University Hospitals of Leicester NHS

NHS Trust

Theatre Utilisation Policy

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Trust Lead:	Claire Jones-Manning, Deputy Head of Operations – ITAPS
Board Director Lead:	Andrew Furlong, Chief Medical Officer
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Next Review Date:	May 2026

CONTENTS

REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW

Details of changes made to the policy since the previous version must be clearly identified here or if significant changes are made these should be attached as a separate Appendix. If the document is a complete re-write then this must also be documented here.

KEY WORDS

List of words, phrases that may be used by staff searching for the Policy in PAGL

FOOTER

The Policy 'footer' must contain details of Policy Title and approval date, etc as per example in this template

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NB: Paper copies of this document may not be most recent version. The definitive version is held on InSite in the Policies and Guidelines Library

In addition to guidance in section 6.2 of the main policy please note the following:

Unless otherwise stated a heading with an underline must be used as it is integral to the template.

If a heading is not underlined this is to be removed from the template as this is for information only

1 INTRODUCTION AND OVERVIEW

1.1 This document sets out the policy and procedures for operating theatre utilisation which takes place at the University Hospitals of Leicester NHS Trust. The three key areas covered in this policy are:

1) Theatre planning and timetabling
2) Session Allocation Scheduling (SAS) including 6-4-2.
3) Theatre scheduling

2 POLICY SCOPE –WHO THE POLICY APPLIES TO AND ANY SPECIFIC EXCLUSIONS

Who does this policy apply to?

2.1 This policy applies to all operating theatres within the University Hospitals of Leicester (UHL) NHS Trust including Alliance hospitals (within the county boundaries).

Site	Theatres				
	Elective	Urgent	Emergency	Maternity	Total
Leicester Royal Infirmary	19	3	1	3	26
Leicester General Hospital	15	0	1	2	18
Glenfield Hospital	9	0	1	0	10
UHL TOTAL	**39**	**4**	**2**	**5**	**50**
Melton Hospital	1	0	0	0	1
Loughborough Hospital	1	0	0	0	1
Hinckley & District Hospital	1	0	0	0	1
Alliance TOTAL	**3**	**0**	**0**	**0**	**3**

Table 1: Total number of theatres

2.2 The Clinical Management Groups and surgical specialties are summarised in the table overleaf.

CMG	Surgical Specialties			
CHUGGS	General Surgery	Gastro/ ERCP-Enterology	Urology	HPB
ITAPS	Pain			
MSS	Plastic Surgery	Breast Surgery	Ear, Nose & Throat (ENT)	Orthopaedics
	Trauma	Maxillo-Facial	Ophthalmology	
RRCV	Vascular Surgery	Cardiac Surgery	Thoracic Surgery	Renal
	Cardiology			

W&C	Gynae	Paediatrics	Paediatric Cardiology	Paediatric Dental
	EMCHC	ACHDC		
CSI / Alliance *(anaesthetic cover)*	Ophthalmology	General Surgery	Gynaecology	Orthopaedics
	Plastics			
(no anaesthetic cover)	Vascular	Urology	Podiatric Surgery	

Table 2: Clinical Management Groups and Surgical Specialties.

2.3 Exclusions

This policy is not relevant for activity performed in the independent sector, private patient lists, or for activity not supplied with anaesthetists or other surgical supporting staffing groups.

3 THE MAIN OBJECTIVES OF THIS POLICY

3.1 The main objective of this policy is to support the Trust in optimising theatre productivity and efficiency by providing a robust governance framework and effectively measuring performance.

3.2 The OECD definitions for productivity and efficiency are:

3.3 "Productivity is a ratio of a volume of measure or output to a volume measure of input".

3.4 "Efficiency is the extent to which the intervention delivers, or is likely to deliver, results in an economic and timely way. "Economic" is the conversion of inputs (funds, expertise, natural resources, time, etc.) into outputs, outcomes and impacts, in the most cost-effective way possible, as compared to feasible alternatives in the context. "Timely" delivery is within the intended timeframe, or a timeframe reasonably adjusted to the demands of the evolving context".

3.5 Operation performance refers to "the measurable aspects of the outcome of organisations processes, such as reliability, production cycle time and inventory turns."

3.6 As an organisation the NHS are actively seeking to optimise operating theatre performance to ensure value for money and provide adequate provision for surgical services. UHL are actively improving performance by utilising theatres in the most efficient and effective way.

