

Theatre Safety and Efficiency Action plan								
Lead: Carl Verrecchia / Harvey Caesar			Date 19th November 2018					
#	IMPROVEMENT THEME	ACTION AGREED	LEAD	ANTICIPATED COMPLETION DATE	FUTURE ACTIONS			STATUS
					30 DAYS	60 DAYS	90 DAYS	
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)	LJ/GP	31.3.19				
								Reduction in cancellations on the day due to inadequate preassessment.
2		Rollout preassessment screening to Breast Surgery.	LJ/GP	31.1.19				
								Reduction in cancellations on the day due to inadequate preassessment. Quicker preassessment for breast patients helping with Single Cancer pathway
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.
5a		Consider options for potential relocation of preassessment unit within the POW infrastructure.	JM	31.1.19				
								Having a template that allows joint school, preassessment and cpe in the same location would seem beneficial but is dependent on other space being made available post December
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.
7		Review of Cancelled sessions and reason on weekly 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/RCl/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.
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/RCl	1.3.19				
								Poorly utilised lists will cease. Greater capacity to treat elective patients and opportunity for other specialties.
9		Surgeons to ensure the theatre list is "signed off" prior to patient being brought to theatre to ensure safety	RCl/CG	1.4.18 and ongoing				
								Complies with requirements 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.
		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.
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/RCl / CV	31.1.19				
								Improved safety and better engagement of whole theatre team to be more vigilant with safety checking process and behaviour.
17	General issues	Behaviour from some colleagues in theatre is unacceptable. Theatre standards and behaviours 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.

18		Continue to monitor HSDU turnaround times and complete IR1 and contact HSDU managers if turnaround times affect safe timely provision of sterilised equipment. Picked out in National Theatre Benchmarking report as higher than national average.	CV/BD/SK	Ongoing	↔		Avoidance of changes in list order on the day, avoidance of cancellation on the day due to no equipment. Maintain safe practice to allow team brief, and planned surgery to go ahead as planned without delays.	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.
		Explore with surgery feasibility of list planning as National Theatre Benchmarking report shows number of cases per list lower than national average.	CV/CG	2.1.19	↔		Higher list utilisation per specialty which will give more funded capacity to treat elective patient using the resources available.	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.
		Percentage of cancelled operations particularly high in T&O, Oral Surgery, ENT. Detailed piece of analysis to be concluded in these specialties. (all of these specialties are not fully engaged with preassessment screening as yet)	CV	2.1.19	↔		Reduction in cancelled operations, better use of lists, more patients treated through RTT and less waste	National Theatre Benchmarking report to be shared with Clinical leads and clinical director for surgery. Lack of theatre time and patient reason feature highly.
		Work with colleagues to ensure safe introduction of arthroplasties with Swansea surgeons at NPTH.	CV/BD	30.11.18	↔		To assist the Healthboard treat long waiting orthopaedic patients that are suitable at Neath Port Talbot Hospital with new arthroplasty implants.	First list has gone well with 2 knee arthroplasties. 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 done at Medical Director level.
		High turnaround time in theatres POW in particular in ENT, Urology and Gen Surgery. Picked up in National Benchmarking. Need to understand why this is and how we can reduce 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 help with theatre performance and throughput.	Detailed observation planned for December with Theatre trainer to see and understand in each of the highlighted theatres what the issues are.
21		LocSSIPs and NatSSIPs action plan being adjusted to take into account recent never events and some further enhancements. Anaesthetic and Surgical colleagues compliance required. Plan to be ratified at local Quality and safety group.	RCJ/HC/JG	31.1.19	↔		Patient Safety. Compliance with NatSSIPs and LocSSIPs. Team working benefits.	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.
		Appoint theatre staffing to utilise all sessions in NPTH and POWH	CV/BD	30.11.18	↔		Better use of theatre sessions and increased capacity for RTT and emergency operating	Authorisation given for posts to support 3 sessions at NPTH previously. These are now appointed to. POW vacant posts recruited to apart from 1 anaesthetic ODP, awaiting start dates for appointed candidates.