

**WRITTEN QUESTION TO THE MINISTER FOR HEALTH AND SOCIAL SERVICES
BY SENATOR K.L. MOORE
QUESTION SUBMITTED ON MONDAY 25TH OCTOBER 2021
ANSWER TO BE TABLED ON MONDAY 1ST NOVEMBER 2021**

Question


Will the Minister provide a breakdown of the number of staff (including by bank/permanent staff) available to work in the operating theatres at Jersey General Hospital for the week beginning 24th October 2021, and provide a comparison of the same week for each of the previous 4 years; and will he further provide the number of operations that have been cancelled each month of this year, with the reasons for the cancellation, along with the comparative figures for the previous 4 years?

Answer

Table 1 shows the number of individuals on the work schedule for theatres during October half-term week in each year. This has been collated from manual records as there was no system to capture these data in previous years.

It is not possible to determine from these manual records the skill mix /roles of the staff present e.g. registered nurses, operating department practitioners, theatre support staff and operating department practitioner students.

Table 1: Number of individuals on the work schedule for theatres during October half-term week in each year

	2017	2018	2019	2020	2021
Individual Staff (Head count) on Work Schedule Theatre October Half-Term Week	62	74	73	72	72
	 Manual records				Electronic records

The Association for Perioperative Practice, recognised as the industry expert, provides guidance for safe staffing level for operating theatres. Health and Community Services (HCS) abides by this guidance, which stipulates the minimum staffing ratio to run an operating theatre as 5 staff per theatre (including the recovery phase), with a blend of registered and theatre support staff. However, a higher level of staffing is required for those theatre sessions considered more technically complex and for sessions that are of a lower technical complexity, but with higher number of patients.

HCS operating theatres have seen an increase in throughput and an increase in technically complex procedures that were previously undertaken in the UK. The recent appointment of additional surgical consultants has facilitated these technically complex procedures to be undertaken on-island. Therefore, the operating department requires a higher level of theatre staffing on a daily basis than that of previous years.

Table 2 shows the number of cancelled procedures by year and month. Data are for main theatres and day surgery (excluding the endoscopy suite) and are reported to the end of the last complete month (September 2021).

Table 2: Cancelled procedures by year and month

Month	2017	2018	2019	2020	2021
Jan	38	19	34	21	17
Feb	28	19	16	23	30
Mar	37	22	30	15	27
Apr	36	22	24	17	33
May	26	32	27	8	19
Jun	35	22	16	12	25
Jul	24	18	24	26	23
Aug	22	31	16	15	20
Sep	29	34	20	18	43
Oct	26	27	20	25	
Nov	24	23	37	15	
Dec	23	32	25	17	
Total	348	301	289	212	237

Data Source: Hospital Patient Administration System (TrakCare Report OPT0016A)

Table 3 shows a breakdown of reason for cancellation. The data are provided at annual level.

Table 3: Cancelled procedures by reason for cancellation

Reason for cancellation	2017	2018	2019	2020	2021 (Jan – Sep)
Day of surgery - Theatre staff or Hospital Beds (incl Critical Care) not available	15	20	14	13	13
Day of surgery - Patient not fasted	3	2	3	7	4
Day of surgery - Theatre unavailable (e.g. Emergency case) or list overrunning or Equipment Failure	52	44	47	40	30
Not Day of surgery - Theatre unavailable (e.g. Emergency case) or list overrunning or Equipment Failure	4	6	5	1	1
Not Day of surgery - Theatre staff or Hospital Beds (incl Critical Care) not available	1	1		1	9
Patient Choice (declined procedure or opted for alternative or elsewhere)	30	38	30	16	23
Patient initiated – DNA (did not attend)	12	10	11	2	7
Patient no longer requires procedure	90	70	78	56	49
Patient unfit for surgery	91	76	61	40	49
Administrative Cancellations*	40	32	37	33	49
Reason not recorded	10	2	3	3	3
Total	348	301	289	212	237

Data Source: Hospital Patient Administration System (TrakCare Report OPT0016A)

*Administrative Cancellations are in-house movements within the electronic booking system – patients are unaffected and unaware of movement.

A **Theatre Task and Finish Group** is currently in progress. This work is primarily focusing on staffing, culture, efficiencies, quality & safety of patient care and clinical governance and risk management. Significant improvement has been seen within each of these areas, for example:

- the overall short-term sickness has not increased;
- targeted wellbeing support is in place for theatre staff;
- the pre-operative assessment team is ensuring patients are fully optimised and prepared for surgery; this team is also working more closely with the theatre bookings team to ensure that all specialist equipment and support staff are appropriately booked;
- the theatre bookings team is using surgeon-specific data to accurately book theatre lists to maximise the use of theatre time; and
- the introduction of the electronic staff roster more accurately matches the individual staff member's skills to those needed on a day to day basis.