4 MEASURING THEATRE PRODUCTIVITY IN THE NHS

4.1 In 2019, following consultation with surgical healthcare organisations NHS England released a series of measures to support NHS providers as a method to evaluate operating theatre performance which continue to be in use today. The Key Performance Indicators (KPIs) are:

- theatre utilisation
    - Uncapped Theatre Utilisation %: Total touch time vs planned session time
    - Capped Theatre Utilisation %: Touch time within planned session vs planned session time
- average late start (of the sessions that started late) (minutes)early finishes
- average intercase downtime (minutes)
- average early finish (of the sessions that finished early) (minutes)
- average unplanned session extension (minutes)
- % of emergency surgery conducted within elective lists
- cancellations on the day
- emergency surgery conducted within elective lists.

These KPIs are measured nationally by NHS England through the Model Health System. Every NHS provider (including UHL) in England and Wales submits data returns every two weeks.

The KPI definitions in this section below are taken from Model Hospital: https://model.nhs.uk.

4.2 Theatre Utilisation

Theatre utilisation measures trust-wide surgical capacity and volumes and compare efficiency of theatre usage and opportunities to improve capacity.

Uncapped Theatre Utilisation %: Total touch time vs planned session time is the total touch time in proportion to planned theatre session/list duration. This includes all operating time after the planned session finished i.e. over runs / unplanned session extensions.

Capped Theatre Utilisation %: Touch time within planned session vs planned session time is the total touch time within the start and end time of the planned session, in proportion to planned theatre session/list duration.

4.3 Average late start (of the sessions that started late) (minutes)

This is the average number of minutes between the planned and actual start time of an operating list. Lists that start early are excluded, while lists starting on time will be included as a zero 'late start'.

4.4 Average intercase downtime (minutes) – Turnaround Times

This is the average number of minutes between a case finishing and the next case in the session/list starting.

4.5   Average early finish (of the sessions that finished early) (minutes)

This is the average number of minutes between the planned and actual finish time of all operating lists where lists finished early. Lists that didn't finish early will be included as zero early finish minutes.

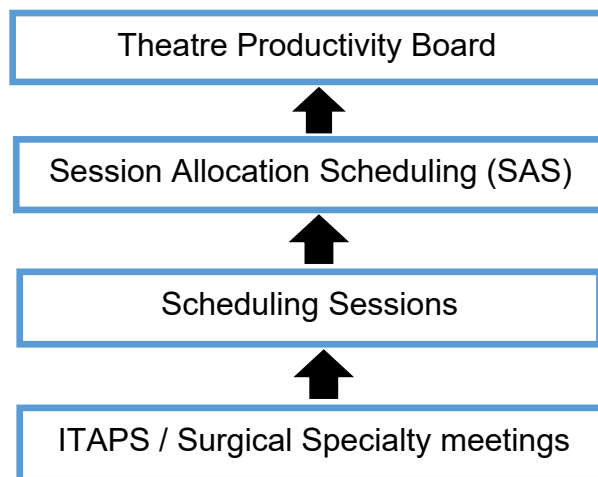**4.6**   Average unplanned session extension (minutes) - Overruns

This is the average length of the unplanned session extensions. With an unplanned session extension, being defined as a session that finished after the planned end time of the session. Lists that finished on-time are included as a 0, while early finishes are excluded from the calculation.

4.7   Percentage of emergency surgery conducted within elective lists

This is the proportion of emergency procedures performed within elective lists.

5.   GOVERNANCE FRAMEWORK

The structure for theatre utilisation is summarised below.

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│         Theatre Productivity Board           │
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┌─────────────────────────────────────────────┐
│     Session Allocation Scheduling (SAS)      │
└─────────────────────────────────────────────┘
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┌─────────────────────────────────────────────┐
│             Scheduling Sessions              │
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┌─────────────────────────────────────────────┐
│      ITAPS / Surgical Specialty meetings     │
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6   PROCESS FOR MONITORING COMPLIANCE

6.1   The following roles are covered within this section:

- Executive Lead
- Theatre Productivity Board
- ITAPS
- ITAPS Head of Operations (and deputy)
- ITAPS Productivity Lead
- ITAPS Theatre General Managers and Service Managers
- Surgical Specialties
- Surgical Specialties Head of Operations.
- Surgical Specialties General Managers and Services Managers
- ORMIS Administrators (Theatre IT System Administrators)

6.2   Executive Lead

The executive lead for theatre utilisation is the Medical Director

6.3   Theatre Productivity Board

The group accountable for theatre utilisation across UHL. Representation at this group includes the Heads of Operations for all surgical specialties and ITAPS and is chaired by the Medical Director.

