Theatre Scheduling Policy

<table>
<thead>
<tr>
<th>Approved By:</th>
<th>Policy and Guideline Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Approved:</td>
<td>17 October 2014</td>
</tr>
<tr>
<td>Trust Reference:</td>
<td>B26/2014</td>
</tr>
<tr>
<td>Version:</td>
<td>2</td>
</tr>
<tr>
<td>Supersedes:</td>
<td>1 (October 2014)</td>
</tr>
</tbody>
</table>
| Author / Originator(s): | Richard Mitchell – Chief Operating Officer  
|                  | Rachel Patel – General Manager, ITAPS  
|                  | CMG                             |
| Name of Responsible Committee/Individual: | Richard Mitchell |
| Latest Review Date | 29 July 2016 – Policy and Guideline Committee |
| Next Review Date: | July 2019                      |
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**REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW**

This is a review of the existing Theatre Scheduling Policy.

**KEY WORDS**

Theatre Scheduling, Theatre Efficiency, Theatre Utilisation, Theatre Trading

**SUMMARY**

This document outlines the core, trust-wide standards, procedures and processes for the scheduling of theatre sessions and cardiac catheter labs and the scheduling of patients onto operating lists within those sessions.

Where ‘theatre’ is used this includes the cardiac catheter labs unless otherwise indicated.
1 INTRODUCTION

This document sets out the University Hospitals of Leicester (UHL) NHS Trust’s policy for Theatre Scheduling as a set of standards, procedures and processes.

These standards, procedures and processes enable a level of forward planning which will support the organisation to maximise the use of available theatre and catheter lab sessions and the operating time available within those sessions. It will also allow relevant staff groups including Theatre Team Leaders, Anaesthetists, Radiographers and Sterile Services, to plan for specialist staffing and equipment which will reduce patient delays and cancellations on the day.

The document sets out the policy for the management of elective theatre lists and a 6-4-2 planning cycle which details what actions need to be completed, and what information needs to have been provided, at each week over a six week cycle. The policy also outlines the procedure for decommissioning or cancelling sessions as well as requesting additional activity.

Management is through a theatre scheduling meeting at each site on a weekly basis, a system for backfilling theatre sessions, a review process around the booking of patients to lists, a set of adherence measures, and an escalation process for policy breaches.

2 POLICY AIMS

Effective scheduling is one of the fundamental levers for improving patient access and the use of available theatre time and resources. The aim of this policy is to set out an agreed UHL framework that supports effective scheduling and improves patient access.

The policy supports the Trust in delivering high levels of utilisation. The policy does this by:

- Assisting in improving the use of sessions;
- Standardising the process for back-filling across specialties;
- Setting out a standard process for assessing how effectively booked the planned operating lists are in advance and managing required remedial actions.

The policy has been written with the aim of providing clear operational guidance on the management of elective theatre activity across all UHL sites. The policy aims to promote provision of high quality information and active engagement in capacity management from all managers and lead clinicians.

3 POLICY SCOPE

The policy:

- Applies to all staff within the surgical specialties and theatres who are involved in the scheduling of theatre sessions and patients onto operating lists.
- Sets out clear roles and responsibilities for the key staff groups involved in the four tiers of theatre scheduling.
- Covers all elements that must be aligned to theatre sessions including surgeons, anaesthetists, theatre teams, equipment and patients.
• Does not include a framework for the scheduling of beds and any future policy on bed scheduling will be aligned with this policy.

The policy covers four tiers of theatre scheduling. These are as follows;

**Tier one:** The underlying theatre timetable which maps each specialty’s regular theatre sessions with an agreed activity, surgeon or supporting rota of surgeons, defined run time (e.g. Monday am 8.30am – 12.30am) and location (e.g. Theatre 1, LRI). (See also, “Theatres Trading Model” – Appendix 1). This includes scheduling of support to the Cath Labs.

