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Operating Theatres Review – **Betsi Cadwaladr University Health Board**

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Mae'r ddogfen hon hefyd ar gael yn Gymraeg.

The person who delivered the work was Andrew Doughton.

Contents

There is good evidence that management and use of operating theatres is improving, however, there is a need to build on this improvement by having a greater focus on surgical productivity, and by addressing estate and workforce challenges at some sites.

Summary report

The Health Board is improving its operating theatre utilisation and wider aspects of efficiency, although unscheduled care pressures remain a challenge	5
The Health Board must take the opportunity to build on its improvements to date, by driving greater surgical productivity	8
While there are some opportunities for further improvement, theatre quality and safety arrangements are helping to reduce the risks to patients	11
There are good management arrangements that support continuous improvement, but estates and workforce challenges in some sites need to be addressed	13

Appendices

Appendix 1 – management response	17
Appendix 2 – Progress against 2014 recommendations	22

Summary report

Background

- 1 Operating theatre services are an essential part of patient care. Efficient management of theatres results in cost effectiveness, supports the Health Board in achieving its waiting-time targets and contributes to high-quality patient care.
- 2 In 2014, Wales Audit Office undertook a review of operating theatres. That review focussed on the efficiency and effectiveness of operating theatres and included aspects of the wider surgical pathway including:
 - how patients waiting for surgery were listed;
 - the consistency of pre-operative assessment arrangements;
 - surgical admissions and theatre utilisation;
 - the quality processes including the World Health Organisation (WHO) checklist; and
 - information on how services are performing.
- 3 As part of the Auditor General's 2018 audit plan at Betsi Cadwaladr University Health Board, we have followed up the 2014 review both to determine the extent that previous recommendations have been addressed and to consider wider aspects of efficiency and quality of the Health Board's operating theatre services. The audit work included a survey of theatre staff, document review, interviews, a walkthrough of the theatre pathway and data analysis. Many of the questions asked as part of the theatre staff survey were the same as in 2014. This has helped inform our view on progress.
- 4 The audit was undertaken between March and May 2019 and we presented our findings to the Surgical Patient Pathway Transformation Group in May 2019. The slides used in that presentation are appended to this report.
- 5 This document presents a summary of our follow up audit findings and makes further recommendations for improvement. The Health Board's management response to our new recommendations is shown in Appendix 1, whilst Appendix 2 contains a summary of progress against the recommendations we made in 2014.

Overall conclusion

Our overall conclusion is **'There is good evidence that management and use of operating theatres is improving, however, there is a need to build on this improvement by having a greater focus on surgical productivity, and by addressing estate and workforce challenges at some sites'**.

- 6 The findings underpinning this conclusion are set out in the following sections which have been grouped into four main themes:

- efficiency and operating theatre utilisation¹
- surgical productivity²
- operating theatre quality arrangements, and
- the enablers that support improvement.

The Health Board is improving its operating theatre utilisation and wider aspects of efficiency, although unscheduled care pressures remain a challenge

Listing a patient for surgery

While approaches for listing patients for surgery across sites still vary, arrangements for planning surgical lists have improved.

- 7 Effective listing helps to ensure that enough time is provided in theatre for procedures so that theatre operating sessions are well-utilised. Our findings indicate that, as in 2014, the Health Board has different approaches for listing patients for surgery across the different sites in North Wales. Wrexham Maelor Hospital uses a centralised booking centre for patient listing. At the other two sites the Health Board use medical secretaries who list patients for surgery. Our discussions with staff and our data analysis does not indicate a significant argument to adopt one model over another. Neither is there any evidence to suggest that either model inhibits overall improvement. Our survey of theatre staff reflected a general view that listing had improved. In 2014, 47% of staff agreed or strongly agreed that “the majority of theatre lists are effectively planned”. This increased to 73% in 2019. In addition, our work highlighted improved processes to address operational problems, such as patient or hospital cancellations, particularly during the period 8 days before surgical sessions.

Pre-operative assessment clinic

Documentation of pre-operative assessments is standardised and staff views are positive about the service but there is still scope to align service models across sites.

- 8 Pre-operative assessment clinics (POAC) are used to assess a patient before surgery, with the aim of identifying any pre-existing health conditions, screening for

¹ Theatre utilisation is a recognised measure that describes late starts, gaps between procedures and whether the theatre session finished on time.

² For this review, we describe surgical productivity as the number of procedures achieved within a theatre session with a specified resource.

infection (such as MRSA), determining clinical risk and to ensure a patient is operated on in a suitable facility.