The aim of the Board is to provide overall accountability for the Theatre Productivity Programme and the delivery of Quality Improvement in line with the Trust's Quality strategy and Transformation Efficiency Programme. This includes driving Theatre efficiency and productivity to meet upper decile benchmarking performance (GIRFT/ Model Hospital), and supporting the CMGs in the delivery of the agreed programme of activities to deliver high quality efficient services including the development and implementation of the individual specialty actions plans.

6.4   ITAPS

ITAPS are responsible for:
- the daily management of the theatre timetable.
- the supply and co-ordination of the anaesthetic and operating theatre teams.
- the upkeep of all operating theatre locations with collaboration with the Estates and Facilities teams across all sites.
- the resources team who co-ordinate and order theatre consumables.

6.5   ITAPS Head of Operations

The ITAPS Head of Operations (and deputy) are accountable for annual theatre timetabling.

6.6   ITAPS Productivity Lead

The ITAPS Productivity Lead is responsible for overseeing the timetabling for theatres. This is the main theatre schedule for the whole year and takes on the complexities of cross site working as well as winter pressures.

6.7   ITAPS Theatres General Managers (and Service Managers)

The ITAPS theatre general managers and service managers are responsible with joint collaboration with the general managers for the surgical specialties to optimise all elective theatre lists.

6.8   Surgical Specialties

The surgical specialties are responsible for (in line with 6-4-2):
- populating the surgical lists on ORMIS
- confirming and supplying surgeon for their operating lists
- working with ITAPS to optimise theatre utilisation for their operating lists.

6.9   Surgical Specialties Head of Operations (and deputies)

The surgical specialty head of operations are accountable for the optimisation of their elective theatre lists.

6.10 **Surgical Specialties General Managers (and service managers)**

The surgical specialty general managers and service managers are responsible with joint collaboration with the ITAPS theatres general managers to optimise all elective theatre lists.

6.11 **ORMIS Administrators (Theatres IT System Administrators)**

The ORMIS administrators will:
- co-ordinate the collection of audit data and the production of reports ensuring compliance with the Trust data quality standards
- Liaise with multiple theatre shareholders to continually monitor and improve data collection processes highlighting and addressing any issues as they arise.
- Be accountable for the accuracy and inputting of theatre audit data ensuring completion within specified time scales relating to the Trust requirements.
- Co-ordinate changes through the ORMIS Teams mailbox and unlock / lock sessions between 07:00 – 18:00 during normal working days.

7   TIMELINE OF EVENTS

7.1   Theatre Activity Planning (Annual)

From October the ITAPS productivity lead co-ordinates the planned theatre activity for the next financial year with colleagues in finance and the surgical specialties in alignment with the Trust's financial and operational planning cycle.
A review takes place with site representatives to capture best practice and lessons learnt from the current operating year whilst work is underway to understand the surgical specialties demand and capacity with a view to align with the deliverability of ITAPS as a surgical enabler.

7.2   Decommissioned Lists (Annual)

In quarter 4 each year, the Surgical Specialties in advance of the new operating year will decommission their lists in line with the number of operating weeks declared during the planning phase

7.3   Theatre Activity Planning Sign-off (Annual)

The Theatre Productivity Board including the Head of Operations (ITAPS) will formally sign off the theatre plan for the next operating year in quarter 4.
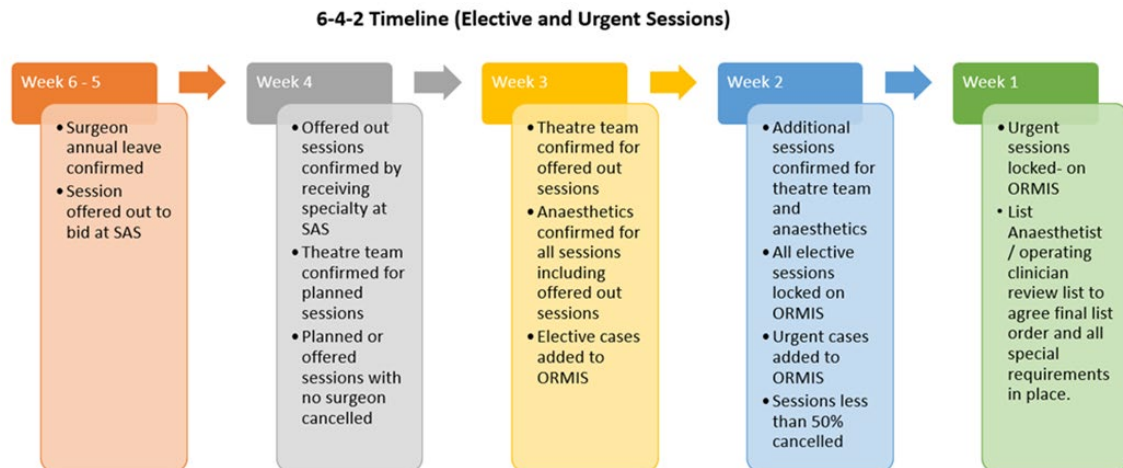
7.4   Session Set Up (Annual)