**Tier two:** The scheduling of specific patients onto operating lists, their scheduling as inpatients or daycases, and their order of treatment or scheduling list decommissioning or cancellation when no patients will be listed. The policy sets out the required information and principles for the formulation, submission and review of operating lists. The scheduling of specific patients must take due consideration of the principles outlined in the Referral to Treatment Policy (Policy referenceB3/2004)

**Tier three:** The scheduling of additional theatre sessions, over and above the funded number (Waiting List Initiatives – “WLIs”). This includes the criteria for running these WLI lists and securing the provision of Theatre resources. (See also, “Theatres Trading Model” – Appendix 1. The theatre trading model does not apply to the cath labs)

4 **DEFINITION**

WLI – a waiting list initiative is an additional session normally invoked to address waiting list issues paid at a specific rate.

5 **ROLES AND RESPONSIBILITIES**

<table>
<thead>
<tr>
<th>Role</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chief Operating Officer</td>
<td>Executive responsibility for the application of this policy</td>
</tr>
<tr>
<td></td>
<td>Communication of the policy to the wider organisation</td>
</tr>
<tr>
<td>CMG Clinical Directors and General Managers</td>
<td>Compliance with the standards documented in this policy and the related procedures.</td>
</tr>
<tr>
<td></td>
<td>Resolving escalated issues as per the escalation process (appendix 4).</td>
</tr>
<tr>
<td></td>
<td>Formally requesting permanent changes to theatre timetable, via the Theatres Management team.</td>
</tr>
<tr>
<td>Role</td>
<td>Responsibility</td>
</tr>
<tr>
<td>------------------------------------</td>
<td>-------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>ITAPS General Manager</td>
<td>Management of the Theatre Scheduling Meeting and the administrative processes that support it.</td>
</tr>
<tr>
<td></td>
<td>Provision of supporting performance measures and management of the escalation process for non-compliance with this policy.</td>
</tr>
<tr>
<td>Theatres Matrons</td>
<td>Ensuring that staffing and equipment requirements are organised and confirmed in line with the timelines set out in section 5.</td>
</tr>
<tr>
<td></td>
<td>Oversee the co-ordination of requests from specialties to backfill other specialties’ cancelled lists in conjunction with Theatre Team Leaders and Theatres Service Managers.</td>
</tr>
<tr>
<td></td>
<td>Manage the Theatre Team Leaders to deliver an effective list review process.</td>
</tr>
<tr>
<td>CMG Service Managers</td>
<td>Attend the theatre scheduling meetings – this is mandatory with deputies sent during leave.</td>
</tr>
<tr>
<td></td>
<td>Comply with the policy by adopting the operational planning practices described in this policy.</td>
</tr>
<tr>
<td></td>
<td>Ensuring, wherever possible, that the actions requested by the Chair of the Theatre Scheduling meeting are complete within the specified timescales.</td>
</tr>
<tr>
<td></td>
<td>Managing the administrative process whereby patients are booked onto ORMIS in a timely and accurate fashion.</td>
</tr>
<tr>
<td></td>
<td>Ensuring that the patients on the lists have been successfully pre-assessed and that all patient notes are available in a timely fashion and in one place on the day of surgery.</td>
</tr>
<tr>
<td>Operating clinicians</td>
<td>Complying with the Trust’s annual leave policy. (see policy for Medical Staff Annual Leave).</td>
</tr>
<tr>
<td></td>
<td>Providing information on exceptional surgical times following a decision to operate.</td>
</tr>
<tr>
<td></td>
<td>Discussing upcoming lists with Theatre Team Leaders.</td>
</tr>
<tr>
<td>Anaesthetising Clinicians</td>
<td>Anaesthetists are responsible for providing information on exceptional anaesthetic times following a high risk pre-assessment</td>
</tr>
<tr>
<td></td>
<td>Complying with the Trust’s annual leave policy. (see policy for Medical Staff Annual Leave).</td>
</tr>
<tr>
<td>Theatre Team Leaders</td>
<td>Signing off upcoming operating lists as containing the correct level of activity together with the relevant</td>
</tr>
</tbody>
</table>
operating surgeon where possible.

Review booked lists to ensure maximum efficiency highlighting any over or under-booked lists to the specialty within the timelines set out in section 6.3.3 and onwards of this policy.

Organise the regular review of draft lists at four weeks ahead of operating date (as per 6-4-2 framework in section 5), liaising with surgeons and then schedulers to highlight potential over/under running lists, and gather updates on the lists from schedulers.