- 9 In 2014, we made 2 recommendations for improvement to the pre-operative assessment process. The 2014 report recommended that the Health Board should:
- standardise POAC documentation across sites; and
 - standardise its pre-operative assessment processes.
- 10 Our 2019 work found that:
- standardised assessment forms are now used across all sites and the Health Board has addressed the recommendation;
 - there are improved staff views of patient screening and pre-assessment processes between 2014 and 2019;
 - there remain inconsistent pre-operative assessment models. This is an area that still need addressing.
- 11 In 2018, the Health Board's improvement team completed a review to understand the extent of variation in pre-operative assessment arrangements. For example, they found variation in the teams' skill mix, responsibilities, and administrative processes. Their work provided a robust analysis but did not result in any decision to align the approaches. It remains our view that consistency of pre-operative assessment approaches is needed to ensure that surgical teams can rely on the assessment, no matter which site the patient was seen. Our 2014 recommendation therefore remains open ([Appendix 2](#)). While we do not have a view on a preferred model, it would be beneficial to:
- adopt best practice where available from the current models;
 - ensure the Health Board continues to build on its exploration of good practice models in other health bodies; and
 - ensure the model supports productive and efficient surgical pathways, and that the model is affordable.

Day of surgery admission

Day of surgery admission has improved and the issues identified in our 2014 report about Ysbyty Glan Clwyd have been addressed. However, the design and use of Wrexham Maelor day of surgery admission unit (arrivals) can inhibit efficiency and productivity.

- 12 Day of surgery admission units reduce the need for a hospital bed prior to surgery and should help to ensure a good patient flow between the unit and operating theatres.
- 13 In 2014, we found that Ysbyty Glan Clwyd day of surgery admissions unit did not support a good patient experience or dignity. Those issues were in-large, a result of the major refurbishment of the site. Our findings in 2019 indicate that since the

new day of surgery admissions unit opened in Ysbyty Glan Clwyd, there has been significant improvement in the patient environment, management and patient flow which are helping to improve efficiency.

- 14 In contrast, however, our 2019 work found a number of operational difficulties at the Wrexham Maelor Day of Surgery admissions unit. The unit is affected by unscheduled care and medical outliers (medical patients in surgical beds) and this is resulting in cancellations of elective surgery. Our site visit indicated that the design of the unit, being that of a traditional ward environment is not helping with patient flow (i.e. designed around a bed based rather than an admissions lounge model can impede patient flow and also result in inefficiency as a result of its use to ease unscheduled care pressures). Short-term refurbishment of the Wrexham Maelor unit should help alleviate this problem, but a longer-term solution will be needed as part of an overall estate plan for the site (**Recommendations 3 and 4, 2019**).
- 15 The findings above are reflected in the theatre staff survey responses. In 2014, 49% of staff agreed or strongly agreed that “Day of surgery admission works well”. This has increased to 73% in 2019. Of the three sites, staff from Ysbyty Glan Clwyd and Ysbyty Gwynedd responded most positively to the statement.

Operating theatre utilisation

There is a clear and continued focus on operating theatre utilisation³, that is demonstrating year on year improvement.

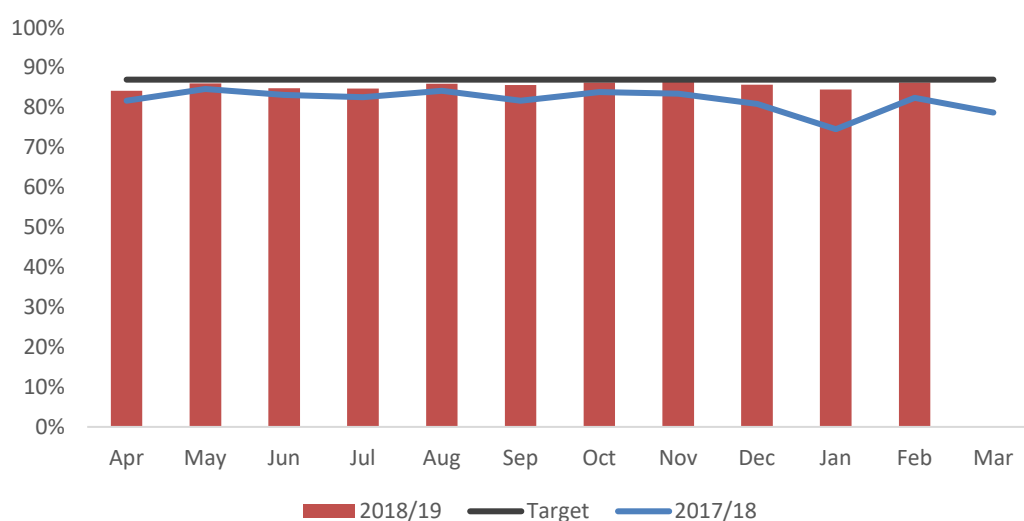
- 16 As part of this review, we have considered a range of performance information relating to utilisation of operating theatres. Our comparison of 2017/18 and 2018/19 utilisation shows:
- from a low base, there has been notable improvement (reduction) in the proportion of theatre sessions that start late during most months.
 - the proportion of sessions that finish early has improved (reduction) and is close to the annual target; and
 - the Health Board continues to set ‘stretch targets’ that are locally tailored to each site, reflecting an expected but realistic level of performance improvement.
- 17 **Exhibit 1** shows the overall utilisation to February 2019 in comparison to the target and to the previous year’s performance. Key points to note are that:
- performance exceeded that same month in the previous year;

