

Trust Board Meeting: Wednesday 9 July 2014

TB2014.74

Title	Theatre Safety Review Action Plan Progress Report – June 2014
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Status	For information
History	<p>The Trust’s response to the draft report of the “Review of the safety culture within the Trust’s Operating Theatres at Oxford University Hospitals” received by the Trust Board in September 2013. The report itself was not accepted by the Board, however a number of the themes identified within the review were considered worthy of further assessment.</p> <p>A detailed action plan was submitted to the Trust Board at its meeting in November 2013.</p> <p>In January 2014 an update on progress against the action plan was presented to the Clinical Governance Committee.</p> <p>In April and June 2014 an update on progress against the action plan was presented to the Trust Management Executive.</p>

Board Lead(s)	Mr Paul Brennan, Director of Clinical Services			
Key purpose	Strategy	Assurance	Policy	Performance

Executive Summary

1. A Review into the safety and culture of theatres was conducted over the period December 2012 to March 2013 with a subsequent draft report on findings received by the Trust in April 2013. The Trust's response to the draft was received by the Trust Board in September 2013. From the recommendations made, an Action Plan was agreed for implementation in November 2013, with an update on progress made to TME in April 2014. This paper provides a further update on delivery against the action plan.
2. This paper is a progress report on actions against the Action Plan agreed in November 2013. The Associate Director of Clinical Services (ADCS) undertook the assessment which involved discussions with key clinical staff, observations and discussions with staff working within the clinical areas and supporting documentation provided upon request. The assessment was further supported through involvement of the ADCS in the Peer Review Process which was ongoing in the Surgery and Oncology Division at the time. This provided a rich source of data from many sources on which to draw conclusions.
3. The majority of the items within the Action Plan have been addressed. This is due to the focus of attention given to delivery of the Plan from the Divisional and Directorate teams, primarily from the Divisional Nurse for Surgery and Oncology, the Clinical Lead for Churchill Theatres and Anaesthetics, the Operational Services Manager for Churchill Theatres and the Clinical Risk Coordinator in Churchill Theatres.

Staff were very complimentary about the support they had been given and how much they had valued the visibility and direct input from the senior staff mentioned above.

4. All actions programmed to be completed by June 2014 have been completed with the exception of the programming of the pre-assessment triage protocols into the EPR. However, vacancy levels remain high in theatres at the John Radcliffe and Churchill Hospitals and it is recommended that a review of the overseas recruitment initiative is undertaken to assess the impact.

Recommendation

5. The Trust Board is asked to receive the report on progress against the action plan and note actions are being completed to the agreed timescales.
6. It is recommended a final report is provided in November 2014 as all actions are programmed to be completed by October 2014.

Paul Brennan
Director of Clinical Services

June 2014

Ref	Recommendation	Accepted/ Rejected	Agreed Action	Lead	Timescale
<i>4.1 Aim: Considering the quantity and the nature of incidents related to the operating theatre environment reported to the Clinical Risk Department over a two year period, and the Trust's response to those incidents graded as 'orange' or above.</i>					
1.	<p>The pilot project on pre-assessment must be rapidly taken forward and it is recommended that whilst the Consultant Anaesthetist remains involved, that an experienced Project Manager be appointed as an 'invest to save' initiative and with a reporting line to a Board level Director.</p> <p>Additionally, consent procedures must be reviewed as part of this project to ensure that the importance of consent is understood by all those concerned and that patients re properly consented in a timely manner before procedures.</p>	<p>Accepted</p> <p>Accepted</p>	<p>The pilot project slipped in its timeframes to the end of January 2014. Despite this the objectives of the project have been delivered with the exception of the programming of the pre assessment triage protocols into the EPR dataset. The plan is to build an electronic version of the pre assessment documentation and this is now under the auspices of the EPR programme manager. This is funded to be delivered within a six month timeframe.</p> <p>As recommended this forms part of the roll out of the pre assessment pilot and will not be undertaken until post evaluation.</p>	<p>John Griffiths Consultant Anaesthetist</p> <p>John Griffiths Consultant Anaesthetist</p>	<p>12 month pilot for review in August 2014.</p> <p>Aug 2014 onwards</p>
2.	<p>Divisional Nurses must work in cooperation with their Divisional Directors to ensure that staffing levels are adequate in all of the Trust's theatres. This may mean moving resource from one Division to another. The Divisional Nurse responsible for Theatres at the Churchill must be actively supported by her Divisional Director, the Chief Nurse and the Director of workforce to resolve the staffing issues at that site as a matter of urgency.</p>	Accepted	<p>A detailed action plan for Churchill Theatres was approved by the TME in May 2013 setting out a range of actions to be completed over a four week period.</p> <p>Staffing levels across the Theatre complexes at the JR, NOC and HGH were reviewed as part of budget setting for 2014/ 15. The funding allocated supports safe staffing levels in accordance with AFPP Guidelines.</p>	<p>Divisional Nurse Surgery and Oncology</p> <p>Theatre & Sterile Services Manager</p>	<p>Completed</p> <p>Completed</p>