Communicating to the Theatres Service Manager, by the time of the Theatre Scheduling Meeting at three weeks out, regarding any lists that they cannot sign off

Ensure the timely availability of performance information for the surgical specialities; to include standard metrics around theatre utilisation, cancelled operations, late starts and early finishes.

Provide Average Case Per List; Average operating time; On the Day Cancellations data to CMG and Theatre Managers.

### 6 POLICY STATEMENTS AND PROCEDURES

#### 6.1 Tier one: Defining the theatre timetable.

There will be a regular theatre timetable, defined on an annual basis, on which every session will have an agreed specialty, surgeon or supporting rota of surgeons, a defined start and end time, location and agreed number of weeks running per year.

A morning session will include four hours of planned operating session time, an afternoon session will include four hours of planned operating session time and an all-day session eight hours. The agreed planned start and end time for an operating session will be defined by the targeted Team Brief time, by which time the patients must have arrived in theatres, and the targeted final Patient Out Of The Room time.

The start time for the morning session will be 08:30, unless by exception that has been agreed with the theatre matron or floor co-ordinator, and the first patient will be confirmed on the list with the surgeon and the team leader at least 3 days before the theatre date. Any changes to this must be discussed with the floor co-ordinator before changes are made. A morning list will end at 12:30 and an all-day list will end at 16:30 or 17:30, depending on the lunch break.

This approach requires that:

1. Theatre rota sessions, surgeons’ job plans and anaesthetists’ job plans are aligned;

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2. The time allocated to each session is more than the four hours planned operating time so as to enable the following activities outside of the four hours operating time:

- Pre-op: seeing patients on the ward, pre-operative team meetings, WHO checklist, sending for the patient and the patient arriving in the anaesthetic room.
- Post-op: moving the last patient into recovery, post-operative ward round

This aligns to the Trust Medical Job Planning Policy which proposes a guide of five hours and 1.25 PAs per theatre session for Anaesthetists.

The operating list planned start and end time will be signed off by the CMG Clinical Director / Head of Operations/General Manager for the surgical specialty and the the ITAPS Clinical Director and Head of Operations/ General Manager. Any permanent changes to the theatre timetable in-year will be agreed by the management of the surgical CMG and ITAPS.

The agreed number of weeks that the session will run per year will depend on the number of weeks that Theatres and Anaesthetics are funded to run the session and the number of weeks’ capacity to deliver the session in surgeons’ job plans for the relevant specialty.

The alignment of specific surgeons and anaesthetists to operating lists will be agreed through the job planning process with Heads of Service and, where required, CMG Clinical Directors. As per the job planning guidance, individual surgeons and anaesthetists will have annual target numbers of sessions to deliver.

Allocation of sessions need to be in line with demand and regularly reviewed to ensure capacity is appropriate.

6.2 Tiers two and three: Planning theatre sessions, including additional lists, and ensuring appropriate patient bookings.

These tiers will be managed through the Theatre Scheduling Meeting (see Appendix 2 – Theatre Scheduling Meeting Agenda). The planning of theatre sessions and booking patients will be undertaken outside the theatre scheduling meeting as business-as-usual, according to the 6-4-2 framework set out below. It will be assumed that all theatre sessions will be used by the allocated specialty and operating surgeon unless otherwise notified. The Theatre Scheduling Meeting is run by exception: only theatre sessions without a planned surgeon or anaesthetist, lists that have not been appropriately booked with patients and exceptional requests for additional sessions or resources will be managed through the meeting. Attendance at the Theatre Scheduling Meeting is mandatory for Service Managers, unless on leave, in which case a designated deputy must attend in their place.

The components of decommissioning sessions and 6-4-2 framework are set out below. All relevant information is to be provided to the 6-4-2 Mailbox, which is accessed by the Theatres Service Manager, and Theatres General Manager, by two working days in advance of the Theatre Scheduling Meeting.

6.3 .1 Week 8 (up to 8 weeks in advance of the given theatre session)

- All elective specialties as outlined as part of the theatre trading model should provide the Theatre Service Manager with an indicative plan of 75% of which unbudgeted sessions they plan to close throughout the financial year.
• These sessions will be confirmed at 8 weeks prior to the scheduled operation date with the theatre service manager as definitively closed. Where known prior to 8 weeks’ notice this should be confirmed to give as much lead time as possible.