³ Utilisation is based on actual operating time used within a ‘theatre session’. It takes account late starts, gaps between procedures and the extent that a theatre session finishes on time.

- winter pressures (peak unscheduled care demand during December, January and February) has not affected theatre utilisation to the same extent in 2018/19 as it did in 2017/18.

Exhibit 1 – elective operating theatre utilisation

Percentage of Elective* theatre utilisation across the Health Board



Source: Betsi Cadwaladr University Health Board

* Note: Elective sessions relate to planned surgery and usually patients who have waited on a waiting list for surgery.

The Health Board must take the opportunity to build on its improvements to date, by driving greater surgical productivity

18 The previous section of this report highlights an improving position relating to operating theatre utilisation. Our 2019 work also finds that the Health Board can build on its progress by making improvements to surgical productivity⁴.

Increasing surgical productivity would help reduce the large waiting lists and improve service quality for patients.

19 Our analysis of referral to treatment waiting lists indicates the extent of some waits. As at March 2019 there were 5,898 patients waiting over 36 weeks and of these

⁴ In this review, we describe surgical productivity as the number of procedures achieved within a given timeframe with a specified resource

2,310 patients were waiting more than a year⁵. Patients waiting a long time may suffer with pain, anxiety, loss of work or income and there is also a risk that their condition may deteriorate resulting in permanent harm. Surgical productivity improvements create an opportunity to improve the overall quality of service to the population of North Wales.

There has been significant expenditure on waiting list initiatives during 2018-19.

- 20 In 2018/19, there were around 28,500 surgical procedures funded from core activity and an additional 4,200 'waiting list initiative'⁶ procedures. As such, waiting list initiative activity currently represents around 15% of total surgical activity.
- 21 In 2018/19, the Health Board spent £8.3 million on waiting list initiatives and an addition £4.1 million on outsourcing of surgical activity to other providers to help reduce long waits for treatment. The Health Board already exceeds its delegated budget and has relied over the last two years on additional non-recurring financial allocation from Welsh Government to address lengthy patient waits. This has only been partially effective and isn't providing a sustainable solution. Improving productivity would limit the extent that the Health Board relies on costly additional activity and help to provide better value for money of public resources.

There is variation in productivity, and potential to improve it.

- 22 As part of our work, we requested the anaesthetic and surgical times for the following four high-volume procedures:
- insertion of prosthetic replacement of lens (cataract);
 - bilateral dissection tonsillectomy;
 - primary repair of inguinal hernia using insert of prosthetic material; and
 - primary total prosthetic replacement of knee joint using cement.
- 23 **Exhibit 2** shows the variation in total time taken for primary total knee replacement procedures that took place during 2018/19 (split by anaesthetic and surgical time). We have also included the median (mid point). A similar pattern of variation was seen in each of the procedures examined.
- 24 Of the 4 procedures analysed, if the time taken for procedures above the median could be reduced to the median, there would be around a 11-16% gain in productivity. This would equate to the following:
- 850 extra insertion of prosthetic replacement of lens (cataract) procedures (16% gain in productivity);

⁵ Many but not all waits over 36 weeks will be patients waiting on the surgical pathway.