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			<p>Although funding is established the vacancy levels within Churchill Theatres (Scrub), the NOC (two new theatres have recently come on line) and JR based theatres remain high at c.25% although on a day to day basis substantive vacancies are offset by the utilisation of bank and agency staff. Divisions are monitoring their vacancies on a monthly basis through to Performance Reviews. The Deputy Chief Nurse has re instigated an overseas recruitment campaign to be undertaken on a timescale of 4 – 5 months to deliver additional staff. The Cross Divisional Theatres meeting on 3rd June is meeting to discuss the review of recruitment initiatives.</p> <p>A review of the CH theatre establishment was undertaken and this resulted in an investment to increase the establishment by 70 wte. Budget was approved in May 2013.</p>	<p>Deputy Chief Nurse</p> <p>TME</p>	<p>October 2014</p> <p>Completed</p>
3.	<p>Clinical Risk Practitioners must ensure that reporting from their areas is consistent Cross Divisionally and that staff within their areas of responsibility understand the importance of reporting. Further, they must ensure that staff receive feedback and so better understand the benefits of appropriate reporting to the quality of patient care.</p>	Accepted	<p>Agreed actions were set out in the Churchill Theatre Action Plan approved by TME in May 2013. Action points 6.1 to 6.5 inclusive responded to governance concerns and the management of risk.</p> <p>This approach was rolled out across theatres at the JR, NOC and HGH and included the communication at a service level of the At A Glance report produced</p>	<p>Divisional and Clinical Management Teams Surgery and Oncology and Divisional Clinical Governance Practitioner</p>	<p>Completed</p> <p>Completed</p>

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			filled by an interim for 1 year. Both of these posts have increased senior input into Theatres and increased access and visibility.		
6.	The only Band 7 post at the Nuffield Orthopaedic Centre is vacant. It is recommended that recruitment is commenced without delay and that this appointment then heralds a review of the role of the Band 6s who should be charged with spending more time in clinical practice, supporting Band 5s, and less time coordinating and managing stores.	Accepted	Lead Theatre Nurse appointment (recruited Jan 2014).	Operational Services Manager Orthopaedics	Completed
7.	The roles of Operating Theatre staff seem to differ across the organisation because the job descriptions have not been consolidated. Human Resources Managers must work together to resolve this as a matter of urgency.	Accepted	Job descriptions for theatre staff were reviewed and standardised as part of the Theatres Recruitment Campaign with the exception of the band 7 roles. This action is being progressed via the Matrons Forum.	Matrons Forum	Completed
8.	A multi-disciplinary, Director level, panel should be set-up to manage potential 'Never Events' and catastrophic events and decide upon which events are declared 'Never Events' and then to manage further actions. Efforts should be made to ensure that the Trust is seen as a fair employer where staff are treated equally, regardless of their clinical discipline.	Rejected	The Trust has a robust system in place to assess whether untoward events should be classified as Never Events. This is demonstrated by the Trust openly declaring four Never Events during the past 18 months.		
9.	The Board should discuss and make clear their expectations in relation to transparency and openness versus reputation	Accepted	The Trust operates an open culture and supports staff in raising concerns. The Trust Board approved a revised 'Whistle		Completed

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	management as part of their discussion about the Francis Inquiry, particularly in relation to the declaration and report of 'Never Events'.		Blowing' Policy in 2013 and provides a range of routes for staff to raise concerns. The Trust Quality Committee endorsed a strong commitment to openness and transparency in considering the key recommendations contained in Francis 2, Keogh and Berwick Reports.		
<i>4.2 Aim: Reviewing existing policies and procedures relevant to the operating theatre environment, with specific emphasis on safety critical policies, and to establish the current level of compliance with the same.</i>					
10.	<p>The Policy and Procedure for Counting of Swabs, Instruments, Needles and Miscellaneous items for Surgical Procedures (including Childbirth) (v1.4, September 2012) should be reviewed and the review include input from theatre staff with recent experience of working in other hospitals, together with surgeons and anaesthetists.</p> <p>The audit programme for this policy must be effective and provide feedback for the Board that is open and transparent.</p>	<p>Accepted</p> <p>Accepted</p>	<p>The Policy was reviewed and approved by the Clinical Policy Group in February 2014.</p> <p>The Trust has instigated an audit programme which covers both WHO checklist completion audits and observation audits. The audit outcomes are reported in the monthly performance reports provided by each Division and reviewed at the monthly and quarterly Divisional Performance Review Meetings.</p> <p>Update May 2014. There is limited documentation of assessment of</p>	<p>Medical Director</p> <p>Divisional Directors</p>	<p>Completed</p> <p>Completed</p>