• Changes to named Surgeon or Anaesthetist on the list due to annual leave, study leave, professional leave or on call rotas have been submitted.

• Where the Surgeon is unavailable, the specialty has until week 4 to confirm a Surgeon to backfill or the list will be offered out to all specialties at the meeting and subsequently via the actions of the meeting (lab sessions will not be offered to other CMG’s but this will allow maximum time to allow backfill of the session)

6.3.2 Week 4

• Confirmation of whether the specialty can provide a surgeon to backfill, otherwise list offered to other specialties within the Theatre Scheduling Meeting.

• Additional lists (Theatre WLIs) must be requested, with completed checklist signed off, by four weeks

6.3.3 Week 3

• For scheduled lists:
  o Surgeon and Anaesthetist for the list confirmed;
  o Theatre resources moved from lists without a named Surgeon or Anaesthetist where applicable;
  o Draft list submitted (this can include slots for urgent / Cancer cases where appropriate – i.e. the list does not need to be completed with all named patients) for review by Team Leaders and Surgeons;
  o General / Local anaesthetic confirmed;
  o Theatre staffing confirmed;
  o Requests for kit submitted;

• Theatre lists not signed off by Team Leaders highlighted with remedial action. This information to be emailed to services for action.

6.3.4 Week 2

• Lists that have not been signed off by Team Leaders highlighted again along with required actions.

6.3.5 Week 1

• First patient confirmed and urgent and cancer patients booked where possible.

• Final version / any late additions or changes to operating lists due to patient cancellations must be signed off by Surgeon and Theatre Team Leader at the scheduling meeting and required actions by the specialty logged.

Requests for additional lists must be accompanied by a completed and signed off checklist (see Appendix 3 for Theatres WLI checklist).

Short notice cancellations will be reported on to feed into the Theatre Trading Model.
Multiple instances of late notice cancellations for specific lists will be added to an escalation log and go through the Theatres Escalation Process (see Appendix 4). The same process will apply to multiple instances of specific lists that cannot be signed off by the Theatres Team Leader in discussion with the relevant Surgeon.

Schedulers, Surgeons and Team Leaders will be provided with median surgical and median anaesthetic times for specific procedures at individual clinician level, based on real data (typically 12 months’ worth) as well as guide levels of turnaround time. Surgeons and Anaesthetists will be responsible for ensuring that, following an outpatient appointment, additional information about exceptional surgical or anaesthetic times due to procedure or patient complexity will be captured on the TCI form. This information will form the evidence base for scheduling and reviewing lists.

List Utilisation:

Using the median times, or exceptional times for complex or uncommon cases, typically the lists must be filled to within an agreed tolerance. This approach works especially well for high volume surgery with low or otherwise predictable levels of variation.

Booking to fill 85 – 105% of the available operating time is a reasonable guide. For surgery that is low volume, highly complex and / or unpredictable in terms of case times, this approach is less feasible. Here, surgical Specialties and Theatre Team Leaders need to agree a set of guide principles that allow for the observed variation and the individual features of each case. These principles will be clear and publicly available, but their application will rely on the judgment of the relevant Surgeon and Theatre Team Leader.

- The unpredictability of some complex major surgery can mean that there are benefits to distinguishing lists on which this work is done from lists for routine major surgery, intermediate, minor and day surgery. However, this policy is not prescriptive on this aspect of scheduling.
- Specialties should run dedicated paediatric lists as nationally recommended. Exceptions should be kept to an absolute minimum and take place only on clinical urgency grounds. These exceptions will be agreed by the CMG Clinical Director of the appropriate specialty.
- The order of a list will be agreed by the Surgeon and Theatre Team Leader as part of the sign off process.
- Typically, the following categories of patients would be first on a list (in order of priority): latex allergy patients, paediatric patients, diabetic patients, urgent patients, and daycase patients.
- Typically the following categories of patients would be last on a list (in order of priority): cases that may require significant cleaning of theatres after they have been in there such as infections, debridements, abscesses or other case such as those using local anaesthetic.
- Specialties should identify a required number of training lists and a plan for how these will be delivered.
- Training lists should be identified for schedulers and Theatre Team Leaders as part of the draft list. These principles should be clear and publicly available.
- Specialties will work with their Heads of Service to identify sets of procedures or cohorts of patients that are suitable for pooling amongst an agreed set of Surgeons.
• It is imperative that the information recorded on ORMIS matches the operating surgeon if the surgical specialty has arranged cross cover, as this will affect information reports and is a part of both clinical governance and performance management requirements. If a cancelled operating session is to be used for emergency cases, the session will need to be cancelled and re-instated as an emergency list. (ORMIS is not used for cath labs).