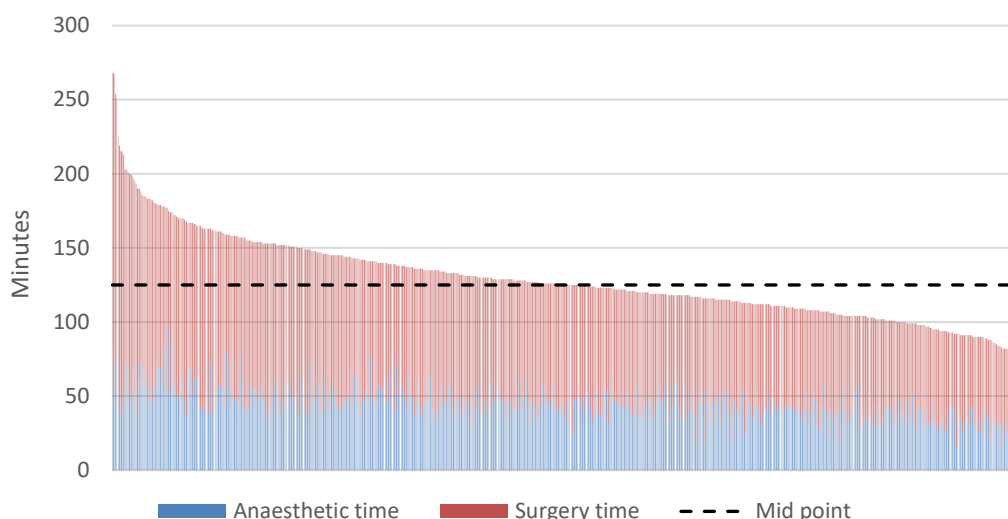
⁶ Waiting list initiatives are used to address high waiting lists. They are extra clinics or surgical sessions that are often undertaken outside of core hours at additional cost to the Health Board.

- 71 extra bilateral dissection tonsillectomy (14% gain in productivity);
- 121 extra primary repair of inguinal hernia using insert of prosthetic material (15% gain in productivity);
- 86 extra primary total prosthetic replacement of knee joint using cement (11% gain in productivity).

25 In addition, if there were productivity improvements on all those procedures at or below the median, the gain could potentially be greater.

Exhibit 2 – Average Anaesthetic and Surgery procedure length

Variance in productivity total surgical time and anaesthetic time - W401 **Primary total prosthetic replacement of knee joint using cement, 2018/19**



Source: Betsi Cadwaladr University Health Board

26 Our review has identified a range of factors that contribute to variable surgical productivity. These are listed in the [Exhibit 3](#) and illustrate some specific opportunities that the Health Board should explore further in respond to [Recommendation 1, 2019](#).

Exhibit 3 – factors affecting productivity

Aspects identified affecting surgical productivity in the Health Board

- **Different surgical and anaesthetic practices.** Some interviewees described new and emerging efficient surgical practices and potential to move to fewer general anaesthetic procedures and more local anaesthetics or spinal blocks to improve patient experience and recovery.
- **Duration of theatre session.** Whether the session is half-day or a full-day session (currently two-thirds are half-day sessions). Staff indicated full day sessions provide more flexibility for listing and lead to greater productivity.
- **Capability.** Although a difficult subject, interviewees described varying staff capability impacts on productivity.
- **Case mix** – patient acuity resulting in some patient's surgery being more complex than others and requiring more surgical time.
- **Consistency of theatre team.** staff indicated that teams who worked regularly together and refined and improved processes also created the potential to improve productivity.
- **Patient cancellations** (for any reason). In 2018/19, this commonly varied between 10% and 20% across sites during most months. There is a direct correlation between productivity and cancellation rates.
- **Proportion of day-case or very short stay patients.** Reduction in lengths of stay as well as introduction of day-case procedures for complex high-volume surgery (such as total knee or hip replacement) is becoming possible. Moving toward more day-case and very short stay is likely to improve flow and may limit the impact of unscheduled care on elective surgery.
- **Wider availability of services across the full surgical pathway.** Wrap-around services supporting enhanced recovery after surgery, early patient mobilisation or support to enable the earliest safe and effective point of discharge. These were all highlighted as enablers that would support greater productivity.

While there are some opportunities for further improvement, theatre quality and safety arrangements are helping to reduce the risks to patients

- 27 Good quality arrangements are essential for safe surgery and to support good patient outcome and experience. Staff views are an important measure of the

effectiveness of quality. It is therefore positive that the proportion of staff agreeing or strongly agreeing that they would feel safe being treated here as a patient has increased from 76% in 2014 to 87% in 2019. The following sub-sections provide further insight on quality arrangements.

World Health Organisation (WHO) surgical checklists

There is improved and embedded use of WHO checklists, to help ensure quality steps are followed prior to surgery.

