

Trust Board Meeting: Wednesday 11 March 2015

TB2015.31

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| Title | Final Report on Theatre Safety Review Action Plan – February 2015 |
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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” was received by the Trust Board in September 2013. The report was not accepted by the Board however it was recommended to further validate a number of the themes identified within the review.</p> <p>A detailed action plan was submitted to the Trust Board at its public 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 [TME].</p> <p>This report was presented to TME on 26 February 2015.</p> |

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

Executive Summary

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| <p>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 report 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 the Trust Management Executive [TME] in April 2014. This paper provides a further update on delivery against the action plan.</p> |
| <p>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 on going in the Surgery and Oncology Division at the time. This provided a rich source of data from many sources on which to draw conclusions.</p> |
| <p>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.</p> <p>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.</p> |
| <p>4. The following actions are outstanding as at the end of January 2015:</p> <ul style="list-style-type: none"> • Programming of the pre-assessment triage protocols into the EPR. Work on this will continue as part of the EPR Benefits Realisation Programme. • A reduction in the turnover of staff in the JR Theatres to within 11% - Turnover rates remain high between 13% - 18%, the turnover is particularly high at band 5. Recruitment and retention issues are being addressed through an action plan driven by the CSSD Division reference TME Update 2014.18 which was submitted to Trust Management Executive on 22 January 2015. |
| <p>5. Recommendation</p> <p>The Trust Board is recommended to receive the report on the action plan and note that the remaining actions are to be addressed and reported as part of the Update on Action Plan relating to issues of concern raised about Theatres and reported to TME (<i>TME 2015.18</i>). This will avoid confusion and duplication.</p> |

Paul Brennan
Director of Clinical Services

February 2015

| Ref | Recommendation | Accepted/ Rejected | Agreed Action | Lead | Timescale |
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| 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. | | | | | |
| 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 was funded to be delivered within a six month timeframe however it remains an outstanding action with the EPR Benefits Realisation Plan.</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>EPR programming ongoing</p> <p>Completed</p> <p>Completed</p> <p>Ongoing</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> | <p>Accepted</p> | <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>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. Although funding is established the vacancy levels within Churchill Theatres (Scrub), and JR based theatres remain high at c.25%</p> | <p>Divisional Nurse Surgery and Oncology</p> <p>Theatre & Sterile Services Manager</p> <p>Deputy Chief Nurse</p> | <p>Completed</p> <p>Completed</p> <p>Ongoing</p> |

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| | | | <p>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 that will be ongoing and undertaken through the leadership of the Divisional Nurse for NOTSS to deliver some additional staff. The Cross Divisional Theatres meeting on 3rd June met to discuss the review of recruitment initiatives.</p> <p>An in-house Safe Staffing tool to monitor the RAG rated levels of theatre staff by theatre is about to be piloted in the Cardiac Theatres led by the Deputy Chief Nurse.</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>Pilot is underway</p> <p>Completed</p> |
| 3. | 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. | 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>Initially 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 out of the Clinical Governance Committee providing feedback on issues raised and investigated.</p> <p>As at the end of Jan 2015 there was lack of evidence that the At A Glance report from CGC was being cascaded to the JR Theatres Teams. This has been rectified and the communication is now disseminated by the CSS Divisional Governance and Professional Lead</p> | <p>Divisional and Clinical Management Teams Surgery and Oncology and Divisional Clinical Governance Practitioner Divisional Teams DGM CSSD</p> | <p>Completed</p> <p>Completed</p> <p>Completed</p> |
| 4. | Incidents involving poor professional behaviour must | Accepted | Agreed actions were set out in the Churchill Theatre | Divisional and | Completed |