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			<p>competence against implementation of the policy and given the number of incidents this merits revisiting through observational audits and testing across all sites.</p> <p>Assessment of competence with Theatre policies has been incorporated into the staff competency framework across JR & WW Theatres. This appears to be an effective way of measuring compliance and competence and should be adopted across all Theatres in the Trust.</p>	Operational Service Managers for Theatres across all sites	August 2014
11.	The Medical Director must charge all senior medical leaders with ensuring 100% compliance with agreed trust policies. Newly appointed medical leaders must receive proper induction and understand their job descriptions, plus be provided with management training and development, if required.	Accepted	<p>The Medical Director and Director of Clinical Services have written to all medical staff setting out the Trust Policy and the requirement to complete the WHO Surgical Checklist.</p> <p>A WHO checklist completion audit is undertaken and any diversion from the policy results in an individual letter from the Medical Director to the member of medical staff.</p> <p>General Policies are already addressed via the Governance Framework with monthly monitoring audits are incorporated in to the Divisional Performance Reports.</p> <p>A spot check on local induction processes</p>	<p>Medical Director and Director of Clinical Services</p> <p>Medical Director</p> <p>Divisional Teams</p> <p>Divisional</p>	<p>Completed</p> <p>Completed</p> <p>Completed</p> <p>July 2014</p>

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			for consultant staff within the Divisions will be undertaken.	Directors	
12.	A Nursing & Midwifery Board, chaired by the Chief Nurse, must be established as a key forum for engaging senior nurses and midwives and agreeing policy.	Accepted	A Nursing and Midwifery Professional Forum was established in August 2013.	Deputy Chief Nurse	Completed
13.	The policy on EWTD must be reviewed and audited urgently by the Director of Workforce and consistently implemented throughout all Divisions.	Rejected	<p>The Trust has considered this recommendation however the EWTD Policy clearly sets out the requirements to comply with the Working Time Directive. All theatre staff are deployed by the electronic staff roster so working hours are constantly monitored.</p> <p>Staff working for NHSP have to opt out of the EWTD to register so this could leave the Trust at risk with staff working more hours than is acceptable. E roster was not reported as being wholly transparent in staff being aware of how many hours they were working across the period of a roster. It is suggested that more training on eRoster should be given so that junior staff have a better understanding of how additional hours on NHSP or agency are factored in. This situation should be reviewed.</p>	Deputy Director of Workforce	Completed August 2014
14.	The policy on Statutory and Mandatory training should be reviewed by the Trust Management Executive to ensure that they really feel that it provides a 'standard that	Considered	The policy was reviewed and approved by TME on the 23 rd January 2014.	Head of Learning and Development	Complete

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	stretches' and is consistent with the organisation's vision and commitment to excellence, particularly in relation to promoting the very best standards of human factors training in the Operating Theatres.		Divisions are to report delivery against Statutory and Mandatory training at the monthly Divisional Performance meetings and set out clear plans to achieve compliance.	Divisional Directors	Completed
15.	The Director of Workforce should review the policy on professional registration to ensure that it is effective, given the two untoward events that occurred with lapses in registration. Whilst outside the scope of this review, these lapses may indicate a wider organisational problem with registration lapses which the Trust Management Executive may wish to investigate.	Accepted	<p>Leadership is provided through the Clinical Management Structure with direct support from ED's as required.</p> <p>Leadership is provided through the Clinical Management Structure with direct support from ED's as required.</p> <p>An audit will be undertaken in relation to compliance with the staff professional registration process.</p> <p>A monthly report is generated for the HR team to respond and rectify lapsed registrations where needed. Any lapse which prevents an employee from working clinically will be logged on the ER (Employee Relations) Tracker when this is implemented.</p> <p>The corporate HR team have electronic links into the GMC and NMC. Notifications of lapsed registrations are flagged by the system linked into the ESR tracker. Upon receipt of notification the HR team will notify each Division of when renewal of registrations is due. On investigation each Division could provide</p>	<p>Head of Resourcing</p> <p>Head of Resourcing</p>	<p>August 2014</p> <p>Completed</p>