- 28 Use of WHO checklists prior to surgery is recognised good practice. Our discussions with staff, staff survey feedback, observations and review of performance information all indicated that the use of WHO checklists are routinely used prior to surgery with compliance rates reaching between 94% and 98% across sites. Although there remains some variation across sites in how the WHO checklists are used, we did not identify any concerns about the approach and our findings indicate a well-embedded approach across sites. As such our 2014 recommendation is now closed.

Use of pre-session briefings and post session de-briefings

Theatre staff indicate that pre-list briefings are undertaken across all sites, but post-surgery de-briefings following a list are not commonly undertaken.

- 29 The theatre staff survey showed a slight improvement in use of briefings with 60 out of 75 staff agreeing that briefing theatre personnel before surgical procedure always happens. However, 9 out of 75 staff disagreed or strongly disagreed that they had all the necessary information before the start of the list. There is opportunity to explore underlying reasons and to strengthen communication. There also remains a need to target de-briefings particularly where a list or procedure has not gone to plan or where new staff in a theatre team can share good or alternative practice. Our 2014 recommendation remains open ([Appendix 2](#)).

Learning from incidents and patient experience

Arrangements are in place to escalate incidents and share lessons learnt across all sites.

- 30 Our work found that:
- staff indicate that the Datix incident management system is routinely used.
 - there are formal routes for escalation through quality and safety groups.

- all senior operational management indicated that they are quickly made aware of incidents on their site. Management also indicate that they review the Datix incident reports daily.
- there has been a slight improvement in staff views on the effectiveness of response to incidents, but more could be done to communicate back to staff where action has been taken.
- lessons learnt are shared across sites through the Surgical Patient Pathway Transformation Group, and at 'all Wales' theatres group meetings.

More could be done to capture, analyse and share feedback on patient experience.

- 31 Our work found that patient experience is captured only in elements of the surgical pathway, such as pre-operative assessment clinics. In other areas including arrivals, theatres and recovery, arrangements are less formalised. Our 2014 recommendation therefore remains open (Appendix 2).

Quality and safety training

There are good arrangements for quality training, although there is potential to join up approaches across sites

- 32 The Health Board routinely use 'audit days' to support staff development and training. There is a clear annual programme of quality improvement training all main sites. We found these to be well planned and promoted locally, although some potential to align the programme of development across sites. We also found that management had a strong quality focus and a good range of information provided to staff on specific quality training opportunities, quality metrics and also opportunity to comment and provide staff feedback at all main sites.

There are good management arrangements that support continuous improvement, but estates and workforce challenges in some sites need to be addressed

Management arrangements

Management arrangements are helping to drive continuous improvement, but may need to be revised to support a greater focus on surgical productivity

- 33 The Health Board has a range of arrangements to support improvement:
- multi-disciplinary 'planning cell' meetings at all sites help coordinate the surgical lists, smooth out operational challenges and improve utilisation.
 - 'Plan Do Study Act' (PDSA) continuous improvement approaches being used across all sites to address issues and prevent them reoccurring.

- the surgical patient pathway transformation group is a pan-north-Wales group that has created a strong focus on operating theatre utilisation, performance analysis and consistency of operational practices.

34 The Surgical Patient Pathway Transformation Group is ideally placed to facilitate surgical productivity improvements although consideration should be given to the group's terms of reference and its membership. This is particularly important as the drivers of surgical pathway productivity improvements are likely to be at a speciality or sub-specialty level. The membership of the group may therefore require greater specialty-based membership.

There has been significant improvement to availability, analysis and accuracy of theatre performance information since 2014.

35 In 2014, our work identified concerns relating to inconsistent reporting of theatre utilisation and recording of cancellations, and the need to improve the range of performance information and reporting approaches. Our 2019 follow up review found that there are now good performance management arrangements supported by performance information and systems. This includes setting of stretch targets, focus on theatre utilisation and better performance information systems. There is, however, an opportunity to focus performance information on surgical productivity to inform surgical pathway transformation as part of actions to address **Recommendation 1, 2019.**

Workforce

Some aspects of workforce have improved but there remain areas for improvement and future risks.

36 Our follow up review has found some improvements relating to workforce management. The staff survey results showed that between 2014 and 2019 fewer staff have identified concerns about levels of staffing and this was also reflected during interviews. Nevertheless, there are some specific challenges, such as training and recruitment of operating department practitioners.⁷ Workforce data⁷ also shows challenges and future risks including:

- a reasonably high staff turnover rate of 9.8%
- a vacancy rate of 11.7%; and;
- 33% of theatre staff are aged 51 years or older which presents a risk in terms of loss of staff numbers and loss of knowledge and experience.