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| | be managed more effectively, especially by Medical leaders. Where necessary, the Trust's disciplinary procedure and, for surgeons, the General Medical Council 'Good Medical Practice: Duties of being a doctor' standard invoked. | | Action Plan approved by TME in May 2013. Action points 1.4 to 1.7 inclusive responded to behavioural concerns and adherence to policy. Letters have been sent jointly by the relevant Divisional Director and the Divisional Director for JR Theatres regarding the expectation for behaviour. Individuals have been seen by the relevant DD regarding reported incidents | Clinical Directorate Management team. | |
| 5. | Divisional Nurses must charge Band 6 and 7 Theatres staff with reviewing the ways in which staff are allocated to lists to ensure that surgical colleagues are properly supported. This must be routine practice throughout all of the Trust's theatres. Band 6 and 7 staff must be more willing to step in and support junior staff, particularly with complex cases or lists. | Accepted | <p>The ways in which band 6 and 7 staff are allocated within all Theatres across the Trust have been reviewed as part of the budget setting process and alignment of theatres workforce to meet AFPP guidance. As far as is practicable staff at band 6 and 7 are allocated to work in specific theatres to provide expertise and to mentor other staff in the area. The ability to rotate staff has not been lost as this is necessary to support out of hours working where staff cover more than one speciality. The visibility of senior staff into theatres has been improved and was evidenced through the rostering of staff.</p> <p>In the JR Theatres an interim 8A manager is currently in post with active recruitment to the substantive role. An 8B/C Theatres and Sterile Services Manager is also being recruited. The post is currently filled by an interim for 1 year. Both of these posts have increased senior input into Theatres and increased access and visibility.</p> | <p>Divisional Nurse Surgery and Oncology</p> <p>Divisional General Manager CSS</p> | <p>Completed</p> <p>Ongoing and reported through the most recent Action Plan in relation to JR and WW Theatres TME 2014.18</p> |
| 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 |

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| 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 management as part of their discussion about the Francis Inquiry, particularly in relation to the declaration and report of 'Never Events'. | Accepted | <p>The Trust operates an open culture and supports staff in raising concerns. The Trust Board approved a revised 'Whistle Blowing' Policy in 2013 and provides a range of routes for staff to raise concerns.</p> <p>A recent Raising of Concerns in JR theatres November 2014 is being addressed actively by the CSS Divisional Management Team</p> <p>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.</p> | Amanda Middleton | Completed On-going action plan |
| <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. | 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. | Accepted | The Policy was reviewed and approved by the Clinical Policy Group in February 2014. | Medical Director | Completed |

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| | The audit programme for this policy must be effective and provide feedback for the Board that is open and transparent. | Accepted | <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 competence against implementation of the policy and given the number of incidents this merits revisiting through observational audits and testing across all sites. The Cross Divisional Theatre Group reviews all WHO audits including observational audits, theatre standards and Swab/instrument count audits 1/4ly</p> <p>Update May 2014. There is limited documentation of assessment of 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> | <p>Divisional Directors</p> <p>Cross Divisional Theatres User Group</p> <p>Operational Service Managers for Theatres across all sites</p> | <p>Completed</p> <p>Completed</p> <p>Completed</p> |
| 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>Medical Director and Director of Clinical Services</p> <p>Medical Director</p> | <p>Completed</p> <p>Completed</p> |

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| | | | <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 for consultant staff within the Divisions has been undertaken on consultant recruits over the last 12 months. There is 100% compliance in undertaking induction and having an assigned mentor.</p> | <p>Divisional Teams</p> <p>Divisional Directors</p> | <p>Completed</p> <p>Completed</p> |
| 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> <p>Additional training has been provided for theatres staff with particular focus on those staff in managerial and supervisory posts.</p> | <p>Deputy Director of Workforce</p> <p>Manager e Roster Team</p> | <p>Completed</p> <p>Completed</p> |
| 14. | The policy on Statutory and Mandatory training | Considered | The policy was reviewed and approved by TME on | Head of | Completed |

