The efficient operation of theatre departments is reliant on a range of factors that lie in the control of theatre department staff and surgical teams, wider hospital and ward staff, and patients themselves. The scheduling of activity in a theatres department is a complex process. Realistic planning of theatre time to meet the anticipated demand for surgery requires both an accurate prediction of what activity will come through the theatre door and a strong methodology for coordinating facilities, equipment and staff across all surgical specialties. It is no easy task to ensure that plan and reality align day to day.

**Planning of theatre time** – As part of the FTN Benchmarking Operating Theatre 2013 project trusts compared how they approached the process of planning their theatre schedule for the coming year.

In most trusts planning was undertaken collaboratively between theatres and specialties, but who had control of the process and what information was used to apportion time to specialties was different across trusts.

A good measure to assess planning effectiveness is the rate of cancelled lists during the year. Chesterfield Royal Hospital NHS FT had the lowest rate of list cancellations (i.e. theatre sessions not used or rebooked) within the group at 3% compared to an average of 7% of lists across all trusts.

In this trust, the theatres department which is part of the Surgical Division is responsible for calculating the theatre scheduled time that will be required for the coming year.

This is done by calculating:
- contract activity through theatres by specialty
- average cases per list for the previous year

This enables the calculation of the number of theatre lists required to deliver the contract, which is then adjusted for Bank Holidays and Maintenance. In their calculations they assume utilisation is at 98%. Using this information a weekly theatre timetable is produced.
The Division is then responsible for:

- Allocating theatre lists in Consultant/Ass Spec job plans
- Reconciling the number of lists against job plans and identifying any difference needed to cover for annual leave and study leave
- Agreeing a number of lists in job plans to cover annual leave/study leave and peaks of activity
- Covering annual leave/study leave – a record of all vacant theatre lists is sent out and Consultants are asked to cover using their flexible sessions

The scheduling position is then reviewed at a weekly meeting

- Meeting is held every Thursday with Critical Care Matrons and Divisional Performance Managers when lists are discussed and given back if not covered.
- Other areas of the Division can then take the lists and utilise them
- Timetable confirmed for following week – in terms of surgeons/anaesthetists
- Cases per list reviewed – potential over/under runs
- Cases planned for following week

All participants reviewed use of planned time; however, reviewing on a weekly basis, through a multidisciplinary meeting in which lists are reallocated as required, seemed highly effective in minimising loss of planned activity for Chesterfield Royal Hospital NHS FT.

The benefits of using this system are:

- It facilitates continuity of service for the specialty
- There is no requirement for waiting lists initiatives
- There are no additional cost for extra lists as consultants are paid the normal rates
- Surgeons now appreciate having the flexibility and the beneficial impact on patient care.

For further information on this please contact:

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