37 Our staff survey found while improving, staff morale remains a concern although feedback is generally positive relating to team-working. While we have no other firm indicator on morale, workforce data indicates that the 12-month rolling average

⁷ All workforce data relates to the period reported in the May 2019 'pipeline' report.

on operating theatre sickness absence is higher than average at 7.1%. While there can be many factors that influence sickness absence, there is opportunity to explore and address the drivers of sickness absence and morale.

- 38 Because of issues above, we recommend that the Health Board develops a theatre workforce development plan. ([Recommendation 2, 2019](#)).

Theatre estate

[Theatre estate has improved in some sites, but there is need for a long-term plan to ensure operating theatres are fit for purpose.](#)

- 39 Our findings show that:
- theatre estate has improved significantly in Ysbyty Glan Clwyd following completion of the refurbishment. This is supporting better patient flow.
 - Ysbyty Gwynedd theatres are well-maintained.
 - the Abergele site does not support an optimum patient environment for surgery and the location is vulnerable because of limited access to the site. The two modular theatres are operationally adequate, but longer-term plans need to be considered as part of overall clinical strategy.
 - since our 2014 review, one of the two theatres at Llandudno General Hospital have closed. With only one theatre in operation, there needs to be some thought about how the use of this asset will be maximised.
 - at Wrexham Maelor:
 - the day of surgery admission unit does not support good patient flow;
 - the physical distance between day surgery theatres and main theatres does not assist efficient management;
 - storage space is an ongoing challenge at the site and estate/equipment failure present 'live' risks to the Health Board; and
 - the new day surgery modular theatres are a significant improvement on the previous day-case unit and will provide a good interim solution until a longer-term estate plan is developed.
- 40 Our findings above indicate that a theatre estate plan is required that addresses current risks and helps to maximise patient flow and productivity. ([Recommendations 3 and 4, 2019](#)).

Stock management

[Stock management arrangements are adequate and are currently in the process of upgrade across sites.](#)

- 41 Our review found that stock management, ordering and inventory control arrangements are in place at all sites. The Health Board is in the process of

implementing an electronic stock control cabinets and systems that should not only help reduce wastage, but also support improved stock ordering practice and management reporting.

Recommendations

- 42 Progress of against the recommendations made in the 2014 report is described in [Appendix 2](#). Recommendations arising from this audit are detailed in [Exhibit 4](#) below. The Health Board’s management response to these recommendations and to ‘open’ recommendations from 2014 are summarised in [Appendix 1](#).

Exhibit 4: new recommendations

This review makes five new recommendations to support improvement

Recommendations	
Surgical productivity	
R1	Develop and commence a time-bound plan to improve surgical productivity, prioritising those specialties where patient waits or productivity gain is highest.
Workforce planning	
R2	Prepare and publish an operating theatres workforce development plan. This should be based on capacity and demand modelling and workforce demographics.
Estate management	
R3	Develop a long-term plan for theatre estate to support improved surgical productivity and align this to clinical strategy and specialty level plans where these are available.
R4	Modernise the day of surgery admission unit in Wrexham Maelor to ensure patient flow and to minimise the impact of unscheduled care and medical outliers.
Consistency of practice	
R5	Where there are differences in process across the three hospital sites in respect of the surgical pathway, the Health Board should ensure that such differences are acceptable and that models of good and expected practice are adopted equally across all sites

Acknowledgements

- 43 We would like to thank all officers involved for supporting this review.

Appendix 1

Management response to audit recommendations

Exhibit 5: management response

This table shows the recommendations made during this follow-up review and the outstanding recommendations from the 2014 review together with the management response.

Recommendation	Management response	Planned Completion date	Responsible officer
New recommendations made as part of this 2019 follow up review			
R1 Develop and commence a time-bound plan to improve surgical productivity, prioritising those specialties where patient waits or productivity gain is highest.	<p>West The Directorate has committed to a programme of further improvement with focus on productivity at specialty level. Specialty level reports have been developed reviewing all key indicators. In addition benchmarking is undertaken via BCU Theatre Performance reporting information. Specialty performance is also discussed at monthly Surgical Turnaround meetings which are chaired by Site Medical Director, and weekly Theatre Planning Cell which is chaired by Theatre Manager.</p> <p>Centre A plan for 2019/20 is in place through the Surgical Patient pathway transformation group. There is a specific</p>	<p>March 2020</p> <p>March 31st 2020</p>	<p>Dylan P Williams DGM</p> <p>Paul Andrew</p>