• Whilst escalation of breaches of the Theatre Scheduling Policy will go through the defined escalation process, ongoing performance management will draw upon the Theatre Performance reports and existing Trust performance management frameworks. Ongoing non-compliance concerns will be taken further if needed.

6.3 Booking template

The booking form for treatment will be standardised (with generic and specialty fields) across UHL with an aspiration that in the future it will become part of the integrated electronic patient record with full functionality and integration with the theatre scheduling system (currently ORMIS).

7 EDUCATION AND TRAINING REQUIREMENTS

All CMG’s are expected to hold sufficient local procedure documentation to enable effective application of this policy. This documentation will be readily available to staff for reference.

There are no training implications associated with this policy, other than the standard required training associated with fulfilling the administrative scheduling function (part of routine training already allowed for).

There may be training implications for local implementation of the policy, where CMGs develop and use customised systems, tools or analytics.

8 PROCESS FOR MONITORING COMPLIANCE

The management of the elective theatre sessions will be monitored through the weekly Theatre Scheduling Meeting, action log and escalation process. The action log includes details on late cancellations, additional lists requested and lists that have not been signed off. For further details see appendix 5.

9 EQUALITY IMPACT ASSESSMENT

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.

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

10 LEGAL LIABILITY
The Trust will generally assume vicarious liability for the acts of its staff, including those on honorary contract. However, it is incumbent on staff to ensure that they:

- Have undergone any suitable training identified as necessary under the terms of this policy or otherwise.
- Have been fully authorised by their line manager and their Directorate to undertake the activity.
- Fully comply with the terms of any relevant Trust policies and/or procedures at all times.
- Only depart from any relevant Trust guidelines providing always that such departure is confined to the specific needs of individual circumstances. In healthcare delivery such departure shall only be undertaken where, in the judgment of the responsible clinician it is fully appropriate and justifiable - such decision to be fully recorded in the patient’s notes.

It is recommended that staff have Professional Indemnity Insurance cover in place for their own protection in respect of those circumstances where the Trust does not automatically assume vicarious liability and where Trust support is not generally available. Such circumstances will include Samaritan acts and criminal investigations against the staff member concerned.

Suitable Professional Indemnity Insurance Cover is generally available from the various Royal Colleges and Professional Institutions and Bodies.

11 SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES

Senior Medical Staff Annual Leave Policy B35/2004

12 PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW

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

Review details must be described in the Policy and must give details of timescale and who will be responsible for review and updating of the document

12.1 Once this Policy has been approved by the UHL P&G Committee, Trust Administration will maintain the appropriate Trust Reference number for Document Control purposes.

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.

12.3 Archived versions of the Policy are available via INsite Documents (Ref Number 20700)

11.4 As a minimum, this Policy will be reviewed every three years by the Policy and
Guideline Committee. It may be updated and reviewed more frequently to adopt any new recommendations at the forefront of best practice nationally.

13 APPENDICES

APPENDIX 1: Theatres trading model

The Trading Model transacts activity via agreed budgeted baselines and additional activity on a monthly basis. The Scheduled sessions; Cancellations; Additional and Decommissioned reports generated from submitted pro-formas populate the model.

Its aim is to enable transacting and monitoring activity and will mean that there are consequences to failure to deliver sessions.