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| | should be reviewed by the Trust Management Executive to ensure that they really feel that it provides a 'standard that 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. | | the 23 rd January 2014. Divisions are to report delivery against Statutory and Mandatory training at the monthly Divisional Performance meetings and set out clear plans to achieve compliance. | Learning and Development 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 | Leadership is provided through the Clinical Management Structure with direct support from ED's as required. An audit will be undertaken in relation to compliance with the staff professional registration process. 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. 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 notify each Division of when renewal of registrations is due. On investigation each Division could provide evidence of the process of checking registration. Update Feb 15. This is being reviewed in light of nursing revalidation commencing January 2016, and a communications strategy is in progress. | Head of Resourcing Head of Resourcing Deputy Chief Nurse | Completed Completed Completed |
| <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 | The Clinical Management Structure implemented in 2010 was approved by the Trust Board. The existing organisational structure has been reviewed in line with the proposals approved by the | Director of Clinical Services Director of | Completed Completed |

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| | | | Trust Board in 2010 and the revisions were considered and approved by both the Trust Management Executive and the Trust Board in September 2013. | Clinical Services | |
| 17. | <p>The Director of Clinical Services 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 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.</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 incorporated into the Nursing and Midwifery Professional Forum.</p> | <p>Director of Clinical Services</p> <p>Deputy Chief Nurse</p> | <p>Completed</p> <p>Completed</p> |
| 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 | 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. | Director of Clinical Services | Completed |

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| | | | The daily review of theatre start and finish times was implemented in 2013. The reviews have continued in the Churchill Theatres only. Planning reviews have been reinstated through the new Theatres Planning and Review Meetings on the JR/WW/HGH sites. | Theatres Operational Service Managers, Clinical Directors and Divisional Teams | Completed |
| 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. The overseas recruitment is limited but national recruitment is proving successful. Retention strategies are being explored including theatre courses</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 Divisional Nurse for NOTSS leading the process.</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</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 Nurse</p> | <p>Completed</p> <p>On going</p> <p>Completed</p> <p>Completed & ongoing</p> <p>Completed</p> |

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| | | | terms of lessons learnt. 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. | | |
| 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 | 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. 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 has been evaluated and elements of pastoral care included to support adaptation. | Deputy Chief Nurse and Deputy Director of Workforce | Completed |
| 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. These educators themselves must receive proper educational support and supervision. | 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 Practice Development Nurses are supported by the Professional Education and Practice Development Team. | Deputy Chief Nurse | Completed |
| 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 | 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. | Deputy Chief Nurse and Deputy Director of Workforce | Completed |
| 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. These educators themselves must receive proper educational support and supervision. | 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 Practice Development Nurses are supported by the Non-Medical Education Team. | | Completed |
| <i>4.7 Aim: Assessing whether the Trust's approach to the management of vacancies in the theatre environment supports safe care.</i> | | | | | |

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| 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 mechanisms for reducing vacancies and agency staffing Trust wide.</p> | Accepted | <p>Root causes for turnover over within each Division are reviewed on a monthly basis along with other work force performance 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%. Despite efforts to date month 9 rolling turnover is between 13.2% and 18.9% (band 5 level).</p> <p>Monthly reports are sent to HR and Consultants/Business Partners detailing turnover to a CSU level. Additional information to a department level is also distributed. This action is on-going and forms an integral part of the monthly Key Performance Indicators. Focus groups have been used to identify possible reasons why staff might leave.</p> | Divisional Teams | Completed |

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| | 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. | Accepted | 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. | Divisional Director Clinical Support Services | Completed; workforce plan approved by TME. |
| 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>Post registration courses are provided and there is an uptake from the anaesthetics and recovery department but less so from the scrub nurses especially at the JR. This is being reviewed and the additional PDNs into the JR it is anticipated will support clinical development in the clinical areas especially while there is a high vacancy rate and high levels of activity in order to improve RTT performance</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 a number of universities to offer a Post Graduate 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 due to the high level of vacancies and difficulty in release. Open University programmes are being explored.</p> | Deputy Chief Nurse | Completed |