Recommendation	Management response	Planned Completion date	Responsible officer
	<p>improvement focus on Orthopaedics, scheduling and implementation of PACU</p> <p>East A plan for 2019/20 has been developed and is attached. This is monitored weekly at our planning cells and monthly at SPPTG</p>	March 2020	David Bevan
<p>R2 Prepare and publish an operating theatres workforce development plan. This should be based on capacity and demand modelling and workforce demographics.</p>	<p>West We currently have a workforce plan for theatre West, this is in addition to the annual WFP which takes into account turnover rate and demographics all theatre staffing is based on AFPP guidelines taking into account capacity and planning. The plan has been accepted by the West Finance and Performance Committee. The plan will be reviewed twice annually to ensure it aligns to revised demand modelling projections.</p> <p>Centre Site-specific recruitment and retention plan developed.(See attached.) Task and finish group established, Theatre managers, vocational education manager, deputy director Nursing-improve recruitment opportunities and training opportunities for existing staff.</p> <p>East Task and finish group established with Theatre Managers, Vocational Education Manager and Deputy Director of Nursing to consider alternative options for training and increasing the number of learners in theatre.</p>	<p>Completed</p> <p>March 2020</p> <p>March 31st 2020</p>	<p>Dafydd Pleming TM</p> <p>Angela Jones</p> <p>Anne Marie Rowlands / Ade Evans / Theatre Managers</p>

Recommendation	Management response	Planned Completion date	Responsible officer
<p>R3 Develop a long-term plan for theatre estate to support improved surgical productivity and align this to clinical strategy and specialty level plans where these are available.</p>	<p>The clinical services strategy will take cognisance of the work required to improve efficiencies and productivity across the theatre estate. Localised plans are in development which will inform the more strategic approach:</p> <p>West The future development of Llandudno Theatres is part of the Llandudno Re-development Group. In addition a Llandudno Stakeholders working group to be established to maximise the use of the site. Development and expansion of Ysbyty Gwynedd Theatre Capacity is included within Orthopaedic Plan.</p> <p>Centre 3 year Orthopaedic plan to be developed including Theatre and ward.</p> <p>East Specialty service reviews at Health Board level are ongoing. The Site redevelopment of Wrexham Maelor will take into consideration those review outcomes. Theatres will form part of the WMH site redevelopment.</p>	<p>Ongoing</p> <p>March 2020</p> <p>Ongoing</p> <p>Ongoing</p>	<p>Gill Harris/David Fernley/Mark Wilkinson</p> <p>Dylan P Williams DGM Dafydd Pleming TM</p> <p>Paul Andrew Angela Jones</p> <p>BCUHB Executives and Project lead Graham Alexander</p>
<p>R4 Modernise the day of surgery admission unit in Wrexham Maelor to ensure patient flow and to minimise the impact of unscheduled care and medical outliers.</p>	<p>Plans developed, agreed and a business case submitted to planning department for 2019/20 investment.</p>	<p>March 2020</p>	<p>Maureen Wain</p>
<p>R5 Where there are differences in process across the three hospital sites in respect of the surgical pathway, the Health Board should ensure that such differences are acceptable and that</p>	<p>A system wide approach to this will be addressed through the SPPTG. Sharing of best practice has become common place, and will continue.</p>	<p>Ongoing</p>	<p>Maureen Wain</p>

Recommendation	Management response	Planned Completion date	Responsible officer
models of good and expected practice are adopted equally across all sites.			
Outstanding recommendations from 2014			
R2a Monitor patient experience through the roll out of patient experience surveys and take action to address any issues but also feedback positive responses to staff.	<p>West This has now been addressed at Ysbyty Gwynedd via the patient experience team, this incorporates the feedback for Tudno ward (surgical day ward). First results should be available September 2019 and outcomes will be shared across the BCU.</p> <p>Centre Patient experience team working closely with central management team to capture experiences at various stages of Surgical pathway. Day of Surgery arrivals, POAC, wards. This is also monitored through Datix incident and complaints/concerns within the directorate.</p> <p>East Work started to repeat the survey this year – and the same survey will be used across all 3 sites to give a consistent approach.</p>	<p>September 2019</p> <p>December 2019</p> <p>December 31st 2019</p>	<p>Dylan P Williams DGM Dafydd Pleming TM Lesley Walsh Head of Nursing</p> <p>Angela Jones Paul Andrew</p> <p>David Bevan</p>
R3a Improve patient experience by standardising pre-operative processes across the Health Board to ensure equity of access for all patients.	There still remain variations in practice across the three sites. The Wrexham pre op model was previously presented to Nursing Director for Secondary Care with a recommendation was made that this model be used across the 3 depts. Also a scoping exercise was completed April 2018 by Service Improvement team to compare practice and highlight differences. We will continue to work across all 3 sites and expand on not only the Pre op documentation has been standardised across the Health Board since 2016 but also best practice.	March 2020	Steph Griffiths