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			evidence of the process of checking registration.		
<i>4.3 Aim: Considering the management structures operated in the Trust's operating theatre environments and to establish their effectiveness in relation to developing and maintaining a positive patient safety culture.</i>					
16.	In the absence of previous papers to formalise the structure and in the light of this report, the 'Never Events' and the views of Divisional staff the Executive should formally confirm its commitment to the existing structure.	Accepted	<p>The Clinical Management Structure implemented in 2010 was approved by the Trust Board.</p> <p>The existing organisational structure has been reviewed in line with the proposals approved by the Trust Board in 2010 and the revisions were considered and approved by both the Trust Management Executive and the Trust Board in September 2013.</p>	<p>Director of Clinical Services</p> <p>Director of Clinical Services</p>	<p>Completed</p> <p>Completed</p>
17.	<p>The Chief Operating Officer should urgently source and select a well-respected, senior leader in the field of perioperative practice to become the strategic 'glue' that holds perioperative practice together at OUH and works freely across all Divisions. They will have a track record of driving up standards of practice and of working collaboratively with all disciplines. This individual is likely to have a strong perioperative nursing, operational and academic background and should have substantial strategic experience. They should report to a Board member.</p> <p>Additionally, an ODP Professional Leader</p>	Rejected	<p>The precise recommendation is rejected however the approach within Divisions has been to reinforce the specialist management input to theatres as demonstrated by the additional staff at 8A and 8B level put into establishments at the JR and Churchill Theatres to support cross Divisional working.</p> <p>ODP leadership and broader representation was reviewed and</p>	<p>Director of Clinical Services</p> <p>Deputy Chief Nurse</p>	<p>Completed</p> <p>Completed</p>

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	and Advisor is required to promote the role of the ODP, to support ODPs in practice, to develop their leadership skills and work with students and the universities. Together they would be responsible for providing assurance to the Executive and the Board about the safety and efficiency of perioperative practice Trust wide.		incorporated into the Nursing and Midwifery Professional Forum.		
18.	Clinical Director and Leads must manage basic Operating Theatre issues, such as start and finish times. In order to do so they must agree on some basic definitions of terms such as 'start time'.	Accepted	<p>A review of operating theatre utilisation and booking was commissioned in 2013 using external expertise (Newton). The tool has been transposed on to ORBIT (May 2014) and will be tested in Urology and Endocrine over the next few months, being supported by the management of Churchill Theatres. If the data issues can be resolved in these areas so that the tool is found to be effective in optimising the cases which are booked to theatre lists, and driving up utilisation, it will then be rolled out to other specialties where appropriate. The tool will not be appropriate for specialties where there is a large standard deviation between procedure times as it is based on median times.</p> <p>The daily review of theatre start and finish times was implemented in 2013. The reviews have continued in the Churchill Theatres only. The reviews will be reinstated through the new Theatres</p>	<p>Director of Clinical Services</p> <p>Theatres Operational Service Managers, Clinical Directors and Divisional Teams</p>	<p>Completed</p> <p>August 2014</p>

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			Planning and Review Meetings on the JR/WW/HGH sites along with the implementation of new theatres reporting, (currently in development and available during the summer), reviews will be re implemented with issues addressed by theatre and specialty teams.		
19.	The Workforce Plan for the Churchill Theatres must be 'signed off' as a matter of urgency.	Accepted	A detailed workforce plan to match staffing resources to demand and operational running of the Theatres was approved by TME in May 2013.	Divisional Nurse Surgery and Oncology	Completed
<i>4.5 Aim: Establishing the extent to which there is effective team working and, as appropriate, consensual decision making in the theatre environment.</i>					
20.	<p>The Trust's approach to recruitment, including overseas recruitment, must be radically reviewed and improved upon, including the introduction of English testing.</p> <p>From initial short-listing to 'on-boarding', overseas recruits do require on-going support and this should be provided.</p> <p>It is recommended that a dedicated recruiter be appointed to manage this process, ideally with an operating theatre background, and that this individual works cross divisionally. The post could be funded as an 'invest to save' initiative by reducing agency spend.</p>	<p>Accepted</p> <p>Accepted</p> <p>Considered</p>	<p>The Trust has implemented a robust framework for the recruitment of overseas staff and utilises the services of an expert recruitment agency.</p> <p>Arrangements have been established to provide on-going support to staff recruited from overseas. A two week induction programme is provided alongside a clinical buddying programme within clinical areas.</p> <p>The Trust considered appointing an overseas recruitment officer however decided to utilise the expertise of a specialist agency to support overseas recruitment in conjunction with the local</p>	<p>Deputy Chief Nurse and Deputy Director of Workforce</p> <p>Deputy Chief Nurse</p> <p>Deputy Chief Nurse and Deputy Director of Workforce</p> <p>Deputy Chief</p>	<p>Completed</p> <p>Completed</p> <p>Completed</p>