The baseline activity and rates of charges will be reviewed annually.
### APPENDIX 2: Agenda

#### Theatre Scheduling Meeting

**Chair:** Theatres GM / Service Manager

**Attendees:** Theatres Managers, CMG General / Service Managers

**Specialities to confirm by COP 2 days before the meeting:**
- Decommissioned sessions for 8 weeks +
- Cancellations outside of decommissioning window
- WLI requests – FROM NOW ON ALL MUST BE SIGNED BY AT LEAST D.HOPS
- Kit requests for specific patients

**Theatres to confirm by COP 2 days before the meeting:**
- Staffing concerns that may result in sessions being taken down
- Theatre kit issues relating to specific patients

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<thead>
<tr>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Confirmation that all pre work has been received and WLI requests confirmed</td>
<td>(5 mins)</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Feedback of actions from previous meeting</td>
<td>(5 mins)</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Forward review of theatres exception report Overruns, underruns forward look</td>
<td>(10 mins)</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Review of previous week in theatre What issues were escalated to GMs that teams were unable to resolve? How can we prevent these issues from re occurring</td>
<td>(10 mins)</td>
<td></td>
</tr>
</tbody>
</table>

**Total time:** 30 mins

<table>
<thead>
<tr>
<th>Site</th>
<th>Day</th>
<th>Start</th>
<th>End</th>
<th>Specialty</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>LRI</td>
<td>Monday</td>
<td>09:30</td>
<td>11:00</td>
<td>Max Fax; Plastics; ENT; Paediatrics; Ophthalmology; Pain; Endoscopy.</td>
<td>LRI Anaesthetic Seminar Room</td>
</tr>
<tr>
<td>LGH</td>
<td>Monday</td>
<td>12:30</td>
<td>14:00</td>
<td>Urology; General Surgery; Gynaecology; Renal.</td>
<td>LGH Theatre Meeting Room</td>
</tr>
<tr>
<td>GH</td>
<td>Tuesday</td>
<td>09:00</td>
<td>10:00</td>
<td>Breast Care, Thoracic, Cardiac, Cath Lab; Vascular.</td>
<td>Glenfield Anaesthetic Resource Room</td>
</tr>
</tbody>
</table>
APPENDIX 3: Theatres WLI checklist

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST
Theatre Utilisation Meeting Additional Activity Pro-forma

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site</td>
<td>Theatre(s) Used</td>
</tr>
<tr>
<td>No of Funded lists</td>
<td>Number RTT Lists</td>
</tr>
</tbody>
</table>

WLI Requests / Other requests – Cost Code

<table>
<thead>
<tr>
<th>Date</th>
<th>Specialty</th>
<th>Site</th>
<th>Theatre</th>
<th>Surgeon</th>
<th>Reason for request (e.g. additional capacity/ PP/ etc.)</th>
<th>Number of Cases</th>
</tr>
</thead>
</table>

Saturday WLI Requests for RTT – PT Numbers / Bed requirements

Main Theatre Cancellations

De-Commissioned Theatre Cancellations x 4 Months Rolling Information (Theatre Trading Model)

Convert GA to LA Requests

Patients cancelled last week (include narrative for reasons):

<table>
<thead>
<tr>
<th>Date</th>
<th>S Number</th>
<th>Site</th>
<th>Theatre</th>
<th>Cancellation Reason</th>
</tr>
</thead>
</table>
## APPENDIX 5 - Policy Monitoring Table

<table>
<thead>
<tr>
<th>Element to be monitored</th>
<th>Lead</th>
<th>Tool</th>
<th>Frequency</th>
<th>Reporting arrangements</th>
<th>Lead(s) for acting on recommendations</th>
<th>Change in practice and lessons to be shared</th>
</tr>
</thead>
<tbody>
<tr>
<td>Late cancellations</td>
<td>Theatres Service Manager</td>
<td>6-4-2 calendar; Cancellations report</td>
<td>Monthly</td>
<td>Theatre Board / Trading model</td>
<td>ITAPS General Manager</td>
<td>Via minutes of theatre board. Directly with CMGs as appropriate</td>
</tr>
<tr>
<td>Additional lists requested</td>
<td>Theatres Service Manager</td>
<td>6-4-2 calendar; Additionals report</td>
<td>Monthly</td>
<td>Theatre Board / Trading model</td>
<td>ITAPS General Manager</td>
<td>Via minutes of theatre board. Directly with CMGs as appropriate</td>
</tr>
<tr>
<td>Lists that have not been signed off</td>
<td>Theatres Service Manager</td>
<td>Theatre Scheduling Meeting action log</td>
<td>Monthly</td>
<td>Theatre Board</td>
<td>ITAPS General Manager</td>
<td>Via minutes of theatre board. Directly with CMGs as appropriate</td>
</tr>
</tbody>
</table>