need to maintain vigour. Occasional slips in list organisation and planning but this is dealt with on a weekly basis. As stated in action point 6 a further list to be deallocated. List of poorly utilised sessions provided to surgery.
9		Surgeons to ensure the theatre list is "signed off" prior to patient being brought to theatre to ensure safety	RCJ/CG	1.4.18 and ongoing	—				Complies with requirments of NatSSIPS as a safety component so the team knows the surgeon has signed up to the patients and confirmed the surgery, site and consent are all correct before the patients leaves the ward.	Still some resistance by some Surgical colleagues but this process is now generally embedded. Deviations from this to be datix reported.
		Reinforcement of 6-4-2 rule to start driving the importance of booking processes. Picked up in National Theatre Benchmarking report.	cv	3.12.18	←				Theatre booking and allocation of staff will be better planned and allocated appropriately.	Terms of Reference resent to all users of theatres at POW and NPTH and advised that we will be enforcing the rules consistently across ABMU from 3rd December 2018.
10		Following never events there is a need to share the learning from these wider so that every one is aware of the actions being taken to reduce further incidents	HC/RCJ / CV	31.1.19	←				Improved safety and better engagement of whole theatre team to be more vigilant with safety checking process and behaviour.	Presentation and discussion done for Joint audit day on 18th July 2018 to share learning from never events with surgical and anaesthetic and theatre teams. Further presentations made to QPS and wider learning events. Working to organise human factors training for joint audit day in January if speakers can be arranged.
17	General issues	Behaviour from some colleagues in theatre is unacceptable. Theatre standards and behviours to be re-emphasised to all by Unit Triumvirate and any deviation to be addressed individually	JM/JG/DB	31.3.19	•				Behaviour should improve and everyone will engage in safety checks and standards will improve.	Letter sent to all surgeons, anaesthetists and theatre teams to outline expected behaviour, standards and informing them of repercussions for persistent non compliance in June 2018. A couple of responses received from surgeons. Still issues being raised on a weekly basis highlighting disregard from some surgical colleagues. To be discussed in Joint audit meetings going forward.

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	manager	ue to monitor HSDU turnaround times and complete IR1 and contact HSDU ers if turnaround times affect safe timely provision of sterilised equipment. out in National Theatre Benchmarking report as higher than national average.	CV/BD/SK	Ongoing		-	practice to allow team brief, and planned surgery to go	Regular contact with HSDU management to maintain up to date position. Performance and backlog issues had improved but are not being sustained. Breakdowns of autoclaves still occurring.
		e with surgery feasibility of list planning as National Theatre Benchmarking shows number of cases per list lower than national average.	cv/cg	2.1.19			funded capacity to treat elective patienst using the	Theatre benchmarking report to be issued and discussed on audit day 27th November 2018. Follow up in December with clinical leads and surgical clinical director.
	Percenta	tage of cancelled operations particularly high in T&O, Oral Surgery, ENT.	CV					National Theatre Benchmarking report to be shared with Clinical leads and
	Detailed	d piece of analysis to be concluded in these specialties. (all of these ties are not fully engaged with preassessmnet screening as yet)		2.1.19			Reduction in cancelled operations, better use of lists, more	clinical director for surgery.Lack of theatre time and patient reason feature highly.
		vith colleagues to ensure safe introduction of arthoplasties with Swansea ns at NPTH.	CV/BD	30.11.18	←		To assist the Healthboard treat long waiting orthopaedic patients that are suitable at Neath Port Talbot Hospsital	First list has gone well with 2 knee arthoplasties. Further lists planned in and teething problems can be worked through. Signoff of introducing 2 new further implant systems into NPTH following never events was required. This has been doen at Medical Director level.
	Picked up	rnaround time in theatres POW in particular in ENT, Urology and Gen Surgery. up in National Benchmarking. Need to understand why this is and how we luce the turnaround.	CV/BD	2.1.19	——		Reduction in the turnaround time should help to ensure reduction in cancellations due to not enough time and will	Detailed observation planned for December with Theatre trainer to see and understand in each of the highlighted theatres what the issues are.
	events ar	PS and NatSSIPS action plan being adjusted to take into account recent never and some further enhancements. Anaesthetic and Surgical colleagues ance required. Plan to be ratified at local Quality and safety group.	RCJ/HC/JG	31.1.19	←		Patient Safety. Compliance with NatSSIPS and LocSSIPs.	Recent never events have highlighted areas locally that need to be made more robust. Theatre checklist before patient leaves the ward, Debrief, handovers, swab checks, tourniquet application etc. LocSSIPs drafted but need to be ratified and formally launched.
			CV/BD		←			Authorisation given for posts to support 3 sessions at NPTH previously. These
	Appoint t	t theatre staffing to utilise all sessiosn in NPTH and POWH		30.11.18				are now appointed to. POW vacantposts recruited to apart from 1 anaesthetic ODP, awaiting start dates for appointed candidates.