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			<p>team.</p> <p>There were concerns from staff with the high rate of attrition from overseas recruitment and poor spoken English in some cases. A report on the success of the overseas recruitment would benefit the Trust in terms of lessons learnt.</p> <p>The facility for English tuition has been put in place via Oxford County Council and staff are supported for time out from the work place to attend.</p>	Nurse	August 2014
21.	The Chief Nurse and Director of Workforce must work together to design a proper induction programme for new joiners with special emphasis on those candidates coming from overseas and working in the NHS for the first time. The programme should include on-going support and evaluation.	Accepted	<p>On behalf of the Director of Workforce and the Chief Nurse a detailed induction programme has been developed and implemented with additional elements to support staff recruited from overseas.</p> <p>Implementation of the above was reported to be inconsistent and the gap appears to be in local induction: A two week intensive induction has been introduced. The effectiveness of the local induction should be evaluated.</p>	Deputy Chief Nurse and Deputy Director of Workforce	Completed August 2014
22.	The Deputy Chief Nurse must re-organise the theatre clinical educators into the central education team that currently just covers the wards and provide all theatres with consistent educational input with proper cross cover, within existing resources.	Rejected	Additional Practice Development Nurses have been recruited to the JR, Cardiac and Churchill within the Divisions but with clear clinical supervision responsibilities and educational input including the fundamentals of perioperative care. The		

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	These educators themselves must receive proper educational support and supervision.		Practice Development Nurses are supported by the Non-Medical Education Team.		
<i>4.7 Aim: Assessing whether the Trust's approach to the management of vacancies in the theatre environment supports safe care.</i>					
23.	The Director of Workforce must urgently re-build Divisional confidence in the role of the Recruitment team. Divisions should not need to employ people within their divisions to chase the Recruitment team and this practice should cease.	Accepted	<p>A new electronic recruitment system (TRAC) has been implemented to support recruitment and improve the tracking of the various stages of the recruitment process.</p> <p>The recruitment process has been changed to reflect a blended approach to recruitment with increased resources, recruitment teams and the new TRAC system embedded into the Divisions.</p> <p>The corporate HR teams support the Divisions and monitor the newly introduced KPI's for the recruitment process which is currently at 8 weeks.</p>	Deputy Director of Workforce	Completed
24.	<p>The importance of a robust Workforce Plan cannot be over-estimated. The plan must include an assessment of the likely impact of the 'demographic time-bomb' in Oxford and should provide a detailed description of how this will be managed in cooperation with local universities and the increased numbers of ODP places that will be required.</p> <p>For the short-term, it should focus on how turnover will be reduced and rapid</p>	Accepted	Root causes for turnover over within each Division are reviewed on a monthly basis along with other work force performance	Divisional Teams	Achieve 11% standard

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	<p>mechanisms for reducing vacancies and agency staffing Trust wide.</p> <p>The plan must also tackle the shortage of anaesthetists and set out a staged approach for ensuring that the Trust has sufficient anaesthetists and that those anaesthetists have sufficient resources to practice efficiently and effectively.</p>	Accepted	<p>KPI's. These KPI's are tracked on a monthly basis through the Divisional Performance Reviews. Each Division has work force plans aimed at reducing turnover to within 11%.</p> <p>Review the requirements for anaesthetic direct clinical care sessions to meet the demand for operating capacity and linked professional service requirements. Prepare a detailed workforce plan and implement.</p>	Divisional Director Clinical Support Services	<p>by October 2014</p> <p>Completed ; workforce plan approved by TME.</p>
25.	The Deputy Chief Nurse, as the lead for non-medical education, should work with a local university, staff, managers and educators to develop a certificated, post-registration rotation programme in perioperative practice.	Accepted	<p>This was highlighted as a specific issue in relation to the inability to attract Anaesthetic/ Recovery staff on the Churchill site where there remains a 30% vacancy as compared with the established budget. The unit Sister cited that at least 12 staff have been lost over the last 12 months as a direct result of the lack of provision of post registration courses.</p> <p>Work undertaken to improve the stability within the Theatres staffing has meant that the Foundation for Perioperative in Critical Care could be implemented. Feedback from this course is very positive. The Deputy Chief Nurse is opening discussions with Bucks New University to offer a Post Graduate</p>	Deputy Chief Nurse	October 2014.

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			qualification for Theatre Practitioners. This has not been undertaken to date as the critical mass required to support a post graduate course was not available.		