From the planned timetable, the ORMIS administration team template ORMIS with the planned sessions. The confirmed session times are:

- Long day (3 session)   =   12 hours
- Extended day (2.5 session)   =   10 hours
- All day (2 session)   =   8 hours

- Half day AM or PM (1 session) = 4 hours

7.5 The 6-4-2 Process (Week 6 – Week 0)

During the operating year the 6-4-2 process will be followed, summarised in the following diagram. This approach is one that is replicated / adapted by the majority of elective providers nationally and is simply a method for confirming the supply of elective services in advance using a 6 week countdown, where week 0 is the current operating week.

6-4-2 Timeline (Elective and Urgent Sessions)

Week 6 - 5	Week 4	Week 3	Week 2	Week 1
• Surgeon annual leave confirmed • Session offered out to bid at SAS	• Offered out sessions confirmed by receiving specialty at SAS • Theatre team confirmed for planned sessions • Planned or offered sessions with no surgeon cancelled	• Theatre team confirmed for offered out sessions • Anaesthetics confirmed for all sessions including offered out sessions • Elective cases added to ORMIS	• Additional sessions confirmed for theatre team and anaesthetics • All elective sessions locked on ORMIS • Urgent cases added to ORMIS • Sessions less than 50% cancelled	• Urgent sessions locked- on ORMIS • List Anaesthetist / operating clinician review list to agree final list order and all special requirements in place.

7.6 Session Allocation Scheduling (SAS) – (Weekly)

SAS is the forum which works alongside the 6-4-2 timeline from week 4 where theatre teams and surgeons are confirmed. The opportunity for backfill coincides at week 4 where surgical specialties release sessions to CMG peer services and / or other surgical teams. At week 3, anaesthetics are confirmed. At week 2 is an opportunity to confirm additional sessions to support waiting lists.

7.7 Scheduling Sessions (Weekly)

Scheduling sessions focus on week's 2 – 0 and provide a systematic approach to utilisation of theatre sessions in line with the 6-4-2 principles. These sessions are paramount to ensure on the day / short notice cancellations are kept to an absolute minimum.

7.8 Populating Lists (Weekly)

Weekly Surgical Specialties populate cases on lists on ORMIS as per their local arrangements by using the median times (or exceptional times for complex or uncommon cases), to maximise the number of cases to fill the session time allocation (between 85% - 105%) subject to case mix.

The first patient: typically, the following categories of patients would be first on a list (in order of priority): Latex allergy patients, Paediatric patients (youngest to eldest), Diabetic patients, urgent/cancers patients, Previous cancelled patients. Patients known to be infected with a communicable disease should be listed appropriately with a view to maximising theatre flow.

The Last patient: Typically, the following categories of patients would be last on a list (in order of priority): MRSA, CRO+ or any other Patients known to be infected with a communicable disease should be listed appropriately with a view to maximising theatre flow.

8 EDUCATION AND TRAINING REQUIREMENTS

8.1 All theatre staffing groups including surgical specialties have access to training to support the optimisation of theatre utilisation where appropriate as well as access to guidance notes to support the processes.