Recommendation	Management response	Planned Completion date	Responsible officer
<p>R4b Focus on improving debriefings as this is the area of most concern identified by improving monitoring of the whole process of WHO implementation.</p>	<p>West Debriefings are undertaken as and when required. Each member of the team are aware that they can request debrief if they feel necessary. Any untoward event automatically instigates debrief to ensure all relevant information is captured and staff wellbeing established.</p>	Ongoing	Dafydd Fleming TM
	<p>Centre Debriefing is carried out when an untoward event or incident occurs, or as requested by any member of the surgical teams. This is in line with the All Wales Theatre Managers group position. Theatre Manager is planning to visit other health boards outside of Wales.</p>	Ongoing	Angela Jones
	<p>East The All Wales position is that debrief will occur where an untoward event has happened during the list. Any staff member can ask for debrief following an event which has affected them.</p>	June 30 th 2019	All Wales Theatre Managers group

Exhibit source: Betsi Cadwaladr University Health Board

Appendix 2

Progress against 2014 recommendations

Exhibit 6: management response

This table shows the recommendations made in the 2014 review and describes progress.

2014 Recommendation	Progress	Status
Performance Information		
R1a Standardise all utilisation and data definitions across the Health Board to ensure consistency in reporting, and ensure theatre units are regularly validating performance data.	Utilisation data is now consistent and aligned to all Wales data standard. Information reports are used to drive data validation. Still some gaps – such as entering time out in some areas but work is actively pushing to address this.	Complete
R1b Ensure cancellations data is being accurately collected across the Health Board and all theatre sites are consistently recording cancellation reasons.	There is now a consistent approach for collecting and recording cancellations data against set criteria.	Complete
R1c Collect, analyse and use a more balanced range of performance data, including outcomes, productivity and complexity measures.	The Health Board is now regularly using a more balanced range of performance productivity data. A new performance dashboard allows management and staff to see performance and drill down to explore reasons for that performance.	Complete
R1d Improve reporting to staff in terms of performance by introducing an easy to understand performance dashboard that can be placed within the theatre units prominently to improve awareness of performance amongst all staff groups	The Health Board uses its electronic dashboard to manage performance, and this information is shared at meetings and is posted on the notice boards.	Complete
Patient experience		

2014 Recommendation	Progress	Status
R2a Monitor patient experience through the roll out of patient experience surveys and take action to address any issues but also feed back positive responses to staff.	There is no systematic approach for undertaking patient experience surveys for theatres although there are examples of POAC using patient feedback surveys and feedback from patient advisory/liason back to staff at meetings.	Action remains outstanding
R2b Ensure lessons from incidents are taken on board and shared effectively across the Health Board and theatre units.	Incidents are reported using the DATIX system. These are reviewed and followed up. Interviewees indicated across all sites that all major incidents/concerns are learnt from with remedial actions put in place. There are forums where theatres lessons learnt are shared both across sites (surgical pathway improvement group) and across Wales.	Complete
Pre-operative services		
R3a Improve patient experience by standardising pre-operative processes across the Health Board to ensure equity of access for all patients.	In 2018 the HB undertook a comprehensive analysis of Pre-operative Assessment Clinic models across sites. This included skill mix, function, process, responsibilities: <ul style="list-style-type: none"> • There remains variation across sites in models and skill mix across sites. • Decision now needs to be made to align approaches based on an agreed model. Any model adopted should enable a patient to receive their surgery at any site, no matter where they had their pre-operative assessment.	Action remains outstanding
R3b Introduce standard paperwork for pre-operative assessments to ensure patients can access these services closer to home as opposed to the hospital where treatment can occur.	Standard pre-operative assessment paperwork is now in place and used across sites.	Complete
WHO checklist and briefings		
R4a Roll out WHO checklist methodology currently in use at Ysbyty Gwynedd and Llandudno General to all sites as this is good practice.	WHO checklist is embedded across sites. 94% West and Central 98% East. The sites continue to have different operational approaches across sites but existing approaches are well adopted, with high compliance rates.	Closed
R4b Focus on improving debriefings as this is the area of most concern identified by improving monitoring of the whole process of WHO implementation.	Post-session de-briefings are not regular. There remains opportunity to strengthen these arrangements particularly if an issue or incident occurs during a list, or when new staff work together and can share views on operational effectiveness.	Action remains outstanding

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