8.2 Further information on training is available from ITAPS general managers.

9 PROCESS FOR MONITORING COMPLIANCE

What will be measured to monitor compliance	How will compliance be monitored	Monitoring Lead	Frequency	Reporting arrangements
KPIs (Theatre Utilisation, Late Starts, Over runs, OTDC, Turnaround Times)	Via Qlikcloud: https://uhl.eu.qlikcloud.com/	Chair of Theatre Productivity Board	Monthly	Theatre Productivity Board
KPIs as above and via 6-4-2 compliance	Non-compliance will be reported weekly at the SAS meeting.	Head of Operations / Deputy Head of Operations	Weekly	SAS

10 PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW

9.1 The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.

9.2 As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

11 SUPPORTING REFRENCES, EVIDENCE BASE AND RELATED POLICIES

11.1 On the Day Cancellation Policy.

12 PROCESS FOR VERSION CONTROL, DOCUMENT ACHIVING AND REVIEW

12.1 This document will be uploaded onto SharePoint and available for access by Staff through INsite. It will be stored and archived through this system.

12.2 The updated version of the Policy will then be uploaded and available through INsite Documents and the Trust's externally-accessible Freedom of Information publication scheme. It will be archived through the Trust's PAGL system.

13 APPENDIX A: TERMS OF REFERENCE FOR THEATRE UTILISATION MEETINGS

	THEATRE PRODUCTIVITY BOARD	SESSION ALLOCATION SCHEDULING: 6-4-2	SESSION ALLOCATION SCHEDULING: THEATRE UTILISATION /PRODUCTIVITY	SCHEDULING SESSIONS
MEETING ARRANGEMENTS	Monthly 2nd Thursday of each month 1.5 hours TEAMS / LRI	Weekly Every Wednesday – 09:30 – 10:00 30 minutes TEAMS / LRI	Weekly Every Wednesday 10:00 - 10:30 30 minutes TEAMS/LRI	Weekly Every Thursday 15 / 20 mins per surgical specialty TEAMS / On Site
CHAIR	Medical Director	ITAPS Head of Operations / Deputy Head of Operations	ITAPS Head of Operations / Deputy	ITAPS Theatres General Managers / Service Managers
REPRESENTATION	Heads of Operations (or deputies), Clinical Directors (or deputy) and Head of Nursing (or deputy) for surgical services and Alliance	Head of Operations (or deputies) for Surgical Specialties, and Alliance	Head of Operations (or deputies) for Surgical Specialties, and Alliance/Transformation Leads and General managers	ITAPS theatres general managers, service managers, REDS team.
GOVERNANCE	The meeting chair has delegated authority from the Execute oversight committee	The meeting chair has delegated authority from the Theatre Productivity Board.	The meeting chair has delegated authority from Theatre Productivity Board	The meeting chair has delegated authority from the ITAPS CMG Board and by exception to the Theatre Productivity Board.
QUORUM	The meeting will take place if the Chair (or representative) and at least one representative from each surgical speciality are present.	The meeting will take place if the chair (or representative) and at least two surgical services are represented.	The meeting will take place if the chair (or representative) and at least two surgical specialities are represented.	The meeting will take place if the chair (or representative) and a member of the surgical specialty either general manager or service manager is present.
PURPOSE:	• Escalation forum for SAS. • Provide overall accountability for the Theatre Productivity Programme and the delivery of quality Improvement in line with the Trust's Quality strategy and Transformation Efficiency Programme. • Theatre efficiency and productivity • GIRFT/ Model Hospital/Day Surgery benchmarking performance	• To ensure CMGs have optimised theatre session and there are no vacant sessions for weeks 6 to 3 • Where there are gaps, to see if the specialty is able to use these times or offer out to another specialty using the 6-4-2 principles • ITAPS have sufficient anaesthetic cover and theatre staff to run the outlined sessions on Theatre floor plan. • Confirm additional sessions at week 2. • Escalation forum for scheduling.	• To drive the Trust and GIRFT (Getting it Right First Time) objective to improve theatre utilisation to 85%. • Weekly review of improvement projects and tracked performance against peers • Escalation of issues preventing optimisation of theatre list To provide a forum for share learning and support on action driven changes.	• Escalation of issues preventing the optimisation of theatre lists. Sign-off on activity weeks 0 to 2.

ROLES AND RESPONSIBILITIES	Supporting the CMGs in the delivery of the agreed programme of activities to deliver high quality efficient service.			
ROLES AND RESPONSIBILITIES	• CMGs to present their exception reports with clear actions for improvement with benchmarking • ITAPS Head of Operations or POA lead to provide oversight into the POA standardisation programme Improvement Lead to ensure agenda and slides are uploaded within the MS Teams Channel	• Surgical Specialties to ensure lists are confirmed in accordance with 6-4-2 and SAS slides are timely updated. ITAPS to ensure ITAPS workforce slides are timely updated.	• Surgical Specialities to update slides weekly and provide clear narrative around any targets not achieved. • Representative from the CMGs to talk through slides with clear actions to improve overall utilisation.	• Surgical specialties to know their lists for weeks 0 – 2 and ensure lists are optimised prior to these scheduling meetings. • ITAPs to ensure exception reporting has been updated prior to the meeting for discussion and sign-off. Surgical specialties to escalate to the ITAPS team any issues (also notifying their head of operations as escalation for complex issues)

14   PROCESS FOR VERSION CONTROL, DOCUMENT ACHIVING AND REVIEW

This SOP describes the Alliance theatre utilisation process and should be read in conjunction with UHL's Theatre Utilisation Policy.
It describes the Alliance specific actions and review to ensure the appropriate planning, monitoring, managing and changing of theatre lists to ensure as many sessions as possible are fully utilised making the most effective use of theatre staffing and resourcing.
Scope
This SOP applies to the three theatres managed by the Alliance –
•   Hinckley and District Hospital
•   Loughborough Hospital
•   Melton Hospital

The roles within the Alliance who are required to support/use/ comply with this SOP are:

- Alliance Manager
- Head of Nursing and Quality
- Matrons
- General Manager
- Band 7 theatre leads
- Service Manager
- Daycase Team Leader
- Booking coordinators
- Theatre staff
- Surgeons
- Anaesthetists
- Anaesthetic coordinators
- Block Practitioners (from 2023 TBC)

Session rules

- A session in the Alliance is 3.5 hours operating time.
  AM session: 09:00 'knife to skin' until 12:30
  PM session: 13:30 – 17:00

- An all-day session is 7 hours operating time worked as two separate sessions.

6-4-2 principles will be followed -

>6 weeks	Specialities (surgeons) notify the Alliance that they are unable to utilise their session via Alliance Notifications mailbox. Speciality can backfill the session if another clinician available. Notify the Alliance of this change directly to alliancetheatrebooki@uhl-tr.nhs.uk Speciality picking up session to identify to the Alliance if urgent patients need transferring from UHL for the session
Weeks 6-5	Speciality continues to try to backfill the session with alternative surgeon Speciality picking up session to identify to the Alliance if urgent patients need transferring from UHL for the session Alliance operational team start to identify other services to backfill the session Anaesthetic co-ordinators update CLW (anaesthetic rota) Alliance booking team update ORMIS with the name of the surgeon. If a change in speciality on a GA list – proforma needs to be submitted to anaesthetic office If changing from a GA list to LA list – proforma needs to be submitted to anaesthetic office Populate theatre lists with patients
Weeks 4-2	Anaesthetic co-ordinators update CLW (anaesthetic rota) Alliance booking team update ORMIS with the name of the surgeon. If a change in speciality on a GA list – proforma needs to be submitted to anaesthetic office If changing from a GA list to LA list – proforma needs to be submitted to anaesthetic office Populate theatre lists with patients
Week 2	Anaesthetic theatre timetable locked down at Alliance Performance Meeting every Friday (am) Ensure operation timings are correct and meaningful, lists to be fully booked (agreed KPI 90% booked) Ensure lists and the order are approved and finalised by the clinical leads at the weekly meeting with the service manager and team leader for daycase.

	Any lists not booked <80% – to be identified at Performance Meeting and actions agreed to fill list For any sessions cancelled agree movement of workforce to support activity elsewhere in the Alliance

Monitoring Utilisation

Utilisation and adherence to the 6-4-2 policy will be monitored at the weekly Alliance Performance Meeting (every Friday AM, chaired by Alliance manager).

Agenda

Ref	Discussion Points	Responsible Person
1	Using Qliksense data – review of previous weeks • On the day cancellations • Late starts/early finishes/overruns • In session utilisation	Site clinical leads Site clinical leads Site clinical leads and Service Manager for daycase
2	Review of next 2 weeks lists - lockdown	Site clinical leads and service manager for daycase
3	Review of sessions 3-6 weeks ahead Identify sessions for backfilling	Site clinical leads and service manager for daycase
4	Action Log review	

Following performance meeting send out sessions for backfilling to speciality leads across UHL. Pick up at SAS meeting. (Alliance Manager/General Manager/Daycase